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# EXPLORING PARENTAL RELATIONSHIP SUPPORT

A QUALITATIVE STUDY

APRIL 2017

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#### LOOKING FOR AN OVERVIEW?

For an overview of EIF's recent work on inter-parental relationships, conflict and the impact of poverty and economic stress, including this and other research reports, please visit: <http://www.eif.org.uk/publication/interparental-relationships-conflict-and-the-impacts-of-poverty-an-overview>

# Executive summary

## Introduction

This study forms part of a programme of work the Early Intervention Foundation (EIF) carried out in partnership with the Joseph Rowntree Foundation (JRF) exploring the extent and nature of UK service provision on inter-parental relationships, with a particular focus on families either in or at risk of poverty.

The study aims were to map the range of provision available in five case study areas to explore in depth:

- the perceived aims of relationship support;
- the current range of provision available and perceived gaps;
- how services are currently commissioned and provided;
- access and take-up of support, with a particular focus on families in or at risk of poverty;
- views on effective provision and how services monitor and evaluate their provision;
- recommendations for how provision could be improved.

In line with the wider programme aims, the study had a particular focus on respondents' views on the value of relationship support for families in or at risk of poverty, and the extent to which support was available for these families. It also explored the extent to which child outcomes were considered in the commissioning, delivery and evaluation of relationship support services.

Eight interviews were carried out with national stakeholders and a further thirty-eight with local stakeholders and relationship support providers in five case study areas to provide a range of perspectives from policy and practice. The case-study areas were selected on the basis of level of deprivation and urban/rural spread.

## Current provision

Respondents in this research described a patchwork of largely uncoordinated provision across the country which appears inconsistent in level and availability. At one end of the spectrum is more formal relationship crisis support such as mediation, counselling, interventions within the family law system and a range of relationship support pilots. At the other is more informal *early help* such as that provided by family services including health visitors but which is often not characterised as relationship support by practitioners themselves. This made it challenging to map available provision and for commissioners and practitioners interviewed to be aware of what was available.

Respondents clearly identified a link between the quality of parental relationships and child outcomes but they were not able to provide evidence of relationship support services being commissioned with a primary aim of improving child outcomes. Likewise, poverty was recognised as both a cause of relationship distress and a consequence of it but support for parents in poverty was highlighted as a clear gap in terms of access. Views were divided on whether to tackle this with more targeted relationship support or to address the wider issues that put pressure on relationships, such as unemployment, mental health or housing. Other vulnerable groups respondents felt to be underserved by relationship support include black and minority ethnic (BME) families, lesbian, gay, bisexual and

transgender (LGBT) parents, and those with disabilities or mental health difficulties. Support for separated parents to collaborate effectively and co-parent was also highlighted as a gap in current services by interviewees, alongside provision for the early intervention in relationship difficulties where intensive or crisis support was not appropriate.

## Assessing need and commissioning support

Commissioned relationship support was regarded as ‘patchy’ and small in scale and respondents described how funding for relationship support services currently comes from a wide range of sources. Interviewees also highlighted numerous challenges associated with effectively commissioning relationship support. These include the lack of and unreliability of data around need for these services and the prevalence of relationship distress, as well as the limited evidence base for relationship support in a UK context and understanding of what effective provision looks like. The nature of relationship support provision means that those interviewed felt it often has no natural commissioning home and that responsibility is often stretched across several bodies. Added to that, economic austerity, stretched budgets and competing priorities mean that relationship support can fall to the bottom of a very long list. The absence of a clear national strategy for the sector was seen as fundamental and it was suggested that the development of a clear strategy along with a review of how relationship outcomes might be embedded into outcomes frameworks might be possible routes to overcoming some of the current commissioning barriers. Other suggestions focused on the need for improved data both to help increase knowledge of local need and to understand how well current programmes are performing through robust evaluation so that future spend can be well directed.

## Barriers to take-up

Barriers to the take-up of relationship support were considered to be widespread and fell into three categories:

1. **Stigma:** The stigma attached to seeking help for relationship issues was seen by respondents as a key barrier for all parents. For some parents there was also perceived to be stigma attached to using statutory services, because of associations with social care. Additionally, respondents felt that parents often had difficulty in recognising or articulating their need for relationship support and practitioners also found it challenging to identify relationship difficulties.
2. **Access barriers:** The limited availability of affordable support in some areas was a key barrier to take-up, especially for more vulnerable groups such as those in poverty who might rely on free or subsidised support. Where low-cost provision was available, respondents felt families were often not aware of this, and location in more rural parts of the country was also a barrier where time required to travel to services and travel costs might be prohibitive.
3. **Capacity to access support:** Families with the most complex needs were felt to have the least capacity to seek and access support, because of the challenges and difficulties they faced.

Measures suggested to address these barriers included embedding provision within universal services for families to reduce stigma, such as children’s centres and health services. Offering flexible and more intensive support to the most vulnerable families (including those in poverty) was felt to be crucial, to maximise their engagement and providing outreach to overcome geographical barriers.

However, such support is more resource-intensive which presents challenges for providers operating in an unstable financial context.

## Effective relationship support

The research respondents identified some key characteristics of effective relationship support. These included high quality, well trained and supported staff working within services with evidence-based interventions and clear quality assurance standards. The importance of neutrality and confidentiality was highlighted as vital, as was the need for a flexible delivery model which recognises that there is 'no one size fits all' in supporting relationships, especially for vulnerable parents and those in poverty. Effective relationship support systems should include a continuum of support from early intervention to crisis provision which is able to offer support at the right time to maximise impact. Continuity and sustainability were viewed as critical features of an effective relationship support system, to foster strong referral pathways and build service reputation.

## Outcome monitoring

Respondents described variable levels of outcome measurement in relationship support services. At the more formal end of the scale, relationship crisis support tends to have established outcome measurement which might include validated scales of relationship quality and wellbeing. More informal early help provision however does not tend to include support for parental relationships as an explicit performance indicator and therefore outcome measurement is limited. Likewise, understanding of the impact of relationship support services on children appeared to be rare since services are not generally commissioned with those impacts in mind. There was limited evidence in this study that the impact of relationship support on child outcomes was being measured. More broadly there are challenges to outcome measurement that include lack of resources to gather data on child outcomes and track these longitudinally, alongside understanding the longer-term impacts of services.

## Conclusion and recommendations

This research found a consistent view across national and local stakeholders of a patchy landscape of inter-parental relationship support provision, which alongside the increasing challenges of economic austerity, mean that the market of provision locally appears weak. Future commissioning would be aided by a national strategy, data on the prevalence of relationship distress and the need for provision, as well as more robust assessments of what works in the UK context.

Local stakeholders recognised that relationship support is a means to improve outcomes for children. However, this is challenging when child outcomes are not yet measured and the research evidence in this area is limited.

Pilot interventions have been funded by central government but local stakeholders felt there was currently no mechanism for moving beyond the pilots to wider roll-out. Where services were provided there were a number of barriers that can prevent parents from accessing services. Recommendations therefore focused on improving the understanding of need, building and disseminating the evidence, and formulating a whole system response.

# 1. Introduction

This study was commissioned by the Early Intervention Foundation (EIF). It forms part of a programme of work EIF carried out in partnership with the Joseph Rowntree Foundation (JRF) exploring the extent and nature of UK service provision on inter-parental relationships (IPR), with a particular focus on families either in or at risk of poverty.

This programme of work, involved three inter-related strands to begin to map and better understand current IPR provision in the UK, including:

1. a rapid evidence assessment of existing literature (published December 2016)
2. a small-scale audit of a sample of relationship support provision (unpublished to inform this study)
3. qualitative case study research in five local authority areas (this study).

While this work provides a useful starting point in understanding IPR provision, the scope of this work remains small scale and further research is needed (see the section later in this chapter on ‘study limitations’).

EIF is also currently conducting a What Works review on inter-parental relationships and poverty (forthcoming), that builds on the previous review *What works to enhance inter-parental relationships and improve outcomes for children* (Harold et al., 2016).

## Aims

It is within this programme of work that EIF commissioned this qualitative study to explore the nature and quality of inter-parental relationship provision; to fill the gaps in evidence identified by the other strands of the programme; and to provide a more in-depth understanding of the support available to families within specific localities.

In line with the wider programme aims, the study had a particular focus on respondents’ views on the value of relationship support for families in or at risk of poverty, and the extent to which support was available for these families. It also explored the extent to which child outcomes were considered in the commissioning, delivery and evaluation of relationship support services.

In summary, the study aims were to map the range of provision available in five case study areas to explore in depth:

- the perceived aims of relationship support
- the current range of provision available and perceived gaps
- how services are currently commissioned and provided
- access and take-up of support, with a particular focus on families in or at risk of poverty
- views on effective provision and how services monitor and evaluate their provision
- recommendations for how provision could be improved.

As a qualitative study this research does not aim to be nationally representative, but rather to provide an in-depth understanding of the support available in the selected localities and to explore a range of perspectives from the national and local level.

## Methodology

This was a qualitative exploratory study, comprised of two strands of work. The first gathered national perspectives on inter-parental relationship support while the second focused on an exploration of the provision landscape locally using a case study approach. An overview is provided here and more detail can be found in appendix A. The findings in this report are drawn from across the national and local level interviews: this study did not seek to make comparisons between case study areas or between national and local stakeholders.

### Strand 1: National stakeholders

National stakeholders with different strategic national policy and practice expertise were sampled to provide a range of insights into the current inter-parental relationship support landscape. These included national organisations that specialised in relationship support, those with knowledge of the wider policy landscape in relation to support for children and families as well as those with responsibility for commissioning family support interventions.

### Strand 2: Local area case studies

To explore in-depth the current local landscape for inter-parental relationship support, five geographical case studies based on local authority areas were identified. The case study areas were selected to capture diversity across two key measures:

- the Income Deprivation Affecting Children Index (IDACI)
- the government's Rural Urban Classification (RUC).

More detail on the sampling approach and the characteristics of the case study areas can be found in appendix A.

#### *Sampling participants within case study areas*

Within each case study area, the intention was to include 2–3 interviews with local strategic stakeholders to provide insight into the range of provision available locally and to capture strategic direction and commissioning priorities. In addition, the aim was to include a further 6–7 interviews with providers of relationship support sampled across the following categories:

- Children's centre practitioners
- Parenting programme providers
- Relationship counsellors/therapists
- Mediation providers
- Troubled Families/family support services
- Domestic abuse services
- Advice services
- Health visitors

In total, 46 interviews were conducted – eight with national stakeholders and 38 with stakeholders and providers in case study areas. Further detail on the recruitment approach and a breakdown of the achieved interviews across case study areas and a breakdown of respondents by category can be found in appendix A.

## Study limitations

In carrying out this research, the following methodological limitations were identified and should be taken into consideration.

### *Scope*

This qualitative study was exploratory in nature and consequently broad in scope. The intention was to capture as far as possible the full range of relationship support available to parents in case study areas. While this meant the study captured a broad range of perspectives from across the spectrum of support available, this inevitably limited the level of depth and detail that could be explored in relation to specific types of relationship support.

Due to the study's scale there were also limits to the geographical scope of the study (five case study areas across England) and to the range of stakeholders and providers who could be included. For example, the small number of national stakeholder interviews (eight in total) meant only one parenting programme provider and one specialist relationship support provider were included in this sample. Similarly, due to the timescales of the study and the time required to access these populations, the decision was made not to include health services (for example GPs, CAMHS and midwives).

Adopting a geographical case study approach also meant the study focused on physical services provided in case study areas. The extent of non-geographical provision (for example, online resources and support for relationship distress) was not explored in any detail.

Provision for workforce development and training in relation to inter-parental relationship support was also out of scope because the study's focus was on direct service provision to parents. See appendix C for a list of the types of provision not captured in this study.

These limits to the scope of the study should be taken into consideration when interpreting the findings.

### *Recruitment*

Identifying relevant respondents and recruiting them to the study proved challenging and time consuming. The marketplace for relationship support provision is fragmented and consequently mapping the provision available and successfully identifying the most relevant respondents was difficult.

Particularly for frontline practitioners in family support services, staff did not necessarily conceptualise the support they provided as 'relationship support' and consequently engaging them in the study was difficult.

In total 46 interviews were achieved (against a target of 50). However, fewer interviews were conducted in some case study areas than others and there were some gaps in data collection where key respondents could not be reached or declined to take part. This limited the extent to which comparisons could be made across case study areas.

### *The perspective of parents*

This study does not include the views of parents accessing relationship support services. Consequently, the views expressed in relation to issues of need and take-up are reported from the perspective of professionals working in this area. Further research is needed to understand the experiences of parents themselves.

## Structure of this report

The structure of this report is as follows:

- Chapter 2: Current provision
- Chapter 3: Assessing need and commissioning support
- Chapter 4: Access to support
- Chapter 5: Effective relationship support and measuring outcomes
- Chapter 6: Conclusion and recommendations
- Appendix A: Methodology
- Appendix B: Research materials
- Appendix C: Additional types of relationship support provision
- Appendix D: Small-scale audit of relationship support provision

## 2. Current provision

This chapter provides a snapshot of current relationship support provision across the five case study areas. It examines views on the role of parental relationship support; the range of provision available; and gaps in support.

### KEY FINDINGS

#### *The role of parental relationship support*

- Poverty was widely recognised as both a *cause* of relationship distress, and a *result* of it, with many families having complex and multiple needs. More could be done to target relationship support at those in or at risk of poverty.
- However, views were divided on how to do this. One perspective was that there should be more direct focus on relationship support. Others felt that the focus should be on addressing the issues that put pressure on relationships – such as unemployment, debt, housing, substance misuse and mental health.
- Supporting the relationship of separated parents to collaborate effectively and co-parent was felt to be important alongside support for intact couples.
- The link between the quality of parental relationships and child outcomes was widely recognised across participants, but this study found limited evidence that relationship support services were being commissioned with the primary aim of improving child outcomes.

#### *Current provision*

- Relationship support for parents in case study areas was fragmented, described as ‘patchwork’ and largely uncoordinated. Many services had also closed due to funding pressures. This made it challenging to map.
- Relationship support did not have an obvious ‘home’ in terms of local government structures or policy areas, and many practitioners helping family relationships did not characterise their services as relationship support.
- Most identified ‘formal’ relationship support tended to be aimed at relationship *crisis*. This included mediation, counselling, interventions within the family law system, a range of relationship support pilots, and online advice and support.
- *Early help* for relationship difficulties was provided informally by a range of frontline family services including health visitors, children’s centres, parenting programmes and family support services. However, this support was not typically the primary focus and practitioners did not define their work as a form of relationship support.
- Specialist relationship support providers also provided early help in the form of online advice and information, relationship education and marriage preparation.

#### *Gaps in provision*

- Support for parents in poverty was identified as a gap in provision primarily because of cost, including limited availability of free or subsidised provision and costs of travel. Changes to legal aid eligibility have also reduced the access of low-income families to mediation.
- Where support was free or subsidised it was in high demand and often rationed to a set number of sessions that was not always adequate, further

limiting the opportunity for families in poverty to access it in the right place at the right time.

- Self-referrals were typically made by more affluent families; to reach vulnerable families a more proactive and resource-intensive approach was needed.
- Other vulnerable groups felt to be underserved by relationship support, include BME parents, LGBT, and those with learning difficulties or mental health problems.
- Across the case study areas, a high level of need for separated parents was reported, as well as relationship support in blended families.
- There was felt to be limited provision for early intervention of relationship difficulties, where intensive support such as counselling or mediation was not appropriate.

## The role of parental relationship support

This section explores views on the role of parental relationship support, examining perceptions on the level of need for support of this kind and views on the extent to which this type of support can impact on child outcomes. It also explores stakeholder and support provider perspectives on the role relationship support may have in supporting families in or at risk of poverty.

### The need for relationship support provision

In assessing the level of need for relationship support in local areas, stakeholders described a wide range of needs along a continuum from low-level tensions through to relationship crisis.

Reflecting on the need for support to tackle relationship distress across this spectrum, stakeholders highlighted how relationship distress was often one element of a more complex picture of needs, making it challenging to tackle:

**‘Often, if there are relationship issues, they ... [are] either a symptom or a cause of lots of other stuff that we’re working with at the same time. So, it might be mental health issues, or it might be unemployment or something like that ... Do you need to repair the relationship before you can start addressing the mental health or is it vice versa as well? ... It’s often part of a complex set of issues rather than something that stands alone itself.’**

**Family support provider**

The extent to which poverty could be both a *cause* of relationship distress and a *result* of it was also widely recognised by support providers and local stakeholders, leading some to argue that more should be done to target support at this group:

**‘If we know that family breakdown can lead to poverty for many families and if we know that poverty puts such strain on relationships, then surely we have to look at targeting relationship support to people who are already most at risk.’**

**National stakeholder, Relationship support provider**

However, views were divided on how to tackle this complex area of need, falling into two broad perspectives.

### *Greater focus on relationship support*

Stakeholders and support providers who held this view felt that more focus should be given to relationship support alongside efforts to meet these other needs because of the potential for better parental relationships to build resilience to other challenges:

**'... we think that the main driving issues are things like substance misuse and mental health, and they're, of course, really, really significant contributory factors ... but the relationship is the thing that has to hold all of that rubbish, and the relationship is the thing that can actually help people sort of stick to treatment plans. The relationship is the thing that can actually help people be a bit more resilient to things like job losses.'**

**Family support provider**

### *Priority given to other factors that increase pressure on relationships*

From this perspective, practitioners working directly with families felt the priority had to be tackling the issues that put most pressure on relationships including housing, debt, drug and alcohol addiction, and mental health needs. Concerns were raised that a focus on relationship support took attention away from these other priorities:

**'I wouldn't say having a relationship intervention is what that family need; they need support to get into work, to upskill ... and support with debts and practical advice around budgeting ... So it's not to say that we don't put any value on the relationship side, but I don't think it's the biggest answer to the needs that are there, because I think they're more complex.'**

**Family support provider**

### *Support for separated parents*

Local stakeholders reflected on the importance of not focusing support for parental relationships on keeping families together if it was in their best interests to separate. Instead, supporting separated parents to collaborate effectively to co-parent was felt to be important. This view supports previous research that has found that family functioning rather than family structure is the important factor in contributing to child outcomes (Stock et al., 2014).

### *Parental relationship support and child outcomes*

The link between the quality of parental relationships and child outcomes was widely recognised across participants in the study. Support providers highlighted a range of potentially positive outcomes for children of improving parental relationships (either as a couple or as separated co-parents) – including increased emotional wellbeing, reductions in behaviour problems, and improved school attendance:

**'I mean, I see quite a lot of childhood anxiety and I've seen that anxiety alleviated once the children have seen that their parents are getting support ... I've had children who won't leave their parent, won't leave mum to do anything. I've had children who are just very angry children that are getting into a lot of trouble in school ... And when I've done the work with the parents all of those symptoms have been alleviated.'**

**Relationship support provider**

Beyond direct impacts on children, strengthening parental relationships (either when together or co-parenting apart), was thought to also have wider family impacts, particularly in terms of strengthening resilience to other setbacks and challenges in family life.

However, this study found limited evidence that relationship support services were being commissioned with the primary aim of improving child outcomes. This is discussed further in relation to commissioning provision later in this chapter and in relation to measuring support outcomes in chapter 4.

## Current provision

This section maps the range of relationship support for parents in case study areas, from early intervention to support during relationship crisis, separation and post-separation.

### A fragmented and complex picture

Relationship support for parents within the five case study areas could be characterised as fragmented. In summary the study found:

1. **Relationship support was provided by a range of public, third-sector and private providers:** This mixed economy made it difficult to capture the full range of provision and local stakeholders described the support available as a ‘patchwork’ and largely uncoordinated. It was rare for case study areas to have systematically mapped the provision available and it was not an area of support that was felt to have an obvious ‘home’ in terms of local government structures (discussed further in relation to commissioning later in this chapter). Consequently, local commissioners’ and frontline practitioners’ awareness of what was available was often vague and uncertain.
2. **Practitioners did not necessarily characterise the support they provided as a form of relationship support,** making it challenging to identify the range of support available. This was particularly the case in terms of more ‘informal’ early intervention and support provided within broader services for children and families: *‘It’s really difficult to actually focus in on just [relationship support] because it could be interwoven with lots of other things ... I wouldn’t say it’s a focused intervention; it’s probably part of everything that we do ... it’s just intermingled with everything else.’* (Early help practitioner)
3. **Economic austerity and short-term funding (in the form of pilots or short-term contracts discussed further in relation to commissioning) meant that in mapping local provision it was not uncommon to find services had closed or specific projects had ended.** This changing picture was a challenge for mapping provision and was also highlighted as a barrier to take-up (discussed further in chapter 3).

The following section summarises the range of provision available (as far as possible given the challenges described above). It first explores the support available for relationship crisis, and then goes on to look at what ‘early help’ or preventative support was available.

### Support for relationship crisis

Most ‘formal’ relationship support identified in this study (that was designed with the specific intention of improving couple relationships) tended to be aimed at relationship *crisis*.

#### Mediation

Mediation to support couple relationships took two forms:

- support for separating parents to reach agreement on issues related to parenting and finances
- family mediation to resolve family conflict – primarily used to prevent the breakdown in parent–child relationships that might precipitate care proceedings.

In the case of mediation to support separating parents to reach agreement, providers and stakeholders reported that the use of mediation has dropped considerably in recent years. In 2013, changes to legal aid eligibility for private family law cases reduced the number of parents accessing the family courts, which in turn cut the number of parents being signposted to mediation (usually by solicitors) as part of that process.

Although families on low incomes can still access legal aid for mediation, stakeholders observed that changes in eligibility to include an assessment of property value had further limited access to these funds. The level of legal aid funding for mediation was also felt to be low and therefore difficult for mediation providers to sustain:

**‘It gets very expensive to run a legal aid contract and you don’t get paid very well for doing it and that means that people, you know, potentially drop out of providing it and that limits access to individuals.’**

**Mediation provider**

Providers identified two consequences of these changes:

1. The provider market for mediation had reduced and there were fewer mediation providers than there were previously.
2. Families have to travel further to access provision. In one case, for example, a mediation provider reported not promoting their mediation services in one case study area because the costs of providing it would have been prohibitive under legal aid funding (which operates on a flat-rate basis that did not accommodate the additional costs the provider would incur).

If ineligible for legal aid, mediation was generally privately funded and this expense was a further barrier to take-up. Stakeholders in the family law system observed that parents might also view taking a case to court to be a cheaper option than paying for mediation, although in the long term it would be unlikely to be the case:

**‘People look at the cost of mediation and it looks more expensive, even though actually ... once they get to court, they realise that court is much more expensive than they thought it would be ... it’s a huge burden.’**

**National stakeholder, Family Justice**

There were also some examples of mediation being funded by local authorities via Troubled Family services and a number of national pilots (discussed further below).

In the case of family mediation aimed primarily at reducing family conflict and keeping children in the home, this type of support was sometimes funded by youth services or as part of an ‘edge of care’ service. In one area, this provision was also offered by a children’s voluntary sector provider free of charge.

#### *Family law provision*

As part of the family justice system, the Children and Family Court Advisory and Support Service (Cafcass) nationally commissions two services to support parental relationships at separation:

- **Separating Parents Information Programme (SPIP):** This 4–6-hour programme delivered in groups is targeted at parents accessing the family court system and is aimed at helping them to manage conflict and put their children first during separation. Referrals are made by order of the family courts and there is no cost to parents. In three of our five case study areas, provision for this programme would require parents to travel out of the local authority area to the nearest city to attend these courses.

- **Contact interventions:** This service is for parents directed by the family courts to have supervised contact. In recent years the programme has been developed to put more emphasis on dispute resolution. The intervention includes an initial meeting to work with parents to identify barriers to contact, followed by a series of six supervised contact sessions. The intervention ends with a 'next steps' meeting designed to support parents to plan how to go forward and signposting to other support.

Some case study areas reported high demand for supported contact centres and families were sometimes required to travel long distances to access this provision.

### *Counselling*

Individual and couples counselling as well as family therapy were provided by a range of private and third-sector providers across our case study areas (both specialist relationship support providers and more general counselling services). To a large extent there were fees for this type of support although some provision had been funded and was free to access or subsidised to lower the cost.

In some instances, locally commissioned provision was specifically aimed at supporting parental relationships (in which case specialist providers were commissioned), while in other instances, the expectation was that relationship support needs would be included as part of a more generalised counselling offer.

Locally commissioned services included:

- counselling (both specialist and general) funded by Wellbeing/Increasing Access to Psychological Therapies (IAPT) services and commissioned by clinical commissioning groups
- counselling (both specialist and general) funded by local authorities via children's centres, early help services, troubled families services, youth services and social care budgets
- provision funded by individual or clusters of schools to provide wellbeing support (both specialist and general).

Where counselling was funded from local budgets, this tended to be limited to 6–8 sessions and some providers described operating with long waiting lists:

**'If a couple wanted to come for couple counselling, they could wait three months ... If they're flexible on when and where, they may be seen sooner than that. But our waiting list for couples is over a hundred ... And that's going up.'**

#### **Relationship support provider**

In addition to private and locally funded provision, there were also examples of some counselling being provided by third-sector providers free of charge or subsidised for those on low incomes, from their own budgets. Large national charities including Children in Need, The National Lottery Fund and Comic Relief as well as local charitable trusts were also sources of funding for support of this kind.

### **CASE EXAMPLE: LOCALLY FUNDED RELATIONSHIP COUNSELLING**

A third-sector relationship support provider was based in the city centre and offered a range of support including individual, couples and family counselling. As well as offering a bursary to those on low incomes (with a minimum £10 contribution per session), the service also had a small contract with the clinical commissioning group to provide counselling as part of the IAPT service, but this

service was oversubscribed. They were also funded by the local children's centres, but the current economic climate was impacting on these funded services:

**'When the budgets are cut, it is seen as a non-essential ... because it isn't one of the key mandated core parts of the offer. The services are being cut year-on-year. And we're now in a situation where ... we have been limping along on contracts where children's centres can only guarantee us 12 weeks' work at a time. So it's a very challenging environment to work in for them.'**

Relationship support provider

### *Relationship support pilots*

In addition to the relationship support provision mapped above, a number of pilots have been trialled in recent years, exploring how relationship support could be improved:

- **Help and Support for Separated Families (HSSF) pilots:** Funded by the Department for Work and Pensions (DWP), these pilots aimed to identify innovative approaches to supporting separating families to reduce conflict and improve parental collaboration. Now ended, one of these pilots covered one of our case study areas and involved intensive support for couples in entrenched conflict, offering free one-to-one and joint sessions with an experienced family practitioner to help parents resolve issues and move forward. This support also included group-based sessions for children and help to access support for other issues that might be impacting on the conflict such as debt, housing, mental health, and so on.
- **Local Family Offer pilots:** Funded by DWP these pilots are trialling new approaches to improving relationship support for parents in 12 local authorities with a specific focus on prevention and early intervention. (See the case example for further detail on this approach.)
- **Out of court dispute resolution pilots:** To improve support for separating parents and to reduce the number of parents using the family courts to resolve disputes over child arrangements, Cafcass has been piloting a range of approaches to supporting dispute resolution and improving out of court pathways. These have included the Separated Parents Dispute Helpline, which aimed to provide information and signpost parents to alternative sources of support (including mediation, therapeutic interventions and online help). Other pilots have trialled offering the Separated Parents Information Programme (SPIP) before parents commenced court proceedings, and providing an enhanced version of the programme (SPIP Plus) which supports parents to meet after completion of the programme to reach agreement on a parenting plan.

### **CASE EXAMPLE: LOCAL FAMILY OFFER PILOT**

In this case study area, the Local Family Offer trial is embedding a relationship support specialist into a cluster of schools, as part of a wellbeing team. Their role is to raise awareness of relationship support needs and upskill frontline staff to identify needs and to signpost to other provision. Still in development, this pilot is also exploring how best to meet the needs identified through the service.

Beyond our case study areas, other pilots/initiatives include:

- **Early Action Neighbourhood Alliance:**<sup>1</sup> A partnership between the Big Lottery Fund, Comic Relief and the Esmée Fairbairn Foundation. This alliance was established to explore innovative models for early intervention to reduce demand for public services. It is funding three local pilots for five years, one of which will be implementing a whole system change in a particular locality to reduce parental and family conflict and improve children's wellbeing.
- **The Big Lottery Fund Reaching Communities programme:**<sup>2</sup> This is a £200 million ongoing funding programme for voluntary and community groups in England. Aimed at strengthening communities and with a particular strand focusing on developing happier and stronger relationships, the programme has funded a number of projects offering relationship support.
- **The Big Lottery Fund Better Start programme:**<sup>3</sup> This is a £215 million programme running in five local area partnerships aimed at improving outcomes for children in the first three years of life. The programme focuses on 'system change' and includes some projects that incorporate an element of relationship support.

#### *Online/telephone information and support*

In addition to face-to-face support, frontline family support services signposted to a range of online information and support. This included online support and advice provided by third-sector relationship support providers and government-funded websites that provide advice and guidance on separation and child maintenance (Child Maintenance Options<sup>4</sup> and Sorting out Separation<sup>5</sup>). Although not explicitly mentioned in our case study areas, some relationship support providers also offer telephone advice and support.

#### **Early help and prevention**

Alongside support for relationship *crisis*, local stakeholders and support providers identified a range of provision that can be broadly termed *early help*. Typically, the primary focus of provision that fell into this category was not to support parental relationships. However, in providing other services, some element of 'informal' parental relationship support might be involved.

#### *New parenthood*

Local stakeholders and providers identified new parenthood as a particular point of stress for couple relationships and highlighted the role of health visitors and midwives in providing a wide range of support to new parents. Although the primary focus of the health visitor role was to ensure the health of mother and baby, relationship support was felt to already be part of their role:

**'[At the antenatal visit] one of those fundamental things is about relationships, you know because we want to see what the environment's going to be when that baby's born ... and we really want to know what the relationship is, not only with the parents but what support that family's got, what's their network of support.'**

**Health visitor**

1 <http://www.earlyactionfund.org/>

2 [https://www.biglotteryfund.org.uk/prog\\_reaching\\_communities](https://www.biglotteryfund.org.uk/prog_reaching_communities)

3 <https://www.biglotteryfund.org.uk/betterstart>

4 <http://www.cmoptions.org/>

5 <https://www.sortingoutseparation.org.uk/>

Delivery of the universal Healthy Child programme (including five mandated visits up to the age of 2.5 years<sup>6</sup>) was felt to put health visitors in a unique position to identify relationship support needs and provide early support in terms of signposting and light-touch interventions at a key transition point for new parents. However, the extent to which health visitors have been trained to do this was felt to be variable and any further development of this role would need to be supported by additional training and sufficient support.

Antenatal workshops run by health visitors, midwives and children's centre staff were also felt to be an opportunity to provide light-touch support at this crucial transition point for parents:

**'It does touch on relationships because we talk to the father and the mother separately about what they are expecting from each other when they become parents and what sort of life they have now and how it's going to change and what sort of needs they need to think about for each other.'**

Children's centre practitioner

While practitioner training was not in scope for this study, a description of this type of service is detailed in appendix C and D, alongside preventative relationship education to new parents. This provision is mainly provided by third-sector specialist relationship support organisations.

### *Early years*

For support in the early years, children's centres offered a range of support including signposting to other provision and support from family support practitioners.

Across our case studies there were some examples of children's centres funding (or joint-funding) relationship support services to provide free relationship counselling. However, this provision was typically small in scale and short in duration and cuts to budgets were making this provision vulnerable:

**'We've got a welfare fund which is limited, but if we think it's really going to benefit the child and the family then we sometimes will do half and half with the [early help service] depending on whether they know the family or not, but sometimes we just do it ourselves like a four to six-week session they get.'**

Children's centre practitioner

Where children's centres reflected that relationship support for parents was less of a priority, this was generally because limited resources meant they were focusing their work elsewhere:

**'I don't think that's one of our targets at the moment ... it's on our radar, but it's not a priority for us at the moment ... I think the presenting needs often are other things, really. And we can't do everything.'**

Children's centre manager

Staff in these circumstances reported that their focus was often on helping to resolve the practical issues arising from separation, rather than support to address the relationship itself. Examples included tackling housing crisis or food poverty as a result of relationship breakdown as these were the immediate needs parents presented with.

<sup>6</sup> The statutory requirement to provide five mandated universal health visitor reviews will cease at the end of March 2017, unless parliamentary action is taken. The provision is currently being reviewed by Public Health England.

### *Across the age range*

For *early help* across the age range, some element of support for parental relationships could be found in parenting programmes and family support services.

### *Marriage/long-term relationship preparation*

Third-sector relationship support providers offered workshops and one-to-one sessions for couples planning to marry or commit to a long-term relationship.

### *Parenting programmes*

Well established across all five case study areas, evidence-based parenting programmes were typically free to access and open to all parents (with some programmes aimed at specific groups – such as early years, teenagers, and so on). This provision was funded by local authorities and generally delivered in groups, although one-to-one parenting support was also offered.

In general the focus of this provision was on the parent–child relationship, and supporting the relationship between the parents was not typically an explicit focus. However, these programmes were felt to offer some element of relationship support to parents, with a particular emphasis on:

- consistency of parenting styles and the importance of effective communication around parenting
- improving parental understanding of child behaviour/strengthening parent–child relationships, which in turn was felt to increase parental understanding of their (and their partner’s) behaviour and strengthen family relationships more generally:

**‘So I think a lot of the parents have said, “I’m using the [parenting] techniques on my partner”. So, you know it has a double effect ... So they sort of get more of an understanding of their partners as well which is great because, you know, it’s basically around relationships, not just with your children, but how important it is to understand how someone else feels. Yeah, so that’s very beneficial for relationships.’**

#### **Children’s centre practitioner**

Parenting programme providers also described signposting to other support including mediation and relationship counselling where they identified a need for further support. While not identified in the case study areas, there are parenting programmes with an explicit relationship support component (see appendix C and D).

### *Family support services*

Provision that fell under the broad category of family support included publicly funded services offered under the Troubled Families programme as well as a range of third-sector early support provision. Typically this type of support involved a key worker working with a family on a one-to-one voluntary basis, responding to a wide range of needs including school non-attendance, behavioural issues, anti-social behaviour, social isolation, debt and housing.

The extent to which relationship support was provided depended on the circumstances of the family and their presenting needs, but examples included:

- supporting separated parents to reach agreement over consistent parenting approaches
- helping separated parents to resolve issues with contact by facilitating meetings and establishing a parenting plan

- providing practical support that in turn, reduced areas of conflict between parents – for example tackling debt issues
- providing emotional support and a ‘listening ear’
- modelling good communication.

#### CASE EXAMPLE 1: RELATIONSHIP SUPPORT PROVIDED BY FAMILY SUPPORT SERVICES

A third-sector provider was funded by the local authority to provide one-to-one support to families with children up to the age of five. Trained volunteers would visit the families on a weekly basis and provide a wide range of support. Examples of relationship support included: helping a separated couple reach an agreement over contact by sourcing appropriate equipment for the father to be able to look after their child safely (for instance a car seat); supporting the father of a disabled child to access mental health support which in turn reduced the conflict between him and his partner.

#### CASE EXAMPLE 2: RELATIONSHIP SUPPORT PROVIDED BY FAMILY SUPPORT SERVICES

A troubled families’ service provided a range of intensive support depending on the needs of the individual family, ranging from help with family routines, to support to access housing, debt and mental health support. If it arose as an issue, key workers would also work with families to resolve couple conflict. In one case for example, a key worker worked with a separated couple to address issues related to contact visits, which had become a trigger for arguments and conflict. The key worker worked with both parents individually to put in place strategies to improve their communication and ultimately reduce the conflict between them.

In addition to informal support offered by key workers, the service also funded family therapy from a relationship support provider for families in need of more intensive support.

#### *Online information and advice*

In addition to the early help and prevention provision detailed above, third-sector relationship support providers also offer a range of advice and support online aimed at strengthening relationships. Examples include advice on transition points (for example, parenthood) communication and handling conflict.

#### *Relationship education programmes*

While not identified in the case study areas, there are also preventative education programmes, typically delivered by third sector relationship support providers, to support couple relationships through providing information, skills, or through questionnaires/inventories as a tool for learning (see appendix C and D).

#### Gaps in provision

Within the context of a sector that was generally perceived to be fragmented and small in scale; some specific gaps in provision were identified.

#### *Parents in poverty*

Gaps were identified in provision for parents in poverty primarily because of the costs of relationship support and limited free or subsidised provision. Not only was the cost of support itself an issue (for example reduced eligibility for legal aid mediation), but the costs of travel to services were also felt to be a barrier to low-

income families (because of limited availability requiring parents to travel further to access support).

Where relationship support was offered free of charge or at a low cost, this was typically time limited (for instance six to eight sessions of couples counselling) and this was not always felt to be adequate:

**‘I might offer eight sessions ... to be honest with you eight sessions is plastering over the cracks quite often ... My personal feeling is we could always do with more in that [subsidised fund].’**

**Relationship support provider**

Providers also reflected on high demand for subsidised or free support which was felt to be a further barrier to low-income families accessing the right support at the right time:

**‘If you’ve got resources ... if you can pay £30 to go to a private child contact centre, you know, that’s fine ... If you can’t do that and you’re working with the people who very kindly volunteer their time and don’t charge, you’re probably looking at a couple of hours on a Saturday and there will be a waiting list ... and you can only go for six sessions because there’s going to be another family who’s waiting to have that place.’**

**Mediation provider**

Support providers also reported that self-referrals were typically made by more affluent families and to reach the most vulnerable families (those experiencing multiple deprivations) a more proactive approach was needed. This issue is discussed further in chapter 4 in relation to barriers to take-up of support.

#### *Other vulnerable target groups of parents*

Alongside parents in poverty, a range of other groups were felt to be less well served by current relationship support provision than others. BME groups, fathers and LGBT parents were all identified as groups that were less likely to access relationship support. Stakeholders and providers also identified other vulnerable groups who may have difficulty accessing support including parents of children with special educational needs and disabilities (SEND), parents with learning difficulties and those with mental health issues. Provision targeting these groups was felt to be a gap in current services.

#### *Support explicitly aimed at improving child outcomes*

Across case study areas there was limited evidence that relationship support services were being commissioned with the primary aim of improving child outcomes. Reasons for this gap are discussed further in relation to commissioning services in chapter 3.

#### *Early intervention*

National and local stakeholders reflected that there was limited provision for early intervention for parents identified by frontline practitioners as needing relationship support. However, where intensive support in the form of counselling or mediation was not appropriate:

**‘There doesn’t seem to be a lot of agencies or support, apart from places like ourselves that can support at that early stage ... I just think there’s a lack of early intervention where it could be so much simpler.’**

**Children’s centre manager**

It was also felt that more work needed to be done to explore what support at this earlier stage would look like and what would be most useful:

**'I think one of my concerns is I'm not really sure what we need to plug that middle gap between having a basic conversation and being referred to mediation or couple counselling.'**

**National stakeholder, Children's Services**

*Support for separating parents*

Across case study areas, local stakeholders and frontline service providers reported a high level of need for support for separated parents. In particular, challenges were raised in relation to co-parenting apart and the impact of blended families on family conflict. Stakeholders identified this as an area of support that frontline practitioners were reluctant to get involved in because of the entrenched conflict and a perception that it was not in their remit:

**'One of the other issues we have here is about co-parenting and separation of parents and divorce of parents and the impacts that has on the children. So they're starting to look at up-skilling workers to deal with sort of managing that conflict because at the moment we all stand behind a little wall and say, "Actually that's not our remit. You know, you need to go to family court for that."'**

**Early help manager**

Better support for this type of need was identified as a gap in local services.

## 3. Assessing need and commissioning support

This chapter reports on how local areas assess need, and reflects on how services are commissioned and funded.

### KEY FINDINGS

#### *Assessing levels of need*

- A lack of local data to assess the prevalence of relationship distress within the population was felt to be a key barrier to commissioning.
- Proxies for relationship distress, such as relationship breakdown did not provide an accurate measure of need, as well as relying on the measurement of presenting need in frontline services.

#### *Barriers to commissioning*

- The level of commissioned relationship support in local areas was described as 'patchy' and small in scale, with funding coming from a wide range of sources. The market of provision was seen as weak and underdeveloped in many areas.
- Relationship support provision was not felt to have a natural 'home' within local commissioning structures, and it was unclear who was responsible locally. For children's services, funding was challenging because it was not viewed as directly providing support for children.
- Alongside lack of data on need, commissioners were hindered by a limited evidence base for effective support within a UK context. Limited funds and capacity meant providers struggled to demonstrate the outcomes of their services.
- Economic austerity and other competing concerns (such as substance misuse, mental health needs, domestic abuse) were felt to take priority over relationship support, and reduced commissioners' opportunities to invest in early intervention.
- No clear national strategy on relationship support for parents and the absence of relationship support in national outcome frameworks was felt to limit the levers that might drive changes in local commissioning.

To overcome barriers to commissioning, stakeholders recommended:

- improving local needs analysis;
- investing in training and supporting frontline practitioners in existing services to provide early intervention relationship support
- building robust evaluation into the programmes currently being piloted
- developing a clear national strategy for the sector and exploring how relationship outcomes might be embedded into outcome frameworks.

### Assessing levels of need

Both national and local stakeholders reported a lack of data at a local authority level to assess the level of relationship distress within the population. For service commissioners this was viewed as a key barrier to commissioning because a measure of need was required to bring an issue to the attention of stakeholders and to justify funding:

**‘Particularly at the local level ... there’s no data to inform the Joint Strategic Needs Assessments. And if you can’t get data on local needs it won’t go into the strategic assessments, they won’t go into the local health and wellbeing strategies, so it’s quite a gap.’**

**National stakeholder, Relationship support provider**

Service providers also reported difficulties in evidencing need as a barrier to applying for grants and accessing funding streams:

**‘What [grant funders are] saying is we’ve got to demonstrate the need ... it’s quite difficult to get enough evidence together because there aren’t good figures around about how many parents require the service.’**

**Separating families support provider**

Without a way of measuring the prevalence of relationship distress in the population, local commissioners and service providers were reliant on assessing the level of need through issues presented to frontline services and proxy measures that provided some indication of levels of need. These two approaches are discussed further below

### Proxies for relationship distress

Examples of measures used as proxies included the number of single parent households; numbers accessing family courts; and other measures of distress such as mental health needs. Stakeholders highlighted the unsatisfactory nature of these proxies, and reflected that they were unlikely to provide an accurate measure of need. In the case of single parent families for example, this captured a measure of family structure rather than distress.

### Capturing relationship distress in frontline service assessments

The extent to which frontline services captured relationship distress in their referral and assessment processes was variable and a number of issues were raised with how data was collected and used.

#### *Not easily quantifiable*

Depending on their primary focus (for example early help, parenting programmes, troubled families services, and so on) frontline service providers captured a range of needs at referral and assessment but the primary focus was on using this data to inform the support provided rather than to measure need. Typically, parental relationship distress (if captured at all) was not a measure used for reporting purposes and consequently not captured in a quantifiable way:

**‘Well, the reason it’s invisible is because it’s not something that they would record in order to report anywhere at all. We could get a handle on it if we went through absolutely every single set of notes and looked for it but that’s what makes it invisible.’**

**Local stakeholder, Public health**

#### *Complexity of service provision*

The complex mix of service providers (both statutory and third sector) that offered some form of relationship support for parents in a local area meant that the presenting need at any one single service was unlikely to capture the need for relationship support within the local population.

#### *Identifying relationship support needs*

Providers and stakeholders raised doubts over the extent to which presented need was a true measure of need within the population. Barriers to take-up of services

(discussed in more detail in chapter 4) meant only a proportion of those with relationship support needs may access services. For those who do access services, they may not identify relationship support as their primary need and this would also lead to underreporting:

**‘I wonder whether it’s just that that need isn’t identified, or it’s not the presenting need, sometimes, with families. So the presenting needs are around, you know, issues with children, in terms of behaviour, or health issues, or financial issues, and those, you know – that family dynamic is sometimes not picked up until later. So I think it’s probably that.’**

**Children’s centre manager**

And finally, frontline service providers (particularly those who were not specialists in relationship support, but might signpost to other provision or provide low-level support) acknowledged that staff did not always feel confident or adequately trained in identifying relationship support needs:

**‘What we found was that practitioners are reluctant to go there with that topic, largely because it’s not a topic we naturally, culturally, openly discuss about having problems in relationships.’**

**National stakeholder, Children’s services**

In the context of these challenges, the following case examples highlight providers who recognised a need to improve how relationship support needs were identified and recorded and had begun to make changes to their referral and assessment processes.

#### **CASE EXAMPLE 1: IMPROVING IDENTIFICATION OF RELATIONSHIP SUPPORT NEEDS**

A redesign of Health Visiting services two years ago had provided an opportunity to re-evaluate the assessment tools and approaches used by health visitors in their pre- and post-natal visits. Drawing on the ‘Family Partnership Model’ developed by the Centre for Parent and Child Support, health visitors now use a series of topic cards to act as prompts to guide the conversation during these visits to gather key information on a range of issues including parent relationship support needs. This new approach was felt to have improved how health visitors identified needs and case management systems had been adapted to ensure the assessments could be fully recorded, and followed up at later visits:

**‘We really, really embraced those tools because they give you the chance to open up the conversations about regular relationship between parents, and their ability as a result of that to bond with their child.’**

**Health visitor**

#### **CASE EXAMPLE 2: MEASURING RELATIONSHIP SUPPORT NEEDS**

An early help service had been set up as the initial point of contact for a wide range of services. As part of this model, service providers (and individuals) could make referrals to the early help service that then triaged the requests and involved the relevant services. Recognising the need to measure more accurately relationship support needs, the service has recently made changes to its referral forms. Alongside needs in relation to parenting, the referral form now captures needs in relation to ‘family history and functioning’ and (specifically in relation to children) ‘family and social relationships’. Although only in place a few months, the expectation is that these new measures will provide a better understanding of the relationship support needs of families accessing early help services.

## Commissioning

This section reports on how relationship support provision is currently funded and examines the barriers and facilitators to commissioning in case study areas.

### Who funds relationship support for parents

Table 3.1 provides a summary of the funding sources for relationship support services, mapping the range of provision discussed earlier in chapter 2. As reflected in the table, relationship support services were funded from a wide range of sources. In characterising the level of commissioned relationship support in local areas, stakeholders described it as ‘patchy’ and small in scale.

**TABLE 3.1: FUNDING SOURCES FOR RELATIONSHIP SUPPORT PROVISION**

Level of support	Type of support	Funding	
Early intervention	Health visiting	Local authorities – public health	
	Midwifery	Clinical commissioning groups	
	Perinatal classes		
	Children’s centres	Local authorities – children’s services	
	Parenting programmes	Local authorities – children’s services Children’s centres Charities/Trusts Private	
	Marriage/long-term relationship preparation	Charities/Trusts Private	
	Family support services	Local authorities – children’s services Clinical commissioning groups Schools	
	Online support and advice	Charities/Trusts National government pilots	
	Crisis support	Mediation	Private Local authorities – children’s services Legal aid Charities/Trusts National government pilots
		Separating Parents Information Programme (SPIP)	Cafcass
Contact Interventions		Cafcass	
Supported contact		Private Cafcass Charities	

Counselling	Private Charities/Trusts Child and Adult Mental Health Services (CAMHS) Children's centres Clinical commissioning groups – IAPT Schools
Online/telephone information and support	Charities/Trusts National government pilots Private

### Barriers to commissioning relationship support for parents

National and local stakeholders and support providers identified the following barriers to effective relationship support commissioning.

#### *Lack of available data to assess level of need*

Discussed earlier in relation to assessing levels of need, a lack of data on the prevalence of relationship distress in the population to inform local needs assessments and make the case for service provision was felt to hinder effective commissioning.

In the context of service cutbacks, commissioners needed evidence of need to justify committing funds to relationship support services and there was a general sense that data on this need was not available:

**'It's not something, locally, that we've considered looking at in terms of specific commissioning for ... I would say. I'm not sure it's something that has got a high enough profile around its need, I think it's fair to say.'**

**Local stakeholder, Children's services**

#### *Economic austerity*

The current climate of economic austerity and retrenchment was a recurrent theme throughout the interviews with both statutory and voluntary sector providers. Local authorities reported substantial budget cuts and some providers participating in the study were facing funding cuts and uncertainty about their future viability:

**'The size of the local authority and the services we deliver or commission is reducing. So I would say it's a significant pressure ... certainly the volume and size of our commissioned pot is getting smaller, year on year.'**

**Local stakeholder, Early help manager**

In this context, difficult choices were being made over what services could be funded at a local level and areas of provision that were non-statutory were particularly vulnerable:

**'There's always an opportunity to do things differently, but actually, the reality is councils are struggling to deliver on their statutory functions, let alone on the things that aren't statutory, and I think that's the reality that councils face.'**

**National stakeholder, Local government**

While there was an acknowledgement that investing in relationship support provision for parents as a form of early intervention had the potential to reduce demand on other services in the long-term, the current economic climate limited the opportunities for local commissioners to invest in early intervention because of the severe pressures on budgets:

**'The biggest lever is cost. The biggest pressure is cost, so if by investing in this ... we can reduce the pressures on social care and safeguarding services and some of those other things ... then I think those are the levers. I think the challenge is in order to be able to do the work, you've got to have the headroom to be able to invest in the upstream services. And when you're short of money and you've still got to do the downstream work because actually that's where your statutory obligations are, that's the challenge.'**

**National stakeholder, Children's services**

Issues of budget reductions were further exacerbated by budget uncertainty, with stakeholders reflecting that short-term funding cycles and uncertainty over changes to local government funding (such as local business rate retention) meant local commissioners could not plan effectively and were reluctant to commit to new services in this climate.

#### *Where responsibility falls locally and the relationship with child outcomes*

Local commissioners and stakeholders reflected that relationship support provision for parents had no natural 'home' in terms of where it might sit and who might commission provision in this area. Depending on how the provision was conceptualised services might fall across a range of different commissioning bodies. The challenge for commissioners of services for children in particular, was that parental relationship support was not seen as directly providing support for children, and this made funding it less clear cut:

**'I don't think we were that clear, in all honesty, whether the local authority was the right person to be leading on it. And certainly within children's services, because we focus on children, the issue was, "Well, would we personally be commissioning that kind of mediation, couple counselling for the parents?" Initially it wasn't that clear ... You know, it doesn't sit anywhere obvious.'**

**National stakeholder, Children's services**

For service providers seeking funding, this issue was particularly challenging because of the complexity of local commissioning arrangements and the potential for variation in approach across areas.

#### *Competing priorities*

In a climate of economic austerity, commissioners reflected that there were a number of competing priorities for funding. Funding support for parents with drug and alcohol addiction, mental health needs, and suffering from domestic abuse were areas of particular focus, which were felt to take priority over this type of support:

**'So I think we've probably got a way to go before [relationship support] raises its head because people round the table will say, "Yes, yes, you're probably right", you know. Parents struggling with their own relationship is important but actually they've still got to get these things right because we know they're important too or more important ... and there isn't a way of demonstrating the size of the problem with the impact it has upon children's health and wellbeing in quite the same direct way as**

**things like domestic violence and substance misuse and mental health has done so far.'**

**Local stakeholder, Public health**

In tackling poverty, one view held was that support to tackle this 'toxic trio' (substance misuse, mental health and domestic violence) had to be prioritised over relationship support because tackling these issues could a) reduce relationship conflict and b) have significant impacts on child wellbeing in their own right.

*Lack of a national strategy and limited levers for change*

At a national level, stakeholders reflected there was currently no clear strategy on relationship support for parents that set out goals and provided guidance on this area of policy. National stakeholders in particular felt more work needed to be done across government departments to coordinate work in this area to provide more direction:

**'...the thing that most strikes me is how poor the coordination is around government on these areas ... So you've got the Department for Education, you've got the Department for Work and Pensions and you've got the Ministry of Justice, who all have different fingers in this pie ... They have competing priorities, different amounts of money and it's difficult for them to coordinate.'**

**National stakeholder, Family justice**

Further observations were made that national outcome frameworks (that could potentially guide local commissioning and provide a steer to local areas to explore this area of need) do not currently include outcomes related to healthy parental relationships:

**'The overall frameworks which the Department for Health set for the Public Health Outcomes Framework, for example, there's no mention of relationships in them. So not only is it up to the local level to decide what to commission but ... there's no kind of incentive for them to address relationships unless there's already somebody locally who kind of really sees the need.'**

**National stakeholder, Relationship support provider**

*Limited evidence base/understanding of effective provision*

Stakeholders reflected on the crucial importance of having a good understanding of the evidence on the benefits of relationship support and what effective provision looks like:

**'They only want to invest in things where there is a proven record, they don't want to invest in things that could turn out to be snake oil, and it is wasting money. And there have been so many interventions over the years that have not necessarily delivered, and they're getting to the point now that they just can't afford to invest in things that aren't going to reap a return or make savings somewhere in the system.'**

**National stakeholder, Local government**

Relationship support providers recognised the importance of building the evidence base but reflected that limited funds and capacity within their own services meant they struggled to demonstrate the outcomes of their provision:

**'If you funded family mediation, you would alleviate the problems in lots of those areas [mental health, drugs and alcohol] ... we know that to be**

**true but because we all run on a shoestring, we don't have the robust evidence to prove it because we haven't got the staffing.'**

**National stakeholder, Mediation provider**

#### *Limited market of providers*

The consequence of limited commissioning in local areas meant that some areas felt the provider market was weak and this, in turn, was a barrier to further commissioning:

**'I don't think we've got a very well developed voluntary and community sector, in terms of this particular kind of delivery, really ... I think what we'd have to be getting into, you know, that creating capacity within the market, actually developing the market in order to deliver ... And looking outside of [the local area], in order to be able to find agencies or organisations that could deliver effectively across the county.'**

**Local stakeholder, Children's services**

National commissioners also raised concerns that the range of providers able to deliver this type of provision was shrinking because of cuts to local funding reducing the number of third-sector providers who could deliver this type of service.

#### **Potential solutions to commissioning barriers**

To tackle the commissioning barriers identified by stakeholders the following recommendations were made (these are discussed in more detail in chapter 5):

- explore ways to improve local needs analysis, including how relationship support needs are captured and recorded in referral and assessment processes
- mitigate the impact of economic austerity by investing in training and supporting frontline practitioners in existing services to identify and provide early intervention relationship support
- build the evidence on what works and for whom within a UK context by building robust evaluation into the programmes currently being piloted
- develop a national strategy, setting out a clear approach to how the sector will be developed
- explore the potential/value of relationship outcomes being embedded into outcome frameworks.

## 4. Barriers to take-up

This chapter looks at how parents access relationship support, reporting on the range of pathways into support and the barriers and facilitators to take-up.

### KEY FINDINGS

Barriers to take-up of relationship support fell into three categories:

#### *Cultural barriers*

- There is stigma in seeking help for relationships, where it is seen as a private concern, with parents turning to family/friends rather than professional support.
- It was felt that both parents and practitioners may not always recognise or be aware they had a relationship support need. Frontline staff may only identify relationship difficulties where there are domestic abuse concerns.
- Stigma attached to statutory services, in particular their links to social services, were felt to further limit take-up, particularly for the most vulnerable parents involved with social care in the past.

#### *Access barriers*

- The fragmented nature of relationship support meant there was limited provision as well as a lack of awareness among both parents and practitioners in what was available.
- Establishing good referral pathways and trusting relationships between services was challenging with time-limited funding and competing priorities.
- The limited availability of provision that was free or subsidised was a barrier particularly for families in poverty, as well as location in rural areas for those who could not afford the travel costs. Where low-cost services were available, families and referrers were not always aware.

#### *Capacity to access support*

- Families with complex needs were felt to have the least capacity to seek and access support or self-refer, because of the challenges and difficulties they faced. More intensive strategies and resources were needed to reach these families.

To address barriers to take-up providers recommended:

- Embedding provision within universal services or key transition points to reduce stigma, such as parenting programmes, children's centres and health visitors.
- Building trusting, confidential and neutral relationships with frontline referrers.
- Outreach and home visits, as well as exploring alternative formats such as peripatetic provision and online support to overcome geographical barriers.
- Offering flexible support to the most vulnerable families and those in poverty, to maximise their engagement – for example outreach, more intensive support and over a longer period, flexibility in appointment times, and accommodating disruptions.

## Pathways into support

How parents accessed relationship support varied depending on the type of support sought. Table 4.1 summarises the pathways for accessing the range of relationship support provision mapped in chapter 2.

**TABLE 4.1: PATHWAYS INTO RELATIONSHIP SUPPORT PROVISION**

Level of support	Type of support	Pathways into support
Early intervention	Health visiting Midwifery Perinatal classes	Universal services accessed via maternity services
	Children's centres	Self-referral, GPs, health visitors, midwives, early help services, social care, family support services
	Parenting programmes	Self-referral, social care, children's centres, health visitors, family support services, GPs, schools, early help services, relationship support providers
	Marriage/long-term relationship preparation	Self-referral, religious bodies
	Family support services	Self-referral, schools, social care, health visitors, GPs, early help services, mental health services
Crisis support	Mediation	Self-referral, solicitors, family courts, Cafcass, children's centres, family support services, relationship support providers, advice services, schools, contact centres, social care
	Separating Parents Information Programme (SPIP)	Family court order (with some out of court access pilots)
	Contact interventions	Family court order
	Supported contact	Self-referral, Cafcass, solicitors, social care, early help services, relationship support providers
	Counselling (both specialist and general)	Self-referral, wellbeing services, GPs, children's centres, social care, family support services, early help services, schools, mediation providers

## Barriers and facilitators to take-up

Barriers to take-up of relationship support provision fell into three categories – cultural barriers, access barriers and capacity barriers. This section describes the nature of these barriers and the ways in which providers sought to address them.

### Cultural barriers

#### *Stigma of seeking help for relationships*

Already well documented in other studies (DfE, 2014; Coleman & Stoilova, 2014; Doubell et al., 2016; Marjoribanks, 2015), there is a cultural stigma attached to seeking help for relationships that case study providers and stakeholders identified as a key barrier to parents accessing support:

**'I genuinely think as well that a lot of parents are reluctant to seek support for their relationships. They see it as something fairly private and maybe would turn to friends and family ... I think it's almost admitting something that there's really seriously wrong and I think a lot of people, you know, I could include myself in that, actually it is something that we don't like to do.'**

**Parenting support provider**

This cultural reluctance to discuss or seek help for relationship issues was also felt to reduce the likelihood that frontline staff supporting families would raise issues of this kind, further reducing the likelihood that needs would be picked up and addressed.

Although providers generally felt cultural stigma was a barrier for all, it was particularly raised as an issue for men who were underrepresented in support services and felt to be less likely to seek support than women because of this stigma. It was also highlighted as a bigger issue in small rural communities where it may be more difficult to access support anonymously.

#### *Recognising a need*

Perhaps partially as a result of the stigma associated with seeking support for relationships, providers reflected that parents may not always recognise where there is a relationship support need, and consequently would not seek support:

**'In a lot of cases, it's sort of really difficult working with the families to get to them to the point where they can genuinely understand the impact of their relationship on the children, um, you know, it's just – it's just the way things are, it's just the way they expect things to be, you know.'**

**Parenting support provider**

Interestingly, providers also acknowledged that frontline staff working with families may also focus on other issues, only picking up on relationship support needs when there were domestic abuse concerns:

**'I think, probably, what happens is people look at the relationship between parent and child, as opposed to the relationship between couples, because I think that's a difficult area to get into with people ... if it's arguing, or just not getting on, or coming and going, or that sort of thing, it's probably not something that families talk about with our staff ... I don't think it's one that many families would see as their main issue.'**

**Children's centre manager**

### *Stigma attached to statutory providers*

A further set of barriers related to where, and from whom, relationship support services were provided. In particular, providers reported reluctance from some of the most vulnerable families to access services provided by (or located with) statutory services (for example early help hubs, children's centres and so on) because of their associations with child protection and social care:

**'Well there is this stigma that if you're going into the children's centre then you must have social care involved or something ... they perhaps worry that people are going to have that impression of them if they come into the children's centre.'**

**Children's centre practitioner**

These barriers were felt to be an issue particularly for families who may have had involvement with social care in the past. With over 52 per cent of 'children in need'<sup>7</sup> identified as eligible for free school meals because of low income in 2015, this stigma is likely to be a further barrier to some of the most vulnerable families in poverty.

### *Access barriers*

A second set of barriers related to access to support provision, both in terms of availability and cost, as well as physical location.

#### *Awareness of support available*

A lack of awareness of the support available was raised as a barrier to take-up because of the fragmented nature of the support available. In particular, relationship support providers highlighted the importance of raising awareness among frontline practitioners given the crucial role they played in identifying needs and signposting and referring to provision. However, increasing this awareness was felt to be challenging, with providers reporting difficulties in engaging frontline practitioners because of competing priorities for their time and their limited capacity:

**'The teams are so cut to the bone that all they're doing is firefighting the whole time. There is no time at all to stop and think about changing your practice to make things easier.'**

**National stakeholder, Mediation provider**

This was particularly an issue for support provision that was pilot funded for a limited time only. In these cases new providers found it difficult to establish referring relationships and build trust with frontline practitioners within the time available:

**'We'd started off by trying to make an approach directly to teams that were working with families, so your frontline delivery staff. It was really difficult to get on their agendas for team meetings, and understandably so; they didn't know us from anybody.'**

**Relationship support provider**

### *Availability of support*

Stakeholders and providers acknowledged that limited availability of relationship support was a barrier to take-up, particularly for services that were free or subsidised. The barriers to commissioning this type of support (discussed in chapter 3) and funding cuts as a result of austerity meant provision was limited and what was available was vulnerable to cuts and rationing:

<sup>7</sup> As defined by DfE official statistics 2014–15, available to download from <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2014-to-2015>

**'I think it's changed a lot ... working in this sort of field, we used to have just small organisations which were able to give quite good support to people. You know, staffed by volunteers, charities, small groups and, and there doesn't seem to be much of that around any more ... So, it doesn't feel great out there, sadly, and sometimes that can be quite difficult. I mean a lot of the children's centres have closed, so some of the parenting programmes and other sorts of support that was, was out there that, you know ... there's not that same level of things.'**

**Mediation provider**

Limited availability of affordable relationship support is a particular concern for families in poverty.

#### *Affordability*

Limited availability of relationship support that was subsidised or free, was felt to be a key barrier for families in or at risk of poverty. Providers also reflected that families (and referrers) were not always aware of the reduced cost support available and this was a further barrier to take-up:

**'There are a few individual projects locally around the country where specific money is funding specific projects where it's free at the point of delivery, but they're fairly few and far between ... The bulk of relationship support provision either in the voluntary sector or certainly in the private sector is paid for. For families on low incomes, the cost can be a barrier. Voluntary sector relationship support providers offer donation-based services and free support for people who are unable to pay – but clients are not always aware of this or may feel embarrassed about not being able to pay the standard fee.'**

**National stakeholder, Relationship support provider**

#### *Location of support*

Particularly in case study areas that served a largely rural population, the location of support could be a key barrier to take-up. Travel time and limited public transport were viewed as barriers, but, particularly for families in poverty, the cost of travelling to services was a barrier:

**'Transport is a massive issue for some of our families, affording it and getting to where [the support is] – because of the rurality of [the area] a lot of the children's centres do try and put roots out into the communities, into the villages. But if you don't have transport it's unlikely that your village is going to have a bus that drops you there to attend that group at that time. So yeah, I think it is an issue for families.'**

**Family support provider**

Support providers also highlighted the additional costs both in terms of time and travel to provide support in more rural case study areas. The following case example illustrates the impact of these barriers on the support available to families in more rural areas.

### CASE EXAMPLE: THE CHALLENGE OF PROVIDING SUPPORT IN RURAL AREAS

A third-sector provider who ran a pilot project to provide support to separating parents across a number of local authorities, reported that take-up of the pilot was lower in this rural case study area because of the logistical challenges they faced in delivering the service:

**‘We weren’t really aware of the number of smaller towns that make up the local authority ... it ended up creating a real logistical challenge for us, both in terms of the time we were travelling and how far we were having to go was having an impact on things like our mileage costs and whatnot.’**

**Family support provider**

Ultimately, these challenges meant they focused their promotional work to advertise the service on areas that were easier to access. As a result, although the provision was available to families in the case study area, awareness and consequently take-up, was lower.

### Capacity to access support

A final barrier to take-up of relationship support was raised as a particular issue for the most vulnerable families. As detailed in chapter 2, it was reported that most self-referrals came from more affluent families, whereas a more proactive and intensive approach was needed to engage those in poverty or on low incomes. Providers reflected that families with the most complex needs had the least capacity to seek and access support for relationship conflict because of the difficulties they were facing:

**‘I think in some cases – it’s just a feeling of being overwhelmed with lots of different issues that they’re trying to deal with, and lots of different services involved, and they will just see this as yet another service and another appointment that they need to keep.’**

**Parenting support provider**

Where this was the case, support providers reflected that services needed to invest time and money in targeting these families for support because they potentially had the most to gain:

**‘Thinking of our future services, you’ve got to factor something into your work that allows you to actually work with the people who don’t want to be worked with, or else you’re going to miss the group where it’s going to have the most significant social impact and social outcome for the children and families that you’re talking about, really.’**

**Family support provider**

### Addressing barriers to take-up

To address these barriers to take-up, support providers identified the following solutions.

#### *Embedding support in universal services*

To tackle issues related to the stigma of seeking support for relationship distress, support providers emphasised the importance of embedding relationship support into universal services accessed by everyone. Suggestions for how this could

be done are discussed in further detail in chapter 6, and included embedding more support for relationships in services offered by children's centres and in the support offered by health visitors. Consideration could also be given to how relationship support might be incorporated more explicitly into parenting programmes, although careful thought would be needed if amendments were to be made to existing evidence-based programmes.

Embedding relationship support into these services was felt to reduce the stigma involved because parents would not have to actively seek out support, while at the same time improving access because of the high level of take-up of these services. By providing relationship support alongside other services for families, it was felt that parents could be reached more effectively at key transition points (for example, new parenthood) and it would help to normalise discussions about relationships and change a culture which discourages discussion.

#### *Confidentiality and trust*

Given the sensitive nature of this type of support, providers stressed the importance of building trust with the families they worked with. Maintaining confidentiality and neutrality were two features of good-quality provision that providers felt were vital to building that trust.

Providers reflected it was equally important to build trust and a positive working relationship with the frontline practitioners referring to their services as they were critical to successfully reaching the families in need:

**'... we have quite a good relationship with some of the referrers. And you are to a certain extent dependant on the referrers, aren't you? So there are a few schools that actually, you know, rate our services and so they refer quite a few children in.'**

**Separating families support provider**

#### *Outreach*

Recognising the challenges some parents face in physically accessing support, providers offered one-to-one services in homes where they felt it was appropriate, and in other cases providers accessed hardship funds to pay for transport to services in individual cases. National commissioners also stressed the importance of finding new formats for support to increase access. Examples included exploring the feasibility of offering programmes online and funding more peripatetic service provision to meet these needs.

#### *Flexibility in delivery to reach the most vulnerable families*

To successfully reach the most vulnerable families with the most complex needs, providers reflected on the importance of building flexibility into the support they offered to maximise the opportunities for parents to engage. In practice, this meant offering outreach, accommodating disruption and cancelled appointments and being prepared to work with families for longer than originally planned where necessary. These features of good practice were felt to be necessary to successfully reach the most vulnerable parents (including those in poverty and those with complex needs), but were also acknowledged to be costly.

## 5. Effective relationship support

This chapter examines the features of effective relationship support identified in the case study areas.

As the intention of this study was to explore all forms of relationship support for parents, the focus is on broad principles of effectiveness and not on specific good practice in relation to particular types of intervention or support. The first section examines features of effective support provision, while the second explores features of effective systems of relationship support within a locality.

### Effective relationship support provision

The following were identified as features of effective support provision, across the spectrum of interventions and levels of support.

#### Flexibility in delivery

Service providers highlighted the critical importance of flexibility in the way support was provided, in recognition of the fact that ‘no one size fits all’. The ability to provide support in a range of formats, adapt to the needs of individual parents and be responsive were viewed as important features of effective support. Examples included providing one-to-one support in cases where group-based support was not appropriate, changing the location of support where necessary, and adapting the length of interventions to engage parents who might otherwise not take up services.

As discussed in chapter 4, this flexibility was viewed as particularly critical for supporting the most vulnerable groups of parents although it was also acknowledged that flexibility increased cost.

#### High-quality staff

Having high-quality staff with the skills to deliver support and engage with parents was viewed as fundamental to effective relationship support:

**‘Our evidence ... is that actually that’s the thing that is really crucial in having the impact. You can have a great curriculum, but if there’s no relationship there, between the facilitator and the parent, actually information will never be delivered and taken on and used and we won’t get any benefit.’**

**National stakeholder, Parenting programme**

Training and ongoing supervision were therefore features of effective practice that support providers felt should be prioritised. Effective communication, empathy and a non-judgemental attitude were highlighted as particularly important skills for staff working in this field. Providers also described the importance of taking a collaborative approach, working with parents to find solutions to issues and conflicts, rather than imposing solutions from outside.

#### Neutrality and confidentiality

Support providers identified neutrality and confidentiality as important features of relationship support (particularly for couples in conflict). To maintain the trust and engagement of both parties, it was critical that staff were not felt to favour one parent, and that confidentiality would be maintained.

### Quality standards

Support providers described a range of ways to maintain standards of support and quality assure their provision. This included using evidence based interventions, maintaining professional accreditations, and putting in place robust quality assurance processes.

### Effective relationship support systems

The following were identified as features of an effective relationship support system within a geographical locality.

#### A continuum of provision

As discussed in chapter 2, relationship support needs were viewed on a continuum and therefore providers and local stakeholders emphasised the importance of providing a range of support to cater to this range of need. Light-touch early support (in the form of information giving, signposting, and so on), early intervention for parents who needed support but were not in relationship crisis, and intensive support for the parents who needed it most were all areas that were identified as important to meet the full spectrum of needs.

#### Embedded within a holistic package of support

Providers prioritised providing relationship support as part of a holistic package of support. They highlighted how other stresses on family life could both cause relationship distress and be a consequence of it, and therefore a holistic range of support was needed to tackle complex needs simultaneously.

#### Timing

In addition to offering a range of flexible support to meet needs, support providers emphasised the critical importance of support being offered at the right time (for example at key transition points like new parenthood, or when relationships were at crisis point). For those in relationship crisis, the effectiveness of support could be undermined by long waiting times to access it. In other instances, support offered when a family was tackling a lot of other issues might limit its effectiveness because the parents had less capacity to engage.

To address the issue of timing, support providers and local stakeholders reflected on the need for a range of clear pathways and access points into support, and more proactive targeting and engagement.

#### Continuity and sustainability

Given the challenges discussed in chapter 4 in relation to barriers to take-up of services, support providers identified continuity and sustainability as critical features of an effective relationship support system. Reaching the right parents at the right time was felt to be dependent on having stable and strong referral pathways and time to establish a service reputation. These features of effective provision were felt to be undermined by provision that was short term and fragmented:

**‘Being able to access something when people need it rather than some funding being there one minute and then not the next, because if you’ve got professionals who are looking to help a particular family that they’ve come across, to then find a dead end when they thought there was a service there is no help at all to anybody.’**

**Relationship support provider**

## 6. Measuring outcomes

This chapter examines the measurement of outcomes in relationship support services and barriers experienced.

It explores the challenges of outcome measurement, the outcome tools used, and the extent to which relationship support providers were capturing the outcomes of parental relationship support on children.

### The challenges of outcome measurement

Support providers across our case study areas recognised the importance of outcome measurement, not only to inform service delivery, but also to drive service improvement and provide evidence to service commissioners of impact. However, there was also a general consensus that more work needed to be done to improve outcome measurement and the following challenges were identified.

#### Resources

As discussed in chapter 3 in relation to developing an evidence base for commissioning of services, service providers described finding it difficult to resource robust outcome measurement processes. The cost in terms of staff time to collect outcome data (as well as provide training) was identified as a key barrier to effective practice, as was the cost of some outcome measurement tools.

#### Capturing change over time

Providers articulated challenges in relation to capturing change over time by using 'before and after' measures. Issues included:

- identifying a clear 'start' and 'end' point at which to capture outcomes, because the nature of some provision meant parents might end their engagement early (for example take up fewer counselling sessions than planned)
- consistency in data collection in terms of how staff administered outcome measurement tools to ensure data was reliable
- challenges of non-response, particularly because of the sensitive nature of the topic meaning parents may not wish to revisit issues
- difficulties of attributing change to the intervention and not other extraneous factors.

#### Measuring long-term outcomes

A key challenge for service providers was the difficulty of capturing long-term outcomes beyond the lifetime of the intervention. Following up service users to capture longer-term impacts was time-consuming and often resulted in a low response.

#### Measuring prevention

For early help and prevention in particular, service providers highlighted how difficult it was to measure the extent to which support offered early helped to prevent higher levels of need presenting at a later date. Without some way of measuring these impacts, it was difficult for service providers and commissioners to make the case for investing in these services.

## Early help outcome measurement

As discussed in chapter 2, relationship support for parents that fell under the umbrella of *early help* was often a secondary outcome of services that provided a range of other support for parents. Primarily the focus of this provision was on supporting child health and wellbeing, and support for parental relationships was generally not articulated as a specific aim or included in key performance indicators. Consequently, the extent to which services measured outcomes related to the quality of the relationship between parents was limited. Where relationship outcomes were captured, they took the following forms.

### Pre and post 'distance travelled' measures

Depending on the primary focus of the support, providers described using scales to capture change over time on a range of outcomes. These were used as a diagnostic tool at the start of an intervention and then repeated at intervals during the intervention and/or at the end. Outcomes captured in this way for early help services tended not to focus directly on the parental relationship, but captured broader outcomes related to wellbeing or family functioning e.g. improvements in 'family relationships', or 'conflict in the family'.

### Support plan reviews

Providers described carrying out support plan reviews to capture progress against goals and objectives set out at the start of an intervention. Depending on the needs articulated by the family concerned, these reviews had the potential to capture outcomes related to improving parental relationships. However, these reviews were primarily used as part of the case management process and to support service delivery. They were not designed to capture quantifiable outcomes in a systematic way.

### Illustrative case studies

Providers described using qualitative case examples to illustrate the support they provided to families and to capture a broad range of soft outcomes. If relationship support had formed part of the support offered, outcomes related to this support would be captured in the case study. These examples would be used to illustrate service impact to funders and partner agencies.

## Relationship crisis outcome measurement

Unlike *early help*, support provided for relationships in crisis was more likely to have improving parental relationships as a primary focus and therefore measurement of outcomes around the quality of the relationship were more established. For counselling and therapeutic interventions outcome measures used by service providers fell into two broad categories.

### Relationship quality measures

To capture improvements in relationship quality, providers described using a range of validated scales. These would be used both as a diagnostic tool and as a form of outcome measurement:

- Dyadic Adjustment Scale (DAS) – a 32-item scale for measuring relationship adjustment and degree of dissatisfaction, including measures of consensus, cohesion, satisfaction and affection (Spanier, 1989)

- Parental Alliance Measure (PAM) – a 20-item scale measuring the strength of the child-rearing alliance between parents
- ENRICH – three 10-item scales that measure aspects of marital relationships including communication, satisfaction and conflict resolution (Fowler & Olson, 1993).

### Psychological wellbeing measures

Counselling providers used a range of validated scales to capture changes in wellbeing as a result of the relationship support they provided. These included the following validated scales:

- The Patient Health Questionnaire (PHQ-9) – a self-report scale used to diagnose, screen and monitor depression (Kroenke et al., 2001)
- CORE Outcome Measure – a 34-item scale (with shorter versions also available) that captures a measure of psychological distress
- Hospital, Anxiety and Depression Scale (HADS) – a 14-item scale used to measure levels of anxiety and depression (Bjelland et al., 2002).
- Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) – a 14-item scale used to measure mental wellbeing.

From a practitioner perspective, use of these tools was primarily focused on their diagnostic value and as a means of tracking progress over time for individuals to inform the work they were doing. From a managerial point of view, capturing outcomes was important for service development and critical for evidencing impact to funders.

In some pilots an element of ‘payment by results’ has been introduced, which has increased the focus on outcome measurement. Stakeholders stressed the importance of ensuring measures were appropriate and captured ‘distance travelled’ to provide an accurate measure of service impact, rather than relying on ‘hard’ measures (for example formulation of a parenting plan) that may not fully capture the impacts of the support.

### Measuring outcomes for children

In line with previous research exploring this issue, this study found limited evidence of relationship support providers attempting to capture the impacts of parental relationship support on children (Doubell et al., 2016). The reasons for this were:

- Relationship support services were rarely commissioned with the explicit aim of improving child outcomes and consequently capturing these outcomes was not a focus and was not included in key performance indicators.
- Service providers highlighted the difficulties of capturing these ‘secondary’ impacts of their support, particularly the challenge of capturing outcomes for children which were likely to be longer term and not evident immediately.
- Measuring outcomes for children was generally perceived to be challenging, particularly in the case of young children who could not articulate their feedback and for children not directly involved in the intervention itself.
- Limited funding meant providers did not have sufficient resources to embed robust measures of child outcomes.

However, there were some isolated examples of support providers exploring ways to capture these types of outcomes. In a couple of instances, providers were capturing a measure of child behavioural outcomes by asking parents to complete

the Strengths and Difficulties Questionnaire (SDQ) about their child as a pre- and post-measure of the intervention. For early help family support in particular, there were examples of services capturing levels of school attendance and numbers of fixed-term exclusions as child outcome measures for this type of support.

## 7. Conclusions

This chapter draws out the key findings from the study, exploring the challenges that lie ahead as well as potential ways forward.

### The challenges ahead

In reflecting on the future of relationship support for parents in the UK, stakeholders and providers identified a number of challenges for the future:

#### Greater strategic direction from government

Stakeholders reflected that there is currently no clear national strategy that sets out the government's position on this area of policy. Wider uncertainty as a result of the vote to leave the European Union and the consequent government changes was thought to contribute to this, as well as challenges in cross-departmental working.

Without a clear national direction, stakeholders reflected that the extent to which relationship support for parents was prioritised at a local level was down to individual commissioners and consequently patchy and fragmented.

#### Economic context

A recurrent theme throughout this study was the impact of austerity on relationship support provision. Service commissioners reported ongoing cuts to funding that were likely to continue into the future. In this context, focus was on meeting statutory obligations therefore other provision (including relationship support) could not be prioritised.

Relationship support providers across the spectrum from early intervention to crisis support described very challenging funding environments, often operating on short-term contracts and with high levels of uncertainty over their future viability. There was no expectation that this situation would improve in the short to medium term.

For families in or at risk of poverty, this economic context was felt to be particularly challenging because of the limited availability of free or subsidised support and the likelihood of further retrenchment limiting access further. This led some providers to call for more investment in this area of support:

**'You know, there is no sort of long-term view that this is something we need to invest in and invest in over a period of years and show that kind of consistency ... We don't have that vision for, you know, the sector we're in ... I think it's right that as a sector we should be saying, "It's unacceptable that you don't invest more heavily for longer periods." So that's what I'd like to see.'**

National stakeholder, Parenting programme

#### A pilot culture

Stakeholders reflected that national government funding for relationship support has been limited and directed towards pilot interventions with no mechanism for moving beyond the pilots to wider roll-out:

**'The problem is, where innovation happens in this sector, it tends to be funded short term and then it doesn't get built upon. You get little innovation projects which do interesting stuff and then they kind of fizzle out. The money dries up and it doesn't go anywhere.'**

National stakeholder, Relationship support provider

They called for a more strategic approach that made explicit how pilot programmes would be scaled up and developed.

### Making the case for relationship support for parents

Local stakeholders understood and acknowledged the case for supporting parental relationships as a means to improving outcomes for children. However, they reflected that it remained easier to make the case for funding services that directly impacted on children (for example adult–child relationships) and harder to fund services where the impact on the child was a secondary impact of improving an inter-parental relationship. A better understanding of the research evidence and more evidence on effective interventions was needed to help make the case for this type of support.

### Addressing the challenges

To address the challenges identified for the future, stakeholders and support providers reflected on a range of strategies to strengthen and develop the sector.

#### Improving understanding of the need

As discussed in chapter 3, stakeholders reflected that there was limited data available locally to assess the prevalence of relationship distress, and without an assessment of need it was difficult to make the case for intervention. At a national level, Relate have made a case for improving the measures of relationship distress in national surveys to improve the data available (Marjoribanks, 2016). At a local level, stakeholders reflected that more work needed to be done on how relationship distress was captured in assessments for frontline services and how this data was reported on to inform service development.

#### Building the evidence base and disseminating it effectively

Local stakeholders reflected that a key lever for improving service provision in this area was a better understanding of the evidence base on outcomes for children, and more robust evidence on effective interventions:

**‘I suppose we would need some really – and I’m not saying it’s not out there; I haven’t looked, but we need the really good evidence that it made positive outcomes for children, so it’s what type of intervention, when, and what it would look like, how it’s best provided, and then their direct evidence of how it impacted a child ... if there were those pressing arguments, then there’s a case to be made.’**

**Children’s centre manager**

Stakeholders wanted more robust and adequately funded evaluation to be built into relationship support pilots to build on the existing evidence base and improve our understanding of effective interventions in a UK context:

**‘If they’re going to do it, then they should build in evaluation from the outset, it should be properly funded, and we should be looking at actually trying to understand what works in terms of supporting relationships.’**

**National stakeholder, Local government**

### A whole system response

Relationship support for parents was seen as a complex area of support, with a spectrum of need (from prevention to crisis support); and the potential for issues to arise across the life course. Consequently, stakeholders observed that it required a ‘whole system’ response at a local level:

**‘The whole issue about dealing with couple conflict is, it’s not going to be solved by just a single service that we commission and refer to. Because it’s a continuum issue ... You know, you need to have a range of practitioners out there that understand the symptoms, that can identify people at the early stressor stage, and who can respond quickly.’**

**National stakeholder, Children’s services**

A whole system approach was felt to improve access to support by avoiding the ‘referral lottery’ and equipping a range of services to identify and respond to relationship support needs. It was also felt to recognise the importance of a holistic approach to tackling family support needs, and the importance of addressing other needs alongside relationship support for it to be effective.

While the current economic climate was acknowledged as a real challenge to developing relationship support provision; it was also felt to have acted as a catalyst to increased partnership working and cooperation at a local level and this presented an opportunity to explore whole system responses:

**‘I think the austerity has done one thing, and that is make authorities work with a much more whole systems approach than they have done previously. And I think what they are seeing is also collaboration with the voluntary and community sector, and also with other agencies, especially the NHS now ... they are working much more collaboratively.’**

**National stakeholder, Local government**

Health and Wellbeing Boards which bring together a range of stakeholders from the NHS, public health, adult social care and children’s services to improve the integration of services in local areas were viewed as one vehicle for greater cooperation. Stakeholders also highlighted the potential of the five-year Sustainability and Transformation Plans (STPs) that have recently been developed to take a place based approach to improving the integration of health and social care services as another opportunity for embedding a whole system approach:

**‘So, we are looking at future procurements for services where we’re joined up with our social care colleagues and local authority colleagues so that we’re providing a much more integrated, approach to make the pathways much more seamless and strip out any areas where that then leads to sort of silo working or duplication ... so, that’s definitely the future model ... looking at shared budgets, pooled budgets.’**

**Local stakeholder, Clinical commissioning group**

### What a whole systems approach would look like

To create a whole systems approach to relationship support for parents, stakeholders highlighted the importance of working to embed relationship support more firmly within frontline family services. This approach was felt to capitalise on the support that is already provided within these services, while also tackling some of the access barriers related to stigma and awareness that were discussed in chapter 4.

#### *Children’s Centres*

As providers of a wide range of support to parents of young children, children’s centres were viewed as an ideal service in which to embed further relationship support provision. The concept of building on the role of children’s centres is not new as a number of recent reports have recommended developing their role further in the form of ‘Family Hubs’ (APPGCC, 2016) or Family and Relationship Centres (Marjoribanks, 2016).

### *Health visiting*

Health visitors were already widely felt to provide relationship support as part of their role, and stakeholders felt they were well placed to support early identification and provide light-touch support:

**'I think it would be amazing if it was part of the health visitor role because they're the only universal offer. Nobody else gets the right to go in ... look at the family home, at the setting, how it impacts on the child. You kind of have the best lever because you've seen the whole picture. And all you've got to do is a little bit more work with the family. They're very good at communicating, health visitors, and they're very good at listening.'**

**Health visitor**

Health visitors have a remit to carry out 'listening visits' to support mothers at risk of post-natal depression and a similar model was suggested for early intervention support for relationship distress.

### *Relationship champions*

Taking a concept already used in some case study areas in relation to tackling domestic abuse, stakeholders suggested embedding 'relationship champions' into frontline services as a form of 'bridging role' across services. These individuals would be trained to upskill colleagues, raise awareness of the issues and keep abreast of policy developments.

### *Early intervention*

Stakeholders wanted more consideration given to exploring formats for early intervention, for example online and text support. Frontline providers recognised they had a role to play in supporting relationships, but stressed the importance of having appropriate services to refer on to when necessary.

### *Improving support for separating couples and developing out of court pathways*

For stakeholders working within family justice, there was a strong view that more needed to be done to improve out of court pathways for dispute resolution and to incentivise the take-up of mediation. The Cafcass pilots discussed in chapter 2 are exploring this issue, and local area stakeholders acknowledged this was a gap in provision that needed further attention.

In any model that sought to embed relationship support more clearly into frontline services, stakeholders stressed the importance of investing in appropriate training and equipping staff with the skills to identify relationship support needs and provide support. There were examples in case study areas of frontline practitioners receiving this type of training (such as OnePlusOne Brief Encounters) and this had been well received:

**'It was very useful ... to talk about people's relationships can be quite difficult. But it gave us tools so if they do, you know, if parents are sort of talking that there is an issue, that we don't just say, "Oh well, you know, I'm sure it'll work itself out", you know? Actually we do need to explore that further and, and help parents ... I think it definitely changed my approach and my thought processes ...'**

**Health visitor**

Some concerns were also raised over the feasibility of including an element of relationship support into services that are already stretched and called for careful consideration to be given to how this additional role could be incorporated.

A number of the current relationship support pilots (such as the Local Family Offer, DWP perinatal pilots, and the Early Action Neighbourhood Alliance pilot) are exploring elements of system change including training frontline practitioners; improving local needs analysis and changing assessment processes to identify relationship support needs. Learning from these pilots should be capitalised on to take forward and scale-up a systems change approach to relationship support for parents.

## Concluding commentary

Exploratory in nature, this study was intentionally broad in its focus. It sought to understand the spectrum of support available from early help to crisis; and to explore as far as possible all aspects of provision from service commissioning, take-up, effective provision and outcome measurement. In particular, the study aimed to explore with local stakeholders and providers the extent to which this type of support had the potential to improve outcomes for children and the extent to which this approach was embedded in local practice.

In conclusion, this study found:

### There is a lack of clarity over what constitutes ‘relationship support’

In attempting to map the range of relationship support in local case study areas, the concept of ‘relationship support’ proved difficult to define. While local stakeholders and support providers recognised the support available for relationship crisis – such as counselling, mediation, and so on – the support offered within frontline family support services was less well articulated or acknowledged. Recognising what support is offered within these existing services is an important step in making visible the level of need for this type of support to inform commissioning and funding decisions.

### The availability of relationship support across case study areas was limited

This study set out to compare provision across case study areas with a view to identifying areas with more developed provision and the factors underpinning these differences. However, (within the limitations of the study methodology) relationship support provision across all the case study areas was generally found to be limited, with similar levels of fragmented and patchy provision.

While some support was available within frontline family support services, this was rarely articulated by service providers as ‘relationship support’ and was generally a secondary outcome of another primary focus. Consequently the extent of this type of support was difficult to assess as it largely went unrecorded and unremarked.

At crisis, support was more formalised but provision across the case study areas was a patchwork, provided largely by private and third-sector providers. In particular, low-cost support for families in poverty was limited. Cuts to local services as a result of economic austerity were further exacerbating the situation and case study areas did not anticipate an improvement in the provision available.

Although this study can only report directly on the provision across the five case study areas, interviews with national stakeholders (and a review of the barriers to service commissioning articulated in this study) would indicate that this picture is likely to be similar in other areas.

### Supporting parental relationships to improve child outcomes is not well established

Supporting the findings of the rapid evidence review (Doubell, 2016) this study found that the strategy of improving the quality of parental relationships as a means to improve child outcomes was not embedded in local commissioning arrangements or in relationship support provision.

While local stakeholders and support providers accepted the link between parental relationships and child outcomes, a range of barriers prevented local areas acting on this link. These included the lack of a coordinated strategy on relationship support at a national level; limited data available on the level of need; limited understanding of the evidence base; and relationship support falling between the cracks of current local commissioning structures.

### There is potential for change but limited drivers

Participants in this study identified a range of ways in which relationship support provision could be improved, with particular emphasis on 'whole system' change with more support for relationships embedded in existing frontline family support provision; investment in workforce development and improvements to assessment of need and impact measurement. However, it was less clear what drivers might precipitate this step change in approach.

In seeking to understand how support for parental relationships might be embedded in local areas, there may be value in exploring how other areas of family support have developed and become established. One example is the roll-out of evidence-based parenting programmes across all local authorities in England. This programme originated from the Parenting Early Intervention (PEIP) Pathfinder (2006–08) and was then nationally funded across all 150 local authorities from 2009 within the Think Family framework. Evidence from the pathfinder was also used to inform government guidance issued to all local authorities to help them set up and deliver evidence-based parenting programmes (Lindsay et al., 2010). While different in context and focus, there may be lessons to be learnt from the roll-out of programmes like this that could inform future development of relationship support provision.

# Glossary

## **Cafcass**

The Children and Family Court Advisory and Support Service. A non-departmental public body established in 2001 to represent the interests of children in family court cases.

## **Child outcome**

A primary short- and/or long-term goal of an intervention, focused on improving or enhancing a child's positive mental/emotional wellbeing, behaviour, and/or social skills.

## **Clinical commissioning group (CCG)**

NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. Led by the GP groups in local areas, they are responsible for commissioning a range of healthcare services.

## **Contact interventions**

Provision for families directed by the family courts to have supervised contact. The intervention includes an initial meeting to work with parents to identify barriers to contact, followed by a series of six supervised contact sessions. The intervention ends with a 'next steps' meeting designed to support parents to plan how to go forward and signpost to other support.

## **Inter-parental relationship**

The nature and quality of the relationship between two parents of the same child regardless of relationship/marital status, gender or sexual orientation (therefore includes: married parents, unmarried parents, cohabitating parents, straight parents, gay parents, divorced/separated parents, step-parents and their partner/spouse, etc.).

## **Mediation**

A process whereby an independent mediator helps separating couples to reach agreement on areas of conflict.

## **Outcome**

The primary short- and long-term goals of an intervention.

## **Poverty**

A state in which a person's resources (mainly material resources) are not sufficient to meet their minimum needs (including social participation). Needs and resources are estimated to be those 'reasonable by the standards of the society in question' (Stock et al., 2014).

## **Relationship/couple outcomes**

A primary short- and/or long-term goal of an intervention, focused on improving or enhancing the quality of the couple relationship.

## **Relationship support services**

A range of support services that aim to enhance the quality of the couple relationship between two partners, regardless of whether or not they have

children. The primary aim is therefore to improve or enhance relationship/couple outcomes.

**Separated Parents Information Programme (SPIP)**

A court-directed programme delivered in groups to parents accessing the family court system, aimed at helping them to manage conflict and put their children first during separation.

**Supported contact**

Use of a supervision venue to facilitate handover of the child from one parent to the other, and supporting the contact within the centre when appropriate.

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# Appendix A: Methodology

This was a qualitative research study. This appendix provides detail on the methodology including the sampling strategy.

## Strand 1 – National stakeholders

National stakeholders with strategic national policy and practice expertise were sampled to provide insights into the current inter-parental relationship support landscape. These included national organisations that specialised in relationship support, those with knowledge of the wider policy landscape in relation to support for children and families as well as those with responsibility for commissioning family support interventions.

EIF conducted a rapid audit of relationship support services and this audit was used to identify key national stakeholders who had given their permission to be re-contacted. Desk research was conducted to further supplement this sample. In total eight interviews were carried out with national stakeholders. These included representatives from public health, local government, children's services, and family justice, as well as providers of relationship support, parenting programmes and mediation.

## Strand 2 Local area case studies

To explore in-depth the current local landscape for inter-parental relationship support, five geographical case studies based on local authority areas were identified. The case study areas were selected to capture diversity across two key measures:

- the Income Deprivation Affecting Children Index (IDACI) and
- the government's Rural Urban Classification (RUC).

The IDACI is a ranking based on the percentage of children aged 0–15 in each lower super output area (LSOA) living in families that are income deprived, that is, in receipt of income support, income-based jobseeker's allowance or pension credit, or those not in receipt of these benefits but in receipt of child tax credit with an equivalised income (excluding housing benefits) below 60% of the national median before housing costs.<sup>8</sup> The IDACI measure was used to ensure the case study sample included variation in the proportion of children living in low-income households to explore the provision of relationship support for families living in or at risk of poverty.

The Rural Urban Classification is an official statistic used to distinguish rural and urban areas.<sup>9</sup> The 2011 RUC was used to identify a range of urban and rural areas, to ensure the case study selection enabled exploration of differences in the availability and accessibility of provision in different geographical contexts.

In addition, one current Local Family Offer area was included. The Local Family Offer provides access to expert support and funding to selected local areas to focus on improving the quality of couple or co-parenting relationships, leading to better outcomes for children. Including this area in the study offered the opportunity to

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8 <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

9 <https://www.gov.uk/government/collections/rural-urban-classification#2011-census-rural-urban-classification>

explore whether additional funding and strategic focus supported the development of inter-parental relationship support provision.

Table A.1 provides a breakdown of the characteristics of achieved case study sample.

**TABLE A.1: ACHIEVED CASE STUDY SAMPLE**

Sampling criteria		Number of case study areas
Proportion of children in income deprivation IDACI 2015	25% or above	2
	15–24%	2
	Less than 15%	1
Rural Urban Classification 2011	Predominantly urban ( ≥74% of the resident population lives in urban areas)	2
	Urban with significant rural population (26 to 49% of population live in rural areas including hub towns)	2
	Predominantly rural ( ≥50% of the resident population lives in rural areas or rural-related hub towns)	1
<b>Total</b>		<b>5</b>

### Sampling participants within case study areas

Within each case study area the intention was to include 2–3 interviews with local strategic stakeholders to provide insight into the range of provision available locally and to capture strategic direction and commissioning priorities.

Strategic stakeholders were sampled from across the following local services:

- Children’s services
- Clinical commissioning groups
- Early intervention teams
- Troubled Families services
- Children’s centres
- Public health
- Health visiting.

In addition, the aim was to include a further 6–7 interviews with providers of relationship support for parents. The EIF audit of provision and previous research was used to inform the selection of providers. Due to the small-scale nature of this study (and the timescales for fieldwork) the decision was made not to include health services in the sample (such as GPs, midwives, Child and Adolescent Mental Health Services (CAMHS)). As fieldwork progressed, the sample was reviewed and expanded to include health visitors and domestic abuse services to capture as full a range of provision as possible.

Providers were sampled across the following categories:

- Children’s centre practitioners

- Parenting programme providers
- Relationship counsellors/therapists
- Mediation providers
- Troubled families/family support services
- Domestic abuse services
- Advice services
- Health visitors.

To identify the sample, desk research comprising document reviews and online searches was conducted to develop a sample frame of potential respondents in each case study area.

## Recruitment

Potential respondents received an initial email and information leaflet which set out the aims of the research, what participation would involve and the voluntary nature of participation. This was followed up by telephone call to discuss research participation and arrange a suitable time for the interview. If no email contact details were available, initial contact was made by telephone.

The approach included an element of snowballing whereby respondents recommended other potential participants with relevant insights for the study.

In total, 46 interviews were conducted. Table A.2 provides a breakdown of the interviews achieved within each case study area and table A.3 provides a breakdown by respondent category (excluding the eight national stakeholder interviews). A copy of the information leaflet can be found in appendix B.

**TABLE A.2: ACHIEVED INTERVIEWS ACROSS CASE STUDY AREAS**

	Stakeholders	Providers	Total
National stakeholders	8	n/a	8
Case study area 1	2	6	8
Case study area 2	2	4	6
Case study area 3	1	3	4
Case study area 4	3	6	9
Case study area 5	2	9	11
<b>Total interviews</b>	<b>18</b>	<b>28</b>	<b>46</b>

**TABLE A.3: ACHIEVED INTERVIEWS ACROSS CASE STUDY AREAS**

Type of local provider/stakeholder	Number of achieved interviews
Children's services	2
Clinical commissioning group CCG / Public health	3
Health visitor	2
Early Intervention	3
Parenting programmes	3

Children's centres	3
Troubled families/family support	10
Counsellor/therapist/psychologist	4
Mediation/family justice	4
Relationship support	4
Total	38

## Fieldwork and analysis

Fieldwork took place between October and December 2016. All interviews were carried out by telephone and lasted up to 60 minutes. Interviews were guided by topic guides (appendix B) covering the following topics:

- relationship support provision
- access and take-up of provision
- service delivery and effectiveness
- commissioning
- monitoring and outcomes.

In addition, respondents were asked to share relevant documents including promotional materials and outcome measurement tools to provide further insights into provision. All interviews were audio recorded with the consent of respondents and transcribed verbatim. The data was analysed using Framework – an approach to qualitative data management which is systematic and comprehensive. This approach ensures that the findings are robust and grounded in the data. The project was carried out in accordance with the ISO20252 international quality standard for market and social research.

# Appendix B: Research materials

## Text of research leaflet

### Exploring the provision of inter-parental relationship support

#### *What is the research about?*

The Early Intervention Foundation (EIF) and the Joseph Rowntree Foundation (JRF) have commissioned NatCen Social Research (NatCen) to carry out a research study to explore the provision of relationship support for parents. The aim of the research is to explore the range of relationship support available; barriers and facilitators to take-up; views on effective provision and the extent to which relationship support may impact on child outcomes.

NatCen is an independent social research organisation that carries out research on a wide range of social issues. You can find out more about NatCen on our website [www.natcen.ac.uk](http://www.natcen.ac.uk).

#### *Why have I been contacted?*

To explore the provision of relationship support for parents, we are carrying out in-depth case studies in five local authority areas. [CASE STUDY AREA] is one of the case study areas and we want to speak to service providers, commissioners and strategic stakeholders in each area. Your organisation has been identified as a provider of this type of support and we would like to invite you to take part in a telephone interview to hear your views and experiences of providing support of this kind.

Your knowledge and expertise in providing support of this kind will be hugely valuable to the research and we would be very grateful for your participation.

#### *What will the interview involve?*

Taking part will involve speaking to a researcher on the phone for about 45 minutes. The interview will be arranged for a time that is convenient for you. We are particularly interested in hearing about the nature of the relationship support you provide; how your services are accessed and barriers and facilitators to take-up; and your views on what effective support looks like. Finally, we would like to hear your views on the impacts of this type of support and how services can be improved.

#### *Do I have to take part?*

You do not have to take part. Taking part is entirely up to you, and you can change your mind at any time.

#### *Will my answers be kept confidential?*

Everything discussed in the interview is confidential and treated in accordance with the Data Protection Act. If you are willing, we will record the interview so that we have an accurate record of what has been said. The recording stays within the research team and is kept securely.

A report will be produced at the end of the research. Case study areas will remain anonymous and no individuals' names or names of organisations will be included in the report.

*What will happen to the findings?*

At the end of the research a report will be written that will include your views and experiences along with those of other people who took part in the research. The report will be made available on the EIF website after publication.

The findings will be used to inform guidance for commissioners of relationship support services and will make an important contribution to the evidence base for future policy development in this area.

*What will happen next?*

A member of the research team will be in touch by telephone to provide more information about the research and to answer any questions you may have. If you are happy to take part, a convenient time for the interview will then be arranged. If you prefer, you can also contact the research team directly using the details provided below.

If you do not wish to take part please let us know as soon as possible.

*Where can I get more information?*

If you have any questions about the research please contact [insert name of researcher] at NatCen on [email and telephone].

## Text of research topic guide – support providers

### 1. Introduction

- Thank respondent for agreeing to take part.
- Introduce yourself and NatCen.
- Introduce the study.
- Digital recording – check OK.
- Reassure re: interviews are confidential and your views are not shared with anyone outside the research team.
- Data kept securely in accordance with Data Protection Act.
- How we will report findings – individuals, organisations and case study areas will be anonymous in outputs. Caveats: depending on role, service type, etc. there is a possibility you may be identifiable to others.
- Reminder of interview length – up to 1 hour, check OK.
- Right to not discuss any issue, have a break, and withdraw during/after the interview.
- Any questions or concerns?

### 2. Background information

Aim: to gather background contextual information on the respondent and the organisation they work for, including their job role; organisational context and their specific role in relation to providing relationship support.

- Current role
  - Job title and length of time in role
  - Role specifically in relation to relationship support
- Organisation
  - Aims and purpose (specifically re: relationship support)
  - Geographical scope
  - Type, e.g. statutory, voluntary, private
- Case study area overview
  - Population characteristics
  - Geography

### 3. Relationship support provision overview

Aim: to gather an overview of the type of relationship support they provide including target groups, format, duration, cost, etc. (This overview will provide context for the rest of the interview).

- Overview of relationship support provision offered in case study area  
[NOTE: for large providers it may not be possible to cover all relationship provision – prioritise provision focused on parents; that considers the impacts on children; is most commonly accessed in case study area.]

*For each type of support offered:*

- Aims e.g. preventative /treatment
- Funding /commissioning
- Format & duration
- Standalone or part of broader support package e.g. parenting programme
- Cost

- Target groups
- Profile of service users e.g. age, gender, socioeconomic status
- Evidence base

#### 4. Access and take-up

Aim: to explore how service users access their services – referral routes, typical pathways, etc. To understand fully the barriers and facilitators to accessing support of this kind and where there may be areas of unmet need.

##### *How their services are accessed*

- Referral routes
- Typical pathways into support
- Extent of integration with other local provision
  - Health (especially mental health), social care services, children’s services
  - Level of partnership working – voluntary, statutory, private sectors

##### *Areas of unmet need in their local area*

- Gaps in provision for specific groups
- Gaps in provision at specific transition points
- Views on scale of unmet need
  - Evidence base for this assessment

##### *Barriers to access and take-up*

[OPEN then probe for impacts of]:

- Referral process and waiting lists
- Awareness
- Stigma
- Travel
- Time
- Cost

##### *Facilitators to access and take-up*

- How barriers are overcome
  - For parents in or at risk of poverty
- How access and take-up could be improved
  - For early intervention/prevention
  - For parents in or at risk of poverty
  - To improve integration of local services e.g. links between statutory and voluntary sectors

#### 5. Targeting

Aim: to explore the extent (if any) of targeting, including how service users are targeted, the rationale for targeting and views on effective approaches (with specific focus on families in poverty). To also explore views on the value of offering parental relationship support as a form of early intervention.

##### *Nature of any targeting*

- Extent specific groups are targeted
  - Probe for any targeting of parents in or at risk of poverty
  - Views on poverty as a risk factor for relationship difficulties/breakdown
  - Views on value of targeting parents in or at risk of poverty

- Rationale for targeting
- Gaps in targeting – any groups they would like to reach

#### *Views on effective approaches to targeting*

- Parents in or at risk of poverty
- Other hard to reach groups

#### *Views on value of relationship support as early intervention [PRIORITY]*

- Feasibility/value of reaching parents at pre-crisis point (prevention)
- Approaches to targeting parents at pre-crisis point
- Feasibility/value of support to reduce impacts on children (treatment)
- Extent to which improved child outcome are a goal of their provision

## 6. Delivery

Aim: to explore views on what effective inter-parental relationship support looks like, including whether effective practice varies by stage at which support is offered and the type of service user. To explore quality of provision including quality assurance practices and views on risks to quality and how these can be overcome.

#### *Features of effective provision (for their service and in general)*

- What good provision looks like (i.e. content, format, length, goals staffing, partnership working, etc.)
- Evidence base for views on effectiveness
- How/whether features of effective provision varies by
  - Stage at which support accessed e.g. prevention or treatment
  - Type of service user e.g. age, gender, ethnicity, socioeconomic status, etc.

#### *Views on any additional provision they would like to offer*

- Rationale
- Perspectives on resources required for improved provision

#### *Quality of provision*

- Approaches to quality assurance
- Views on how to sustain quality
- Nature of risks to service quality
  - How these can be overcome

## 7. Effectiveness and service improvement

Aim: to explore views on the impacts of parental relationship support on parent and child outcomes, with specific emphasis on families in or at risk of poverty. To explore how provision is currently monitored and evaluated, and how to improve the quality and effectiveness of provision.

#### *Commissioning*

- How commissioning could be improved
- Assessment of whether IPR is a commissioning priority in local area
  - For whom (e.g. who is most likely to commission IPR and why)
  - Compared to other services for parents e.g. parenting programmes
  - Compared to other early intervention provision to improve child outcomes
- Facilitators/barriers to commissioning

#### *Impacts on parents*

- Nature of impacts
- Facilitators/barriers to impacts

- Extent impacts vary by
  - Stage at which support is accessed e.g. prevention or crisis point
  - Type of support offered
  - Type of service user (e.g. families in or at risk of poverty)

#### *Impacts on child outcomes*

- Nature of impacts
- Facilitators/barriers to impacts
- Extent impacts vary by
  - Stage at which support is accessed e.g. prevention or crisis point
  - Type of support offered
  - Type of service user (e.g. families in or at risk of poverty)

#### *Monitoring and evaluation*

- Views on current monitoring and evaluation practice
  - Nature of any monitoring of child outcomes
- How monitoring and evaluation could be improved

#### *Views on how to improve the quality/effectiveness of inter-parental support provision*

#### *Any other reflections/comments*

**Thank and close.**

# Appendix C: Small-scale audit of relationship support provision

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## Overview and objectives

In March 2016, the Early Intervention Foundation (EIF) published a What Works review on inter-parental relationships (IPR). The review showed that the quality of parental relationships is a primary influence on children's life chances. In order to find out more about the kinds of relationship support services available nationally, EIF carried out an audit of relationship support services. This consisted of a small-scale mapping exercise which attempted to identify a sample of relationship support services across England, with a particular emphasis on services that are accessible for families in or at risk of poverty. The main output was a database (unpublished) to inform the design of the in-depth case-study research conducted by NatCen on behalf of EIF.

This short report summarises the findings from this audit. In the sample of organisations, the research sought to answer the following questions:

- What types of relationship support services are available to families across England?
- What services are provided by sectors beyond formal relationship support services?
- Who delivers these services? Are they provided by the voluntary or statutory sectors?
- What is the target population of these services?

## Methodology

### Sampling

For the purpose of this study, a 'relationship support service' was defined as any programme or activity that aimed to strengthen relationships between couples both in intact and separated families. The audit was a mapping exercise that first used preliminary research to derive a sample frame that consisted of:

- Community voluntary sector providers of relationship support
  - Organisations whose primary purpose is to foster improved couple relationships
  - Organisations with another primary purpose, but that also provide an element of relationship support (parenting organisations)
- Statutory sector stakeholders, commissioners, membership bodies that provided an overview of relationship support provided by:
  - Local authority children's services including Troubled Families provision, health visiting, children's social care and others
  - General practice
  - NHS and midwifery services
  - Mental health services
  - Citizens' Advice
  - Family justice services.

Private-sector providers of relationship support were excluded from the scope of this study, alongside services focused on late intervention, services that target children and young people (with the exception of young parents), those where a significant proportion of service users were likely to not be parents, self-help resources (e.g. literature, podcasts and DVDs), and support without an explicit relationship focus.

A list was then drawn up of 68 organisations that could be expected to provide useful information about relationship support services across the above areas (Appendix 1). 19 organisations were selected from this on the basis of size, primary focus, reach, representativeness of the sectors outlined above, and likeliness to have users that are in or at risk of poverty. From these 19 organisations, 14 organisations responded to take part in the research (see Appendix 2). As a qualitative scoping study this sample does not aim to be nationally representative.

### Data collection

Different data collection approaches were used to explore relationship support in the voluntary and statutory sectors. For the voluntary sector, a research protocol was developed which specified information to be collected from each service. Information was collected primarily via telephone interviews and online searches.

For the statutory sector, it was beyond this project's scope to sample different local areas, due to there being wide variation in statutory relationship support provision at a local level (e.g. via GP surgeries, Children's Centres etc.). This was left to the larger qualitative study of five case-study areas conducted by Natcen. Instead, for the purposes of this audit, key stakeholders in commissioning bodies and membership groups were interviewed to provide a wider perspective of the nature and extent of relationship support available within their sector or field as a whole.

### Limitations

This was a small-scale project that aimed to better understand the types of relationship support provision available with examples, rather than attempting to provide a comprehensive mapping of all services in the UK. It was a scoping study to inform the design of the qualitative research and therefore the main output in the form of the database was not intended to be published. EIF decided to published a short report of the findings retrospectively, however the study did have limitations.

It proved to be extremely challenging to map and identify available relationship support provision, due to services being fragmented and dispersed, especially within the statutory sector (see main report Chapter 2). Alongside the small nature of the project, the audit presents only a partial picture of current services in England. Notable sectors are not captured including children's social care, NHS midwifery, mental health, citizen's advice and the private sector. Moreover, key voluntary organisations were missing from the achieved sample and the information collected from the statutory sector organisations was less detailed and specific. Similarly, given the different data collection approaches for the voluntary and statutory sectors, it was not possible to get comparable data across these sectors. This means the findings presented are predominately from the voluntary rather than statutory sector. There were also problems with response-rates that meant that there was missing data and that the data collected had varying specificity. Collecting cost information proved particularly difficult, due incomplete data and variation in cost across local branches of national providers, hence this has not been included in this report.

Nevertheless, we feel that the data we present here has value in improving understanding of the nature of relationship support provision, by capturing useful descriptive information about key organisations in the voluntary and statutory sectors, as well as beginning to map the services they provide. It also provides coverage of certain types of provision not fully captured in the main report, including practitioner training and online services.

## Findings from the voluntary sector

Out of the achieved sample of 14 organisations, seven of these were from the voluntary sector. Descriptions of these organisations and the services they offer are presented in Table 1.3 and 1.4. 48 different services were identified as being provided by these seven organisations to support inter-parental relationships. These were categorised into five main categories and twelve different subtypes (see Figure A.1). The five main categories were practitioner training, therapy and counselling, generic self-help, preventative relationship support, and mediation. These services and their frequencies are presented in Table A.4.

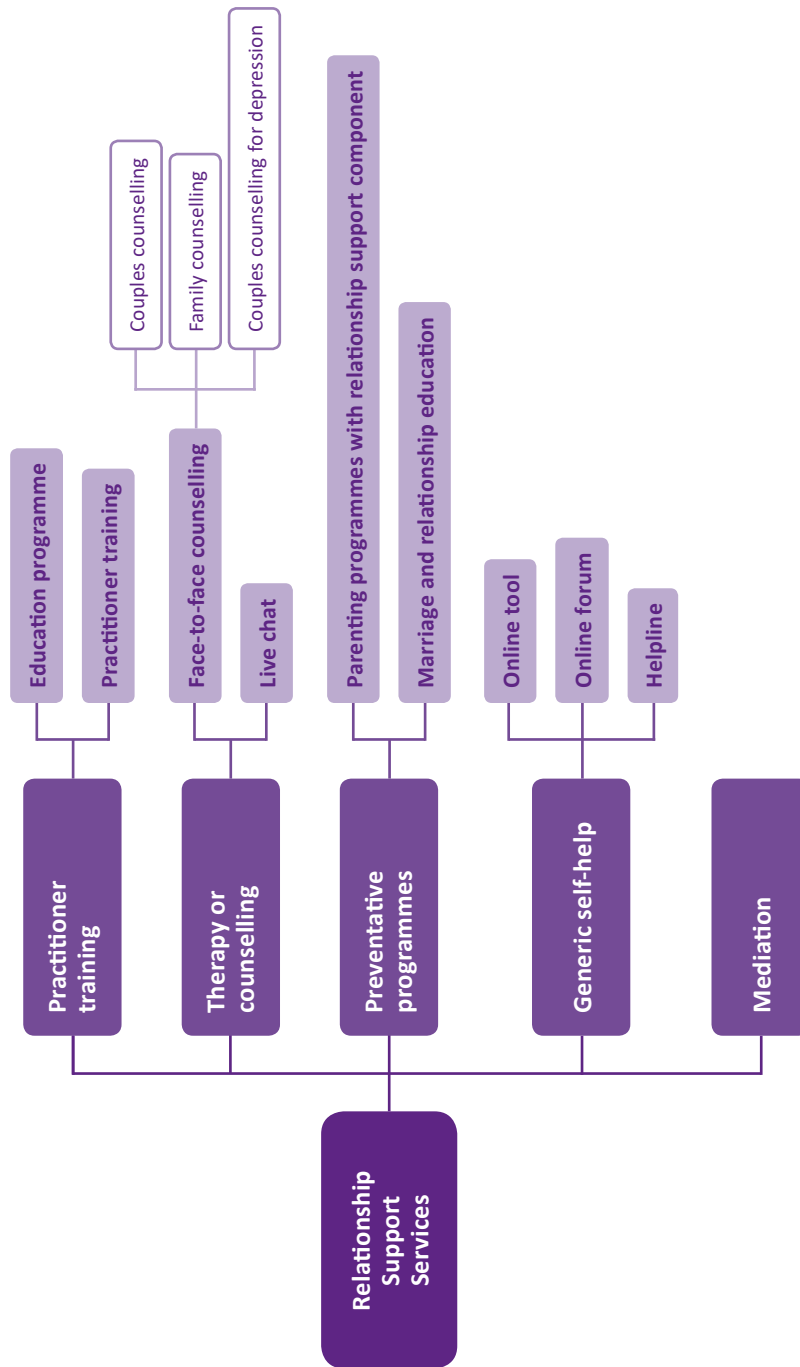
**TABLE A.4: FREQUENCY OF RELATIONSHIP SUPPORT SERVICES IN SAMPLE BY CATEGORY**

Service description	Subtotal (n)
Practitioner training	19
Practitioner training	12
Education programmes	7
Relationship counselling and therapy	9
Face-to-face counselling	8
Live chat counselling	1
Generic self-help services	11
Online tool	7
Helpline	2
Online forum	2
Preventative programmes	8
Marriage and relationship education programmes	4
Parenting programmes with relationship support component	4
Mediation	1
<b>Total</b>	<b>48</b>

From the sample in this study, a large number of the services identified provided training to practitioners (n=19). These were either education programmes to individuals that wanted to become specialist couple relationship practitioners, (such as Masters programmes, short-courses or doctorates), or practitioner training for wider frontline staff (such as midwives, GPs etc.) to provide them with additional awareness and skills about couple relationship difficulties.

Out of the services which provided relationship support directly to couples and families, a number of these services consisted of counselling or therapy services (n=9). These were either traditional face to face counselling or online live chat counselling.

FIGURE A.1: CATEGORIES OF RELATIONSHIP SUPPORT SERVICES IN SAMPLE



There were also a range of services that provided a less intensive form of relationship support using online tools, forums and helplines (n=11). Services which aimed to prevent future relationship distress before couples showed signs of having problems were categorised as ‘preventative services’. These consisted of either marriage or relationship education programmes to improve parents’ knowledge, awareness and skills in preventing relationship difficulties or parenting services with an additional component of relationship support.

### Service type by organisation

The types of relationship support service provided varied depending on the delivery organisation. Table A.5 presents the frequency of each service type by provider organisation. For more detailed descriptions of these services provided by different voluntary organisations, please see Table A.7. It should be noted however that some providers operate nationally and the services provided may differ across local branches.

TABLE A.5: ORGANISATION AND TYPES OF SERVICE FREQUENCY TABLE

Organisation	Practitioner training	Therapy and counselling	Generic self-help	Preventative	Mediation	Total
Tavistock Relationships	8	5	0	0	0	13
OnePlusOne	5	0	8	1	0	14
Relate	1	3	0	0	1	5
Marriage Care	1	1	1	3	0	6
Care for the Family	3	0	0	2	0	5
Working With Men	1	0	0	2	0	3
Gingerbread	0	0	2	0	0	2
<b>Total</b>	<b>19</b>	<b>9</b>	<b>11</b>	<b>8</b>	<b>1</b>	<b>48</b>

### Target users

There was also variety in the target users of services. Out of the 48 voluntary services identified in the sample, a sizeable number delivered relationship training to practitioners (n=19). The target users of these services included health workers, midwives, social workers, church members, and people training to become relationship therapists and counsellors.

The remaining services identified (n=29), delivered support directly to couples (either both together or individually) or whole families. Out of these services, the majority targeted couples where there were already visible signs of relationship distress (n=22): either intact couples experiencing relationship difficulties (n=16) or those targeting separated/separating couples (n=6). A minority of services targeted couples with no visible signs of relationship distress (n=7). These consisted of services aiming to prevent relationship distress in married or marrying couples (n=4) or couples who were about to have or recently had a baby (n=3).

There was also variation in services delivered to couples and families as to whether they specifically targeted parents (n=14) and or couples regardless of whether they had children (n=15). Many of these services provided to families could also be thought of as targeting couples in key transition points in their relationship such as preparing to marry, having a child, or going through a separation (n=15).

### Services for disadvantaged families

In terms of vulnerable groups, only two services out of the 29 identified specifically targeted families in or at risk of poverty, and only one service targeted groups with protected characteristics. However, many services interviewed in the sample

reported providing support free of charge, largely due to high numbers of free online, live chat, and helpline services. Similarly, where there was a charge, all these services reported providing means-tested or discounted rates for those less able to pay, although data on the extent of these discounts and the take-up for families in poverty was often unavailable for this study.

## Description of voluntary organisations and services

TABLE A.6: VOLUNTARY SECTOR ORGANISATIONS IN THE SAMPLE

<b>Care for the Family</b>	Care for the Family is a national charity that provides family support across the UK. It was founded in 1988 and aims to promote strong family relationships and helps those who face family difficulties, through providing a range of practitioner training, marriage preparation and relationship education services.
<b>Gingerbread</b>	Gingerbread is a UK charity founded in 1918 that specialises in supporting single parent families. It provides advice and useful information to single parents through helplines, online advice and peer support groups. It also campaigns on behalf of single parents and provides employment training.
<b>Marriage Care</b>	Marriage Care is a relationship support charity established 70 years ago, and member of The Relationship Alliance.* It provides marriage preparation, counselling and relationship education across over 50 centres and around 100 counselling locations across England, Wales and Gibraltar. It is the largest provider of marriage preparation services in England and Wales.
<b>OnePlusOne</b>	OnePlusOne is a relationship support charity founded over four decades ago, and a member of The Relationship Alliance.* They undertake research and evaluation, provide a wide range of digital services to support people with their relationships, and training for frontline practitioners. To improve access OnePlusOne often embeds relationship support into existing services and popular websites.
<b>Relate</b>	Founded in 1938, Relate is a relationship support charity with a network of centres across the UK. It is the largest provider of relationship support in the UK delivering face-to-face counselling and mediation services, online information, as well as phone, email and Live Chat counselling and support. Relate also undertakes research and campaigning, and is a member of The Relationship Alliance.*
<b>Tavistock Relationships</b>	Tavistock Relationships is a London-based relationship support organisation founded in 1948, and a member of The Relationship Alliance.* It provides relationship counselling and therapy, policy and research, service development, education programmes and practitioner training in therapeutic and psycho-educational approaches to supporting couples.
<b>Working with Men</b>	Working With Men (WWM) is a specialist charity founded in 1988, supporting positive male activity, engagement and involvement. It is the first organisation of its kind on such a scale in the UK. WWM has expertise in the challenges and solutions in working with boys and men who are socially or economically disadvantaged, marginalised or isolated. Its work focuses on transitional times such as starting school, getting a job or becoming a parent.

**Mind**

Mind is a federated mental health charity, founded in 1946. They provide advice and support to empower people experiencing a mental health problem. They campaign to improve services, raise awareness, and promote understanding. The local Mind network has a presence in every region in England and Wales, directly supporting around 380,000 people every year.

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\* The Relationship Alliance is a collaboration between four of the main national relationship support providers designed to help develop and support strong relationships.

**TABLE A.7: DESCRIPTION OF SERVICES PROVIDED BY VOLUNTARY SECTOR ORGANISATIONS IN THE SAMPLE**

Service name	Service description	Target users
<b>Care for the Family</b>		
How to Support Couples Workshops	Provides informal training typically to people who work/volunteer in church to increase confidence and skills to speak about relationships. Uses Care for the Family's online resources.	Mainly volunteers and workers in the church.
Let's Stick Together Training	Training to learn how to provide relationship support to recent parents to prevent relationship breakdown. Centred on Prof Gary Chapman's five love languages. Has specialist in house team that delivers training.	Nurses, social workers, church, schools, voluntary sector, general public.
Marriage Preparation: Marriage by Design Courses	Marriage preparation training held over a day for anyone preparing to marry. Alternatively, can be self-administered by the couple themselves.	Couples about to get married.
Let's stick together	One hour session on relationships for new parents. Aims to prevent good habits, prevent bad habits, and encourage father involvement.	Ante-natal, post-natal parents, parents already attending a parenting course and whose relationship is in distress.
It Takes Two	Events for couples looking to improve their relationship, takes place in different locations nationally. For both couples in distress and couples who already have a strong relationship.	Couples
<b>Gingerbread</b>		
Just Separated	Online hub/forum due for launch around January 2017, it will facilitate peer support, resources and signposting for parents that have recently separated. Only relationship support service provided by Gingerbread.	Recently separated parents.
Gingerbread Single Parent Helpline	Helpline for single parents to provide advice on mainly practical issues facing single parents.	Separated parents (equal or main carer of child).
<b>Marriage Care</b>		
FOCCUS	An individual programme available universally for couples who are entering a long-term committed relationship. It aims to provide education and skills to prevent distress at key relationship transitions with the aim of improving and/or preventing the decline of relationship quality and satisfaction.	Couples about to get married.

Preparing Together: for couples marrying in the Catholic Church	A day course for those Preparing Together to marry in the Catholic Church.	Couples marrying in the Catholic Church.
Preparing Together	A group-based programme available for couples who are entering a long-term committed relationship.	Couples about to get married.
Relationship Counselling (Marriage Care)	Integrative relationship counselling based primarily on Emotional Focused Therapy (EFT) for couples whose relationship is in distress.	Couples in distress.
Helpline	Helpline is for those in crisis and is provided by Family Lives. Used to signpost people onto Marriage Care's counselling service. Also used for those that are on waiting list for a counselling appointment so that they have somewhere to talk to someone before their appointment.	Couples in distress.
Certificate in Relationship Counselling	Training course to enable those attending to make the transition from counselling individual clients to counselling couples and to work ethically and effectively as Relationship Counsellors with Marriage Care.	Counsellors wishing to be able to offer relationship support/counselling to couples.
<b>OnePlusOne</b>		
Brief Encounters Relationship Support	Relationship support delivered by trained frontline practitioners (including Midwives, Health Visitors, Sure Start Children Centre Workers, and other public sector workers) who work closely with mothers and couples in the transition to parenthood.	Midwives, health visitors, parent supporters.
Brief Encounters: Skills Training (B.E.S.T)	Training programme for managers whose employees turn to them for relationship support.	Managers in workforce.
How to Argue Better (training)	Three part training programme for practitioners to help couples argue better, includes online learning programme, face to face workshop, and 'how to argue better' online course provided through The Couple Connection. The latter part is an online course for the public on how to argue better and is intended as a source of referrals for practitioners. The training course has a particular focus on providing relationship support to parents.	Range of practitioners.
Family Life Plus	Tool designed by OnePlusOne and provided through Contact a Family site that is designed specifically for parents of disabled children. Provides tailored advice depending on particular problems experienced by parents. Both preventative focus and treatment focus in regard to relationship distress.	Parents of disabled children.

Splitting up? Put kids first	Online tool that provides tailored plan for separating parents. This is then intended as a basis of agreement between the parents.	Separating parents.
Getting it right for children when parents part	Online tool providing tailored advice for parents splitting up on how to protect their kids from emotional damage. Involves going through scenarios and giving advice on how to resolve them.	Separating parents.
Listening room	Live chat to discuss relationship issues for up to 15 minutes. Users can login any night, seven days a week between 9pm and 10pm to discuss any aspect of their relationship. Not a counselling service, designed so to empower users to resolve their own problems.	Couples in distress.
Relationship forum	Online forum for those experiencing relationship issues.	Couples in (generally in distress).
How to argue better	Tool designed for couples that are arguing more than usual to help them argue better	Couples in distress, practitioners.
Changes for me and us	Course for new parents that provides relationship advice on how to cope with the transition to parenthood.	New parents.
Relationship Support: an Early Intervention	Course providing practical framework and tools to help midwives support those parents experiencing relationship difficulties.	Midwives.
PlusBaby	Online relationship support tool for new parents tailored towards men and women.	New parents.
Supporting Couple Relationships in General Practice (in collaboration with Royal College of General Practitioners)	30 minute online course including online resources, self-help guides and relevant information to help GPs and nurses recognise and signpost patients whose relationships are in distress.	GPs, nurses.
LoveSmart	Online relationship support tool tailored towards young people.	Young couples.
<b>Relate</b>		
Relate Family Mediation	Mediation service accredited by the Family Mediation Council. Follows closely the Family Mediation Council's model of providing mediation.	Separating/separated couples.
Adult Relationship Counselling	Counselling based on range of approaches depending on the practitioner involved.	Couples in distress.
Relationship Support Live Chat	Free live chat service that consists of 15 minutes online chat with counsellor. Focused on resolving practical day-to-day problems.	Couples in distress.

Training & Education Services	Provides a range of training aimed at individuals, parents, workplace groups and counselling practitioners. This training varies from one local Relate area to another. Recurrent training programmes include counselling skills for non-counsellors, and Being parents apart - Two hour information session for couples who have just started to separate.	Individuals, parents, workplace groups and counselling practitioners.
Family Counselling	Counselling service similar to Relate's Adult Relationship Counselling Service, except aims to support all relationships within a family (instead of just the couple's).	Families with relationships in distress.
<b>Tavistock Relationships</b>		
Adopting Together-Couple & Group Programme	Psychodynamic therapy specialised for adoptive parents.	Adoptive parents (post adoption order or post placement) who wish for increased support for their relationship in the context of adoption.
Couple Therapy	Couple therapy with behavioural approach.	Couples experiencing moderate to high levels of relationship distress.
Couple Therapy for Depression	Couple therapy, psychodynamic approach, is delivered nationally via Improving Access to Psychological Therapies Services and locally via services or therapists who have been commissioned to provide the service.	Suitable for couples experiencing moderate and high levels of relationship distress and tailored towards adoptive parents.
Mentalization Based Therapy-Parenting Together	Mentalization based therapy for separating or divorced couples who are involved in entrenched conflict over their children/custody of their children, psychodynamic approach.	Separating or divorced parents engaged in severe and enduring conflict over their child.
Parents as Partners	This programme (also known as Supporting Fathers' Involvement in the USA) aims to strengthen fathers' relationship with their children, their relationship with their children's mother, and to improve their cooperation as parents.	Parents or co-parents, where there are concerns that difficulties in their relationship is having a detrimental impact on their children.
Intro to Couple Counselling & Psychotherapy	Introductory course provided with the UEL on how to provide couples counselling and psychotherapy. Those that pass the course are eligible for the Masters programme to become qualified coupled therapists.	Wide range of professional backgrounds with little or no experience.

Certificate in Psychosexual studies	Course provided with UEL consisting of eight full-day workshops aiming to give greater expertise on giving advice on sexual relationships. It focuses on thinking about relationships and sex and applying this understanding to participants' work. The course involves lectures, films, role play, and discussion and covers sexual behaviour and sexual dysfunctions.	Counsellors and psychotherapists, youth workers, GPs and other healthcare professionals who want to develop their expertise in addressing sexual issues with clients.
MA: Couple Psychoanalytic Psychotherapy	Clinical training programme provided with UEL lasting four years on how to provide couple psychoanalytic psychotherapy. Provides Route to doctorate in couple psychotherapy. Leads to professional membership in the British Psychoanalytic Council.	Required to have 1st degree or relevant professional qualification as well as several years' experience in relevant profession
MA: Couple & Individual Psychodynamic Counselling/ Psychotherapy	Three-year course provided with the UEL that provides a psychodynamically informed training to practice as a psychoanalytic couple and individual counsellor.	Required to have either 1st degree or relevant professional qualification or relevant work experience or having or to have completed the Introductory Course in Couple Counselling and Psychotherapy.
MSc: Psychosexual & Relationship Therapy	Four-year course provided with UEL on how to provide Psychosexual and Relationship Therapy. Provides qualification to practice as psychosexual therapists in statutory, voluntary sectors and private practice.	Required to have either 1st degree or relevant professional qualification or relevant work experience or having or to have completed the Introductory Course in Couple Counselling and Psychotherapy.
Tavistock Relationships' IAPT Couple Training	Nine-month course to teach practitioners and therapists how to provide couples training in IAPT commissioned services. Consists of five days of formal teaching and nine months of fortnightly supervision. Successful completion of the programme provides accreditation as a 'Couple Therapy for Depression IAPT Practitioner'.	Experienced practitioners and therapists, ideally in IAPT commissioned services.
Couple Therapy for Depression Supervisor Training	This course teaches practitioners how to supervise couples therapy for depression training/ It has two main parts: a one-day review of the model and its assessment, followed by six months of consultation.	Accredited Couple Therapy for Depression IAPT practitioners.

Professional Doctorate in Couple Psychotherapy	Professional Doctorate provided with UEL aiming to give practitioners in the field of psychoanalytically-oriented couple psychotherapy in advanced research skills and understanding. Allows practitioners to make an original contribution to the field.	Qualified couple therapists.
<b>Working with Men</b>		
Fathers development project	Programme to help improve fathers' involvement, parenting skills and relationship skills.	Young fathers.
Expectant Fathers Training	Programme developed in UK to help increase father involvement amongst pre-natal fathers.	Young fathers before parenthood.
Practitioner training	Programme designed to educate and improve confidence in engaging with fathers and male carers and understanding the issues faced by this group. It covers topic such as masculinity, dynamics of minority groups, relationships, service provision and design.	Professionals across Health, early years, social care, youth and community settings, education etc.
<b>Mind</b>		
Mental Health Advice and Counselling (not specific to couple relationships)	Mind does not tend to provide specific support for couple or inter-parental relationships, as its services are focused more broadly on improving mental health and wellbeing outcomes. However, while there is no relationship support provided nationally, there are at least two instances of local Minds providing this in partnership with Relate. Also, relationship issues are frequently covered in local Mind services through their advice and counselling support.	Individuals experiencing mental health problems.

**TABLE A.8: DESCRIPTIONS OF ORGANISATIONS AND SERVICES IN STATUTORY SECTOR IN THE SAMPLE**

<b>Cafcass</b>		
<b>Role:</b> Non-departmental Ministry of Justice public body, providing frontline children's social work within the family court, largest employer of social workers in England. Has commissioning team that delivers programmes to assist the family court in effective resolution of private law cases. Provides relationship support through signposting in child care cases, also has number of relationship support pilots.		
<b>Service name</b>	<b>Service description</b>	<b>Target users</b>
The Supporting Separated Parents in Dispute (SSPID) pilot	Helpline pilot for separating parents which provide a free phone telephone based service for separating parents who have been unable to resolve disputes themselves or who seek assistance in doing so. Signposts them to specialist relationship support services.	Separating parents.

Domestic Violence Perpetrator Programme (DVPP)	Designed for cases in which domestic abuse has been identified as a concern related to a family proceedings case. DVPP is a group programme for men to develop their skills and understanding, enabling them to improve their relationship and parenting skills to ensure abusive behaviour does not reoccur. Cafcass referrals to this service are court-ordered. Provided through various voluntary sector organisations.	Men with a history of domestic violence.
Separated Parents Information Programme (SPIP)	Course on how to put your children first when you are separating. Cafcass referrals to this service are court-ordered. Provided through various voluntary sector organisations.	Parents who are in entrenched conflict.

### Institute for Health Visiting

**Role:** Membership body for health visitors, provides training, education, resources. Provides relationship support through relationship support training for health visitors.

Service name	Service description	Target users
Couple Relations Training Course	This programme developed with OnePlusOne is a training programme which intends to train health visitors to provide relationship support. It has finished development stage but was on hold at the time of data collection.	Health visitors (members and non-members).

### Royal College of General Practitioners

Membership body for general practitioners, provides training, accreditation, and professional development.

Service name	Service description	Target users
Training and Online Guidance	Provides training, and online guidance to general practitioners on relationship support. Helped develop 'Supporting Couple Relationships in General Practice' service in collaboration with OnePlusOne.	General practitioners.

### Department of Work and Pensions

National commissioner of relationship support services.

Service name	Service description	Target users
Perinatal pilots	Pilots funded by DWP to introduce relationship education into NHS perinatal (ante and post-natal) provision. They aim to provide information to couples expecting a baby on: the effect having a baby can have on their relationship; how to deal with conflict in their relationship; further support. The evaluation is pending.	New parents.

Local Family Offer	Pilots funded to improve family support in local areas, including improving data collection on the scale of relationship breakdown, training staff to spot signs of relationship distress. Further funding announced at the end of 2016.	Children and families.
National Offer Preventative IPR Support for Disadvantaged Families	Recently announced intention to fund a national programme of IPR Support, including: targeted relationship support contract for parents of disadvantaged children; building the evidence-base and central WW repository; universal digital support to couples; strengthening the infrastructure.	Disadvantaged families.

#### Local Government Association

**Role:** Membership body for local authorities. Does not provide relationship support directly, but represents local authorities that commission or provide relationship support services.

Service name	Service description	Target users
Locally commissioned services	Local authorities can provide a diverse range of services that address relationship issues through public health, health visitors, early help services, social care, and children's centres. Local authorities can also commission counselling services and, in some cases, counselling specifically focused on relationship issues.	Children and families.

#### Department of Communities and Local Government (Troubled Families Team)

**Role:** Policy team responsible for the Troubled Families Programme, that funds local authorities to deliver targeted, whole family support to families with multiple problems, including unemployment, crime, mental health, and domestic violence.

Service name	Service description	Target users
Troubled Families Programme	The Troubled Families Programme funds a range of local services for families with issues surrounding crime, antisocial behaviour, absence from school, and employment. Services funded can include relationship counselling, mediation, parenting and domestic violence services. Individual practitioners working with families under the programme may address relationship issues as part of their broader responsibilities.	Families with multiple complex needs.

## Organisations included in the sample frame

- OnePlusOne
- Tavistock Relationships
- Marriage Care
- Relate
- Royal College of Midwives
- Contact a family
- Troubled families programme
- Home Start
- NCT
- Coram
- Family Action
- NSPCC
- Family Lives
- Family Links
- Fatherhood institute
- Gingerbread
- Chance UK (programme)
- Family Matters institute
- Mind
- Institute for Health Visiting
- Action for Children
- Local Government Association
- Royal College of General Practitioners
- The Association of Directors of Children's Services (ADCS)
- Improving access to Psychological therapies (IAPT)
- ACCORD Catholic Care Service
- Care for the Family
- Children and Family Court Advisory and Support Service (Cafcass)
- Single parents Action Network
- Working With Men
- 4 Children
- Anna Freud Centre
- Family Rights Group
- Family and Childcare trust
- British Association for Counselling and Psychotherapy
- United Kingdom Council for Psychotherapy (UKCP)
- College of Mediators
- The family Mediators Association
- Couples Counselling Network
- Parents Against Child Exploitation
- Association of Shared Parenting
- Citizen's advice bureau central office
- The association of directors of public health ADPH
- 2as1 Family and Relationship
- 2-in-2-1

- Asian Family Counselling service (AFCS)
- People in harmony
- Miyad
- Parents against Child Sexual Exploitation (PACE)
- Spark
- PACE health (now defunct)
- Association of British Social Workers
- Islamic Counselling
- Couple Works
- Campaign Against Living Miserably
- Rahmaa
- The Maze Group
- Institute of family therapy
- Stefanou foundation
- National family mediation
- Counselling & Psychotherapy Central Awarding Body (CPCAB)

### Achieved sample of organisations

- Relate
- Tavistock Relationships
- Gingerbread
- Care for the Family
- OnePlusOne
- Working with men
- Institute for Health Visiting
- Marriage Care
- Mind
- Local Government Association (LGA)
- Troubled Families
- Department of Work and Pensions (DWP)
- Royal College of General Practitioners (RCGP)
- Cafcass