

Relate

The difference we make

Results from the
Measuring Outcomes Project

relate
the relationship people


relateinstitute

Acknowledgments

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About Relate

Relate was established 70 years ago. The organisation flourished in the years after World War II as marriages and families came under new pressures. Couple counselling has always been a core service for Relate, but in the 1960s Relate expanded its offer to include Psychosexual Therapy. This was joined in the 1990s by Counselling for Young People, and, most recently, by Family Counselling.

Today Relate sees some 150,000 clients annually, including 22,000 children and young people and 9,000 families. Relate provides services for anyone, regardless of their family status, however, most of its clients are part of a family. Relate's adult clients are married, in civil partnerships, single, cohabiting, separated, in same-sex relationships and dating. Face to face services are provided by two thousand practitioners working in seventy-eight local Centres across England and Wales. Relate also works with clients in a range of other locations including GP surgeries, Children's Centres and schools. In addition, counselling is provided over the telephone and via email.

Each Centre is an independent charity in its own right and a member of the Relate Federation. This structure means that each Centre is responsive to local needs but is required to provide services which meet stringent national standards of client care and service. This 'quality control' is ultimately provided by Relate Central Office and means that clients can be confident that the services they receive are of consistent quality.

The number of sessions adult clients may receive varies greatly and depends on the number of people attending counselling together, the service they are receiving and the problems they are addressing. However, six sessions of an hour each is usual for couples attending relationship counselling together.

Executive Summary

This report presents data gathered over four years from Relate's *Measuring Outcomes* programme. Based on questionnaires completed by our adult clients, both before and after using our services, it contains a wealth of information about our clients, their problems, and the efficacy of Relate services.

Relate was established in 1938, and in this time our services have expanded considerably beyond couple counselling. Today we also offer psychosexual therapy, family counselling, counselling for young people, mediation, life skills training and relationship education. We have 78 local Centres, over 2,000 practitioners, and see 150,000 clients a year.

We also participate in shaping the debate on family structure, commitment, and relationship quality. This debate is becoming increasingly important, with all parties aware that our intimate relationships have a significant impact on a range of outcomes across society – including children's life chances, economic wellbeing, and health. It is, therefore, crucial that we are able to evidence our work.

This report measures the outcomes for our adult clients (both couples and individuals) who have come to us for relationship counselling, and is based on 29,000 completed questionnaires. Questionnaires completed 'before service' record demographic information, family and relationship circumstances, and clients' 'presenting problems'. The 'after service' questionnaires records client' evaluation of what they feel has changed in their lives as a result of using Relate, and how they rate our services.

Our Clients

We gathered significant information on the gender, age, and circumstances of our clients. However, it should be noted that this information is not necessarily nationally representative. Participating Relate Centres selected themselves into the *Measuring Outcomes* programme, and were not chosen on a representative basis. We hope that future iterations of *Measuring Outcomes* will rectify this, as more Centres join the programme.

57% of our clients are women, meaning that 43% are men. This is very encouraging, given that women have been shown to be more likely to access help and advice with personal matters. **The largest single age group for our clients is 30-39.** This is unsurprising given that we know the average age of marriage for both genders to be in the late 20s, and that couples are most likely to experience significant problems within the first ten years of their relationships – often coinciding with the arrival of children. However, there are significant numbers of clients who are younger than this, as well as older.

The majority of our clients have an income of less than £30,000 per year, which is in line with national figures. They derive the majority of their income from earnings. Most live in their own home, but there are relatively high numbers living with family or friends, or in temporary accommodation. This reflects the housing insecurity that often accompanies relationship insecurity, or breakdown.

82% of our adult clients are in a couple relationship – of these, 57% are married. Others are civil partners, cohabiting, engaged, or going out together. 10% describe themselves as 'separated' – others as 'single', or 'single parent'. As clients were asked to choose just one category, it is highly likely that these figures hide some complex realities – for example a separated single parent who is seeking advice about her cohabiting relationship.

62% of our adult clients have, or provide for, children under 18. Throughout the report, it is apparent that this is important to our clients – they feel that their relationships problems are affecting their children, or that these problems are caused by their children, and they are keen to describe this in some detail.

Clients had multiple aims they wanted to achieve with us, but the two largest categories were ‘strengthen and maintain my couple relationship’ (17%) and ‘save my couple relationship’ (25%), which is a slightly more extreme statement.

How we helped

We had extremely positive effects on the quality of our clients’ relationships with their partner and children. **70% rated their relationship with their partner as ‘good’ or ‘very good’ after service, as opposed to just 36% before.** 72% rated their relationship with their children as ‘good’ or ‘very good’ after service, as opposed to 63% before.

Other results relating to the quality of the couple relationship were also very positive.

80% of clients for whom the question was relevant said we had had a positive effect in helping them maintain or strengthen their couple relationship.

73% of clients for whom the question was relevant said we had had a positive effect in helping them save their couple relationship.

78% of clients for whom the question was relevant felt they had a better chance of finding and developing a new relationship.

76% of clients for whom the question was relevant felt they were better able to commit to a long term relationship.

72% of clients for whom the question was relevant felt they were better able to deal with the arrival of children, or their ongoing care.

74% of clients for whom the question was relevant felt that we had helped them come to terms with a relationship which had ended.

Similarly positive results were also recorded in helping people deal with relationship difficulties caused by ‘practical’ issues: employment, health, housing and children.

70% of clients felt we had had a positive effect on their self-confidence.

41% of clients felt that seeking help with their couple relationship had had a positive effect on their children’s behaviour.

40% of clients felt that seeking help with their couple relationship had had a positive effect on their children’s distress.

There was a 20% decrease in days off school taken by children whose parents used our services.

58% of clients felt we had had a positive effect on their ability to concentrate at work.

45% of clients felt we had had a positive effect on their ability to manage conflict at work.

90% of clients reported that they had achieved what they wanted to with us.

93% of clients felt that the service they received was ‘good’ or ‘very good’.

97% of clients felt that the service they received was ‘value for money’.

98% of clients said that they would recommend our services to friends and family.

Conclusions

Measuring Outcomes allows us to present a picture of our clients’ circumstances, and their presenting problems. Just as importantly, it allows us to demonstrate our efficacy in helping clients with these problems. As with all evaluation, results also demonstrate the areas in which do not make as much of a difference as we would like. We can use these to improve our services, as well as to make them more accessible to clients not currently accessing our services.

Our clients are drawn from a broad spectrum, and although a small majority are married, they represent a wide range of income, housing, and relationship circumstances. Some are keen to identify external pressures as the causes of their relationship problems, but most say they want to strengthen/save their couple relationship. Particular results point towards the different, and seemingly irreconcilable, aims a couple may have when they access relationship counselling.

What comes across strongly is that relationship problems cause a lot of distress to all members of a family. The expert focus on this that Relate offers is almost unique, and there are few other resources to which people can turn.

Measuring Outcomes shows that we make a huge positive impact in improving satisfaction with relationships, and people’s perception of their ability to manage their relationships well, and handle any future problems. Both of these factors are crucial – people are happier, and function better when their relationship improves, but it is equally important that we improve people’s skills and resilience so that they are less likely to need our services in the future. The results in this report show that we do this.

We also make a difference in other areas of people’s lives – improving their relationships improves their mental health, work, parenting, and other aspects. However, some results suggest that we are asking the wrong questions, and that future iterations of *Measuring Outcomes* need to better reflect those things which clients are telling us are their true concerns.

There are many implications of this report for policymakers, as well as for practitioners providing family and parenting support. With interest in relationship stability and couple relationships at high levels, it is vital that we are able to evidence our work. Children’s Trusts and schools, Primary Care Trusts, and employers can all directly benefit from the outcomes we achieve. Less directly, it has been shown that relationship and family breakdown costs billions of pounds a year – investing in services which prevent this, or which can ameliorate the emotional harm that divorce and separation can cause adults and children, can save money for a variety of agencies.

Introduction

The Report

This report is the first published evaluation of Relate's efficacy in working with adult clients with relationship problems. It is the result of its *Measuring Outcomes* programme, developed since 2005.

Measuring the efficacy of our work is an increasingly important part of what we, and other charities, do. For some time, the majority of our projects – in which we are funded to provide innovative services to particular groups of clients over a limited period of time – have had money allocated to their evaluation. Indeed, most 'contracted' work is now evaluated. These evaluations are usually small-scale and involve clients referred to their local Relate service by a statutory agency, with all costs met. The evaluation process is essential particularly for gathering evidence to use in improving specific services. It is also valuable for securing continued funding.

However, we are increasingly aware that for the majority of our clients, impressions of the work undertaken by Relate were not being recorded. To address this *Measuring Outcomes* was developed. *Measuring Outcomes* is a series of questionnaires for adult clients to complete before and after using our services. These questionnaires cover a range of issues including relationship circumstances, children, health, employment and housing, as well as demographic information. This report presents the results of an analysis of these questionnaires and considers the implications for clients, policymakers and other service providers, as well as for Relate.

This report will:

- Explain the *Measuring Outcomes* methodology and analysis of data;
- Describe the problems Relate adult clients present with;
- Record the feelings of adult clients after using our services, and their estimations of service efficacy.

Much of the original funding for the development of the *Measuring Outcomes* questionnaires was provided by the then Department for Education & Skills. We recently received additional funding from the Department for Children, Schools and Families to improve the programme, and to publish this report. We are very grateful to the Department for this funding.

Policy Context

We believe that supporting relationships sits within family policy. This report will show that the majority of our clients have, or provide for, children under 18. Many of the rest are planning a family in the future, or have older children. We are proud of the fact that we provide services for anyone, regardless of their family status, but it is clear that most of our clients are part of a family. Therefore it is relevant to view government support for couple, and other family, relationships within the wider context of their family policy.

Over the last decade, there has been much progress in bringing family functioning to the fore of domestic policy. The influence of parenting and home life on children's health, educational attainment, behaviour and life chances has been recognised by Labour, and this has been evident in several policies. Sure Start, and its progression to Children's Centres, is probably the best known example of this, with its emphasis on giving parents support and advice from the earliest days. But education policy has also

focused on supporting parents so that they are better able to support their children's attainment. Some health policy (for example, the Family Nurse Partnership Programme) has worked to improve parenting before babies are even born.

Despite this, the government has said little until recently about the quality of family relationships, particularly those between adults in the home. This is despite the wealth of evidence showing the impact that the adult couple relationship - whether or not parents are together, and including step-parents – have on children's wellbeing and outcomes. It is likely that this stems in part from a reluctance to be seen to be as moralising, as well as a desire not to run the risk of stigmatising single parents. This is unfortunate given that those on lower incomes are likely to experience disproportionate levels of relationship and family breakdown, as well as to suffer disproportionately from the effects of this, such as poverty, debt, and worklessness.

A consequence of this near silence on the subject is that central government funding for relationship support organisations, which previously came from a specific fund, has been subsumed into a general Children, Young People & Families Fund. Funding across the sector, including for Relate was on a downward trajectory until very recently.

However, there are encouraging signs that government is taking more seriously the importance of couple and family relationships. The Children's Plan (2007) from the Department for Children, Schools, and Families explicitly states that they have a significant impact on children, and that relationship breakdown can have negative effects. Improved funding was given to organisations supporting couple relationships in 2008. In May 2009 the Department announced that it was giving Relate £1m to provide extra relationship and family counselling, at a reduced rate, to people affected by the recession.

In addition, the Department of Health is behind a programme to significantly increase the number of people receiving talking therapies to help them deal with depression and anxiety. The 'Increasing Access to Psychological Therapies' programme is currently being piloted through several PCTs, with an initial focus on Cognitive Behavioural Therapy. However, there are plans to commission other theoretical models, including couple counselling, as the programme progresses, and it is crucial that therapy providers contribute outcome measuring and evaluation so that commissioners can be well informed about which interventions work for which clients.

The Conservatives are overtly positioning marriage and couple relationships as a central plank of their social policies. Under a social justice agenda, they have repeatedly identified family breakdown as a cause of poverty, worklessness, addiction, and poor outcomes for children and adults. It is clear that this issue will be a central theme for the Conservative party until the next election, and it may be expected to feature in their manifesto. The notion of a small 'tax break' for married parents, to serve as incentive to marry, is a commitment. This has not met with a universally favourable response, as critics say it will penalise children of single parents without affecting people's decision to marry or not. But the attention given to couple relationships indicates that they will become increasingly central within family policy.

Methodology

This report is based on data gathered from three questionnaires (Forms A, B and C) collected from clients. These questionnaires were completed by clients in twelve Centres. Clients using telephone or email contact are not currently participating in the *Measuring Outcomes* Project. Data was collected over a four year period.

Enquiry Forms A and B are both completed prior to clients attending their first counselling session. Form A is used to elicit general personal information about the clients. Form B records demographic information about clients, including their gender, age, ethnicity, housing circumstances and source of income. This form also records the relationship and family circumstances of clients as well as their perceived counselling needs.

Form C is used at the end of the full counselling programme with clients. At this stage clients are invited to reflect on the extent to which the Relate services they received helped to resolve the range of presenting issues. This form also asks clients to comment on ways Relate might improve its services, whether these services were value for money, and whether they would recommend Relate's services to others.

Unsurprisingly there was some attrition between the number of clients completing both Forms B and C. More of the former are available than the latter, due to clients dropping out of the process. Future iterations of *Measuring Outcomes* will prioritise the reduction of the attrition rate.

Not all Relate Centres are yet participating in *Measuring Outcomes*. Participation requires a commitment on the part of Centre staff, and may place a significant strain on some of our smaller Centres. However, we expect the client questionnaires to be refined further, and are content for Centres to join the programme slowly as new iterations are produced.

Results in this report are derived in the main from questionnaires completed by clients in six Centres. These Centres are Basingstoke & District, Greater Manchester North, Hull, London North West, Northumberland & Tyneside, and Portsmouth & District. Data has also been received from Bradford, Herts Central, Milton Keynes, Shropshire & Herefordshire, South Devon, and Somerset. These Centres selected themselves into the programme, and were not chosen to accurately reflect national population demographics.

This means that results in this report – though revealing – cannot be taken as a measure of the 'average' Relate client nationally. This is particularly important when looking at demographic data. Only one London Centre has participated, and both other large cities and rural areas are under-represented.

The Results

Client Circumstances

This section of the report is divided into two sub-sections, and is based on the results of information from those clients who completed *Measuring Outcomes* Forms A and B. The first sub-section presents an analysis of the data relating to the gender, age, ethnicity, housing circumstances, income and source of income of clients. The second sub-section presents an analysis of the data relating to the extent to which clients feel their contact with Relate services has improved their couple relationship as well as their relationship with their children, their performance at work and their general physical, social and emotional life.

1. Demographic Information

Gender

Of the 7,379 clients who responded to this question 3,148 (43%) reported their gender as male, while 4,175 (57%) reported they were female. The relatively high proportion of male clients is striking as research shows that women are generally more likely to seek advice and help about family problems and relationships, particularly face to face. It is evident that men find our services accessible and relevant to them, and that the Relate brand is sufficiently welcoming. This may reflect the fact that relationship counsellors enter the field specifically to work with both men and women.

The gap between men and women is likely to reflect the fact that some women in couple relationships attend Relate alone, either due to fears around safety, or because their partner does not want to attend, or is not wanted by his partner. In addition, clients who are single or separated, are more likely to be women.

Despite the high proportion of men attending, we do know from other evaluations that women are more likely to make the first contact with Relate, as they are with other support services. To tackle this, we are introducing new ways of accessing Relate including SMS and 'Live Talk' – we hope this will make the first contact easier for men.

Age

Clients were asked to indicate their age range in the questionnaire. The largest age group of Relate clients (39%) are in the 30 to 39 age range. However, Relate also works with a significant proportions of clients in the 20-29 (17%) and 40-49 (30%) age groups. Given the results to be seen later regarding relationship circumstance and status, this is unsurprising.

The average age at which people marry continues to rise, with most brides and grooms being in their late 20s¹. Evidence shows that people who marry young (in their late teens or early 20s) are more likely to divorce², so it is very probable that a greater proportion of our clients in the 20-29 category are married (and experiencing difficulties) than would be the case in the general population. Evidence also indicates both seven years and fourteen years are key 'difficult' patches for long-term relationships, including marriages³.

In addition, this survey indicated the mean average age of clients was 38.9. The youngest reported age of a client was 16, while the oldest reported age was 93.

1 www.statistics.gov.uk

2 Stanley, S. M. (2001). Making the case for premarital education. *Family Relations*, 50, 272-280

3 Gottman J & Levenson R (2000), The Timing of Divorce: Predicting when a couple will divorce over a 14 year period, *Journal of Marriage & The Family*, 1 62, No 3

Ethnicity

A breakdown by ethnicity of the client group is set out in Fig. 1 below.

Ethnicity	Responses	%	National %
White – British	6,661	93.6	
White – Irish	79	1.1	
White – Others	182	2.6	
Total White	6,922	97.3	92.1
White/Black Caribbean	44	0.6	
White/black African	11	0.2	
Mixed White/Asian	21	0.3	
Mixed – others	15	0.2	
Total mixed	91	1.3	1.2
Asian/Asian British – Indian	46	0.6	
Asian/British Pakistani	35	0.5	
Asian/British – Bangladeshi	10	0.1	
Asian/ British – other	65	0.9	
Total Asian/Asian British	156	2.2	4.0
Black/Black British Caribbean	46	0.6	
Black/Black British African	10	0.1	
Black/Black British – other	20	0.3	
Total Black	76	1.1	1.8
Other – Chinese	23	0.3	
Other – other	2	0.0	
Other – don't know	0	0.0	
Total other	25	0.4	

Fig 1: The ethnicity of Relate Clients

The breakdown of clients by ethnicity does not reflect that found nationally in the United Kingdom. The proportion of clients identifying themselves as 'White', was 5% higher than found in the general population of the UK. However, the proportion of clients identifying as 'mixed race' is in line with that in the general population. The proportion of clients identifying as 'Asian' and 'Black' are both just over half of that found in the general population of the UK.

These results are useful for us, as they indicate that it is clear we must do more to make our services accessible to all members of local communities, including those from Black and Minority Ethnic backgrounds. Increasingly, Centres employ BME counsellors, and counsellors with more than one language. But there is more to be done here, and we are particularly keen to increase the number of BME students embarking on our training, as this will help us to ensure a sustainable number of BME counsellors.

It must be borne in mind that, as is made clear in Methodology, the participating Centres were not chosen to reflect our geographical diversity or national ethnic demographics. Therefore, these results cannot be taken to accurately reflect the ethnic backgrounds of Relate clients nationwide.

Housing

A breakdown of the living arrangements of the client group in the survey is set out in Fig. 2 below.

Type of housing	Response	%
Own home	4,828	66.8
Private accommodation	824	11.4
Local Authority Housing Association accommodation	617	8.5
Parents/guardians/carers	376	5.2
Other family/friends	342	4.7
Temporary accommodation	50	0.7
Homeless	10	0.1
Other	180	2.5

n = 7,227 (97.9%)

Fig 2: The Living Arrangement of Clients

The overwhelming majority (67%) of our clients live in their own house or flat, a figure which is slightly below the national figure of 70% of UK dwellings being owner-occupied⁴. A significant number of clients also live in rented accommodation – either privately (11%) or through the local authority or housing association (9%).

Relationship breakdown frequently leads to homelessness, usually temporary, which explains the numbers living with their family, friends or in temporary accommodation. 10 clients did identify themselves as 'homeless'.

Income

The majority of Relate clients (76%) have an income of less than £30,000, with 13% claiming an income of less than £5,000.

This data may be statistically unreliable as some 'stay at home' parents were recording their individual income in this bracket as opposed to their household income. This is particularly likely when a relationship is rocky and partners are thinking about their individual financial situation. Anecdotal evidence indicates that a significant minority of Relate clients are on extremely low incomes, particularly younger adult clients. The median annual income for full-time workers in England and Wales is £24,000⁵.

Earnings were the biggest source of client income (74%). Benefits and tax credits were mentioned by some 10% of clients, followed by pension (4%).

⁴ www.statistics.gov.uk

⁵ Office of National Statistics (2007)

2. Improving client relationships

Accessing the service

Clients were asked a range of questions about how they knew about Relate and its services. Responses to this question are set out in Fig 3 below.

Contact	Responses	%
Friend of family	1,676	24.2
Doctor or other health professional	1,462	21.1
Relate website	594	8.6
Telephone Directory	410	5.9
Relate website, indirect entry	149	2.2
Social worker	146	2.1
Poster/leaflet	129	1.9
Magazine article	81	1.2
Other voluntary organisation	76	1.1
TV or radio programme	55	0.8
Solicitor	50	0.7
School	47	0.7
Police	24	0.3
Child Support Agency	13	0.2
Youth Offenders Team	8	0.1
Housing Advice	8	0.1
Local registrar	4	0.1
Other	1,985	28.7

n = 6,922 (72.4%)

Fig 3: Accessing the Service

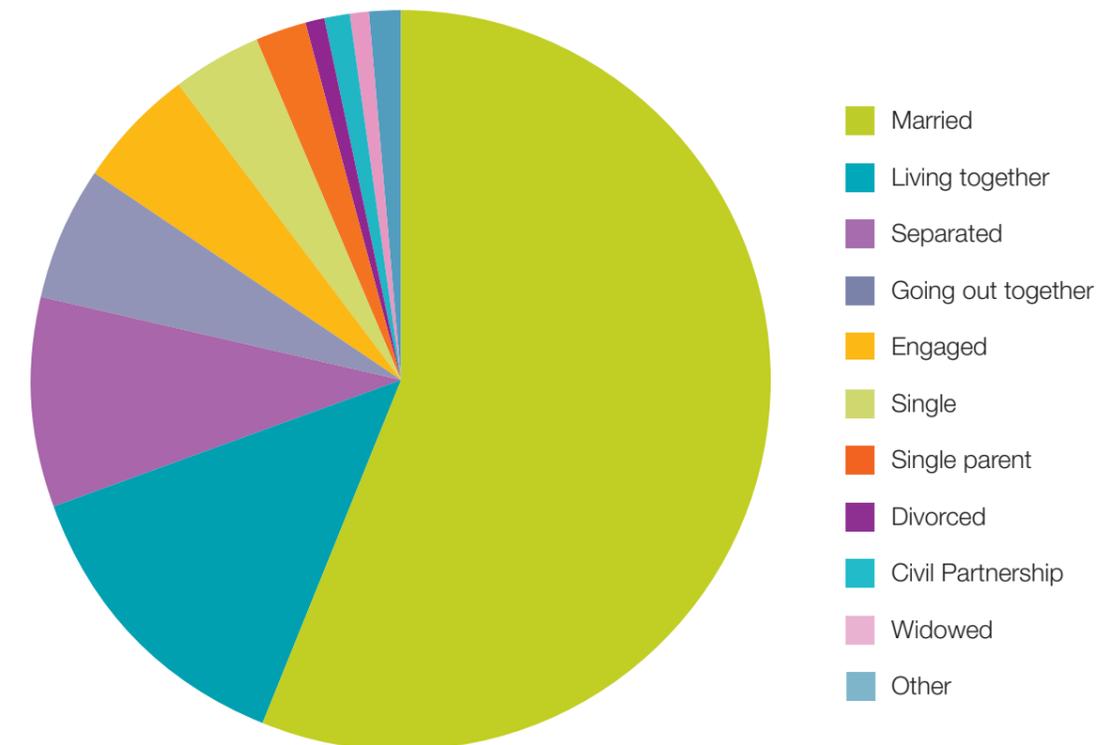
Client responses reveal the variety of sources by which people hear about Relate. Doctors and other health professionals make up an extremely high number of referrals (the questionnaire does not record whether their local PCT is also paying for the service the client receives, but many such contracts are in place nationally). This is because the GP is often the first 'outsider' people turn to when they realise they are becoming depressed and anxious over relationship problems. Health professionals are keen to refer such patients on to a service which can give them sufficient time and support to deal with the underlying problem.

The largest category was 'Other' with 1,985 responses. Within this, 22% of all responses said clients 'just knew' about Relate. This indicates the tremendous level of name recognition that Relate enjoys, which is reinforced by the fact that 24% of clients said that 'Friends or Family' suggested our services.

Client Relationships

Clients were asked a range of questions about their couple relationships and the factors which may be affected by this relationship, including their children, their work and home circumstances and their general health and welfare.

Clients were asked whether they are in a couple relationship. For some clients this is a complex question to answer. Many clients are able to identify with multiple categories – they may be a single parent and separated but also in a new dating relationship. For the purpose of *Measuring Outcomes* they are asked to tick only one box which best describes their situation. Responses received for this question are set out below.



n = 7,179 (95.5%)

Fig 4: Client Relationships

In total, 82% of clients indicated they were in some kind of current couple relationship, with 57% married and 0.4% in a civil partnership. 14% described themselves as cohabiting, while others stated they were engaged or dating. 6% of clients identified themselves as single or a single parent, but we know that others identify with other categories (see below). 9% identified themselves as separated, but only 0.9% as divorced. This reflects the fact that clients may separate but still come to Relate together to separate amicably or to see if there is any hope for the relationship.

A further question asked how long the couple had been together. This question was set out in groups of five year blocks (e. g, 1-5 years or 21-25 years, up to 36+ years). Responses from the 4,024 clients who answered this question showed little difference in the distribution of responses, until the 21-25 years range, when the percentage of clients falls away. The population in each of the subsequent groups also continues to fall after the partners have been together this length of time.

The single biggest group of clients was the 1-5 years range (23% of the total), but the next three categories are only slightly smaller. That these are the largest categories is unsurprising as we know that most marriages experience problems (ending in divorce for some couples) within the first seven years, and that this is earlier for cohabiting relationships. The birth of children is also known to cause problems, as are key transition points such as children starting secondary school, going to university or leaving home.

Although the percentages are much smaller, it should be noted that 21% of clients have been together for over 21 years, including some that have been together much longer. It is reasonable to expect that the numbers of these clients will continue to increase as the population ages and all generations become more comfortable talking about 'private' problems with professionals.

A series of questions were asked about children in families. Children are an important factor in any couple relationship. As children are living at home for longer, they are likely to have direct experience of, or impact on, their parents' relationship for longer too. 62% of our clients reported having, or providing for, children under 18. As further results will show, many couples come for counselling because their relationship is experiencing problems related to their children. Others recorded the negative effects their relationship problems were having on their children. These difficulties were in some cases the motivating factor that made clients seek help.

It is interesting to note that, elsewhere in the questionnaire, parents with older children felt that they wanted to mention them. Handwritten comments such as 'adult children are upset by our arguing', 'adult children do not approve of my new relationship' and even just 'we have two children in their 30s' occur.

Clients were asked about which relationship they had contacted Relate. 6,886 answered the question. As there was the possibility of clients contacting Relate about more than one relationship the total responses to this question is greater than the number of client responses (8,323). A breakdown of these figures is provided in Fig. 5 below

	Response	%
My partner	6,007	72.2
My Children	688	8.3
My Ex partner	618	7.4
My parent/carer/guardian	255	3.1
My step/blended family	162	1.9
My brothers and sisters	106	1.3
My extended family	106	1.3
Workplace relationship	104	1.2
Community relationship	43	0.5
Others	234	2.8

Fig. 5: Reason for contact with Relate

The vast majority of clients (72%) indicated they were coming about their relationship with their partner, but 'my children/teenagers' (8%) and 'my ex-partner' (7%) were also important considerations.

Clients were asked their main reasons for contacting Relate. 7,038 (95.4%) of clients answered the question. Clients were asked to list as many reasons as relevant for making this contact. As a result a large number (18,182) of responses were recorded for this question. These responses are set out as Fig. 6 opposite.

Returns showed the most popular responses to this question were 'maintain and strengthen my couple relationship' (17%) and 'save my couple relationship' (25%). The latter is a stronger statement and may reflect the fact that many people wait quite some time before they contact Relate and until a time when their problems become quite entrenched. In addition, some couples attend where one partner is

Reason	Response	%
Save my couple relationship	4,458	24.5
Maintain and strengthen couple relationship	3,085	17.0
Improve sex life	1,458	8.0
Deal with financial problems	1,161	6.4
Commit to a long-term relationship	981	5.4
Deal with issues relating to children	796	4.4
Come to terms with a relationship that had ended	775	4.3
Deal with health issues	694	3.8
End my couple relationship	658	3.6
Deal with changes in my family circumstances	578	3.2
Deal with issues relating to employment	551	3.0
Make break-up easier with children	500	2.7
Deal with arrival or long-term care of children	491	2.7
Deal with housing issues	282	1.6
Avoid going to court over family issues	253	1.4
Find or develop a new relationship	236	1.3
Stay in contact with children	166	0.9
Deal with problems caused by legal issues	95	0.5
Other	964	5.3

Fig 6: Reasons why clients had initially contacted Relate

determined the relationship is over, and is hoping for an amicable separation, while the other is hoping to prevent the separation altogether.

A wide range of other options were also chosen, with 6% of clients indicating they need help to deal with relationship problems caused by financial issues. Anecdotal evidence indicates money is a leading cause of relationship difficulties and arguments – whether over debt, scarce resources or simply different spending priorities. 8% of clients wanted to improve their sex life. 5% of clients explained they needed help committing to a long-term relationship.

964 clients recorded an 'Other' response to this question, and these are extremely diverse. However there are common themes which may be worth recording in future iterations – dealing with one or both partners' infidelity is extremely common. Abuse suffered by clients as children which is now causing problems in their adult relationship is less common, but it is still noticeable in the returns, as were issues around bereavement, particularly loss of parents or children, including miscarriage. Sexual issues were frequently mentioned, including 'sex addiction', and 'visiting prostitutes', as was 'exploring gender choices/sexual orientation'. Finally, domestic violence and abuse occurred in this category many times. Again, anecdotal evidence indicates one in three clients experiences some kind of domestic abuse, whether physical, sexual, emotional or financial.

Clients were asked how they rated their relationship with their partner before and after support from Relate. Although 1,485 copies of Form B were completed, not every client answered every question in this questionnaire.

	No. of clients before counselling	% before counselling	No. of clients after counselling	% after counselling	Change (+/-)
Very good	825	12.8	437	35.9	+23.1
Good	1,519	23.5	409	33.6	+10.1
Average	1,577	24.4	178	14.6	-9.8
Poor	1,794	27.7	99	8.1	-19.6
Very poor	755	11.7	95	7.8	-3.9
	n = 6,470		n = 1,218		

Fig. 7: Client rating of couple relationship after receiving counselling

963 (85% of clients) answered both of the questions set out in the table above. The data received indicates that the majority of clients felt their level of satisfaction with their partner relationship had improved after their counselling sessions with Relate. Movement between the categories is almost all positive. The percentage of clients who indicated their relationship with their partner was now very good increased by 23%, while those reporting it to be good after counselling increased by 10%.

When asked about the effect of the counselling on helping to save their couple relationship, 73% indicated that Relate had a positive, or very positive, effect. In contrast, only some 6% of clients indicated counselling had a negative effect on their couple relationship. 80% of clients felt that Relate had had a positive, or very positive effect in helping them to maintain, or strengthen their couple relationship.

Clients were also asked if Relate services had provided them with a better chance of finding and developing a new relationship with a partner. From the 800 responses received, 78% of clients reported they had a better chance of finding or developing a new relationship after support.

Of clients who came to Relate seeking help in committing to a long-term relationship, 76% of clients felt that Relate had a positive, or very positive, effect on their ability to do this.

Clients were asked about improvements in their sex life as a result of their contact with Relate. 48% felt that Relate had had a positive effect in improving or enhancing their sex life. Those who felt there had been a negative effect represent only 5%, so the largest single category (46%) is 'no change'. It may be hypothesised that as the vast majority of respondents were attending for relationship counselling, rather than sex therapy, sex lives will not have been the primary issue dealt with.

For some clients coming to counselling Relate had helped to end their couple relationship. Of these, 34% of clients felt that we had a positive effect in ending their couple relationship. 31% recorded 'no change' and 29.3% felt we had had a 'strongly negative' effect.

This is an interesting result. It is likely that some of those who ticked the 'negative' box had come to Relate hoping to save a relationship that the other partner felt was over. Importantly, this situation could result in ex-partners ticking boxes at each end of the scale for this question. This question may also catch any respondent who wanted to improve their relationship but felt that Relate had failed to help.

The high level of 'no change' responses also suggests that people may use this box interchangeably with 'not applicable', as this question seems to be particularly incompatible with a 'no change' response. Either a couple's relationship is closer to ending than it was before they saw Relate or it is not. Either of these outcomes could be positive or negative depending on the individual clients' point of view. However, you might tick the 'no change' box here if you felt that ending your couple relationship had never been a possibility, and remained so.

Importantly in the context of this study, this question also demonstrates one of the difficulties of evaluating relationship counselling where more than one person attends – the parties can have extremely different aims and will therefore evaluate the results of counselling very differently.

Clients were asked to comment on how Relate counselling had helped them come to terms with a relationship that was ended. 74% felt counselling had been useful. This is a very different result to the previous one, presumably because it refers to a relationship which is definitely over, and where we are able to help clients feel OK about this, and get over any lingering feelings which may be stopping them from moving on.

Further, clients responding to this question are not necessarily coming to Relate as a single person. They may be in a relationship and attending couple counselling but finding problems are caused by their feelings about a previous partner, or damage done by a previous relationship.

Children

The well being and happiness of children are generally regarded with high importance by clients. Parents were asked whether the issues they had come to Relate about were affecting their children. 45% of them said that this was the case. Of course, not all conflict is overt and it may be that parents are unaware of how their relationship affects their children when they first come to Relate. Working with a counsellor can sometimes be the first time they consider this issue.

Clients were also asked to rate their relationship with their children before and after support.

	No. of clients before counselling	% before	No. of clients after counselling	% after	Change (+/-)
Very good	1,530	24.3	344	28.8	+3.7
Good	2,441	38.8	539	43.8	+5.1
Average	1,646	26.1	282	22.9	-3.2
Poor	495	7.9	45	3.7	-4.2
Very poor	185	2.9	20	1.6	-1.3
	n = 6,297		n = 1,230		

Fig 8: Client's perception of their relationship with their children both before and after counselling.

As with the question in the previous sub-section relating to partners, the movement between categories relating to client relationships with their children is positive, indicating that most people felt their relationship with their children had improved. This is a particularly pleasing outcome of this study as although this is an evaluation of adult relationship counselling not involving young people, improvements in parents' relationships with their children is an indirect effect, benefiting family members who did not actually receive services themselves.

A question relating to client's ability to deal with the arrival or ongoing care of children was answered by over 700 parents. 72% of them felt that Relate had had a positive effect on their ability to deal with the arrival or ongoing care of children.

A further question asked clients if they were able to deal more easily with relationship difficulties caused by issues relating to their children. Over 400 (28% of the cohort) answered this question. Of these 400 clients, three quarters felt Relate services had had a positive effect on their ability to deal with relationship difficulties caused by issues associated with their children.

Children can struggle when their parents' relationship ends, or is in difficulties. Data collected from our clients on this subject is presented below. Clients were asked whether we had helped make a break-up easier on the children. Of the clients who responded (15% of the total), 50% felt we had had a positive or very positive effect. Only 7% identified a negative effect, with the rest choosing 'No Change'. Clients were also asked whether they felt better able to stay in touch with a child no longer living with them. 50% of these clients felt we had had a positive effect here. 'No Change' was chosen by 46%.

It is again possible that 'No Change' was used here as a 'Not Applicable' substitute, and chosen by clients who were not breaking up. Further analysis will be required here. But the effect of separation on children's wellbeing and behaviour (particularly if parental conflict has been overt and prolonged) can be marked, and disagreements over contact can be intractable, so it is likely be that a more targeted intervention is needed for couples attending for these issues. Relationship counselling between two adults will focus on their needs but successful separation interventions lead parents to focus on their children's needs.

We are currently developing these targeted interventions to better support separating parents. In addition, both our Young People's and Family Counselling explicitly support *children* going through family change, and help them to make their voices heard.

Clients were asked to comment on the effect that contact with Relate may have had on their children's behaviour. Responses could be selected for this question from a small number of pre-prepared categories. The results obtained from this question are set out in Fig. 9 below.

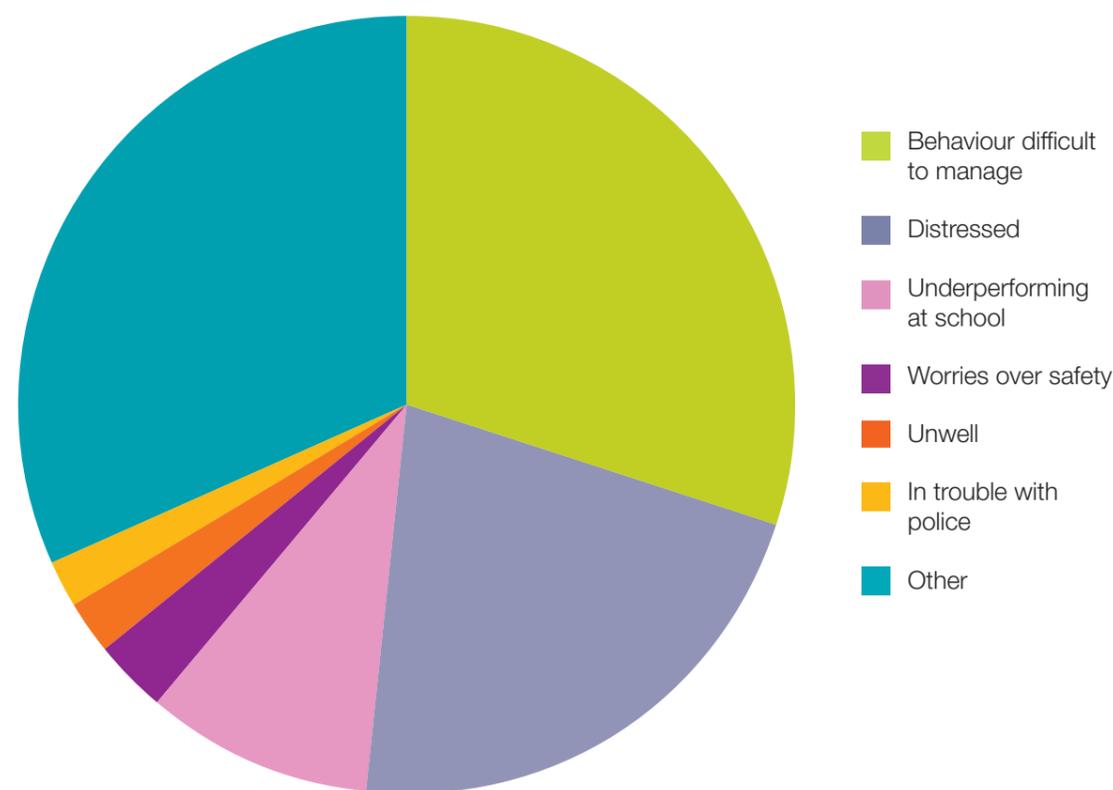


Fig 9: Effects on Children's behaviour

Over 2,000 clients provided 2,751 returns to this question from a list of options. Of the options given, only two attracted significant responses 'My children's behaviour is difficult to manage' (30%) and 'My children are very distressed' (22%). 'Other' responses made up 31% of the return.

Interestingly, some of the 'Other' responses given *would* naturally fit into the given categories (e.g. 'children distressed when we argue', 'daughter has anorexia nervosa', 'temper tantrums/hitting') but parents do not tick those categories. This suggests that parents who are concerned about their children really want to describe their worries, and do not see them as fitting in a tick box. This underlines the importance for all services of giving parents space to talk about problems which may seem 'typical' but feel anything but for the families in question. Indeed, one client wrote 'tick boxes not adequate'.

In addition, the 'Other' responses reveal many recurring issues which are not on the questionnaire. Issues over residence and contact between parents who have already separated, or are talking about it are common: 'she misses her daddy', 'they worry that father will leave'. But there is both a recurrent theme of distressed children and a real diversity of issues named: 'relationship with step mum caused daughter to run away', 'children are focus of our attention – affecting relationship', 'I am short tempered with them', 'our daughter is in care due to problems caused by our arguments'.

40% of clients reported some positive effect from their contact with Relate on their children's behaviour. Even more positively, only some 2% of clients reported any deterioration in their child's behaviour during this time.

Parents were asked if, as a result of their counselling, their children took fewer days off school. The data collected indicated a decrease of 20% in days taken off school by their children after support. Again this is a tangible indication that children were less distressed, and better able to manage being at school after their parents had received support for their relationship problems.

Given the results obtained from the previous three questions, Relate can be encouraged by the percentage of clients identifying positive effects on their children's behaviour and distress as a result of obtaining counselling through the Relate services. This indicates that improving a couple's relationship positively affects children even when they are not the explicit focus.

Health problems

A number of specific questions were asked on the effect of Relate services on clients' health and welfare. These included their sleeping patterns, their eating and drinking habits, and their self confidence.

A question on clients' general health was answered by 413 (28%) clients. Of these, 64% felt Relate services had had a positive effect on their ability to deal with relationship difficulties caused by health issues.

Nearly 60% of clients felt that the issues they had come to Relate about were affecting their health and general welfare. Overwhelmingly the most popular response (38%) was 'I am not sleeping as well as usual'. 'I am undereating' (16%), 'I am drinking more than usual' (11%) and 'I am smoking more than usual' (11%) were also popular. These high percentages reflect the fact that relationship problems affect people's functioning in tangible ways that can result in long-term harm.

Almost 10% of clients ticked the 'Other' box. The most common 'other' responses were 'anxious/anxiety', 'depressed/depression' and 'stress', indicating that these may need to become categories in their own right. Other responses indicated the vast range of effects that relationship

problems can have on people's health: 'abusing my diabetes', 'agoraphobia', 'making myself vomit', 'chest pain', and 'self-harming'.

A number of questions were asked about clients' lifestyle choices and habits (sleeping, eating, smoking and drinking) before and after their counselling with Relate. 38% of clients who answered this question – 1,177 people – felt their counselling sessions had a positive effect on their sleeping patterns. 26% of clients who answered the question (1,136 people) reported a positive effect on their eating habits.

By contrast, only 15% of 819 clients felt there had been a positive effect on their drinking and 5% of 917 clients identified a positive effect on their smoking (compared to 17% reporting a negative effect). The short-term extra stress that can be brought about by discussing problems for the first time is likely to result in 'self-medicating' in the short term.

1,387 clients answered a question asking about the effect Relate had had on their self-confidence. 70% felt that we had a positive effect on their self-confidence. Self-confidence is both an important factor in maintaining successful relationships and something that can easily be diminished when a relationship is faltering. Improving self-confidence is extremely positive in that it indicates we have improved people's resilience and their belief in their ability to solve their own problems in the future.

Work Issues

Just over one third (36%) of clients felt that the issues they had come to Relate about were affecting their work. 40% of these clients felt they were having difficulty concentrating at work, 26% had taken time off work, 18.3% felt their work was 'disrupted' and 9% reported difficulty managing conflict at work. 111 people said that they had lost their job as a result of their relationship problems.

A small percentage (5%) of clients ticked the 'Other' box. Responses in this category included 'lack of motivation', 'low tolerance with colleagues', 'can't stop crying at work' and 'I want to be at work rather than at home'. The responses also reveal how some clients feel that their relationship problems are actually partly caused by a situation at work: 'affair was with my boss'; 'emotionally involved with someone I work closely with'; 'have to work alongside ex-partner'.

Clients were also asked the extent to which Relate services had helped them to deal with relationship difficulties caused by employment issues. 412 clients (28%) answered this question of whom 68% felt Relate had a positive effect on their ability to deal with relationship difficulties caused by employment issues.

Over 1,000 clients answered a question on the effects that coming to Relate had had on their ability to concentrate at work. 58% of these clients felt their time at Relate had had a positive effect on this. 45% of respondents also felt Relate had had a positive effect on their ability to manage conflict at work. Once again, the number of 'no change' responses was very high and the number of negative responses extremely small. Further analysis is needed to determine whether or not the 'no change' responses are masking 'non-applicable' responses.

A question asking about the impact of contact with Relate on their ability to deal with financial matters was also presented. Again the number of clients who answered the question was relatively small (529). The percentage of clients who answered the question positively was also small, with only one 36% providing a positive answer.

Housing problems

Almost 20% of clients felt that the issues they had come to Relate about were affecting their housing arrangements. Of these clients 29% felt they 'had to leave' home, 20% said they wanted to leave, and 12% felt they were being 'forced' to leave. 13% said there was a chance they would become homeless.

A change in housing circumstance, or even homelessness, is a relatively common cause of relationship problems and breakdown. One partner may feel anxious to leave the family home because the relationship is over as far as they are concerned, but may feel obliged to stay for the sake of their partner or children. Or they may feel that they are being pushed out against their will and denied the chance to work at their relationship. Many people have safety nets – they can afford to rent a new property, or have friends and family with whom they can stay. But others do not, and they feel that homelessness is a very real prospect if they have to leave the family home.

The fact that 24% of clients ticked the 'Other' box reveals the diverse ways in which relationship problems affect housing. Responses include: 'Children and I are in a refuge'; 'I feel insecure when I leave the house'; 'I want to move back home'; and we are 'living with parents to give partner space' were noted as examples of this.

791 clients answered the question on the extent their time with Relate had helped them in their ability to stay in their own home. This was 53% of the possible total number of respondents. Of this number 45% said that Relate had had a positive effect here. Only 4% of clients indicated there had been a strongly negative effect. It is likely that some clients come to Relate hoping to save a marriage that the other partner is determined to end amicably. At the end of this process, they may actually feel less secure in their housing situation.

Community issues

Almost 20% of clients felt that the issues they had come to see Relate about were affecting their involvement in the wider community. 56% of these clients reported feeling more isolated and 30% felt less able to 'take an active part in (their) community'.

Some 10% of clients ticked the 'Other' box. Responses included: 'Controlling behaviour by husband affecting social life'; 'Difficult to interact with friends and family'; 'Find it difficult making out everything is OK'; 'He ignores me when we are out.' 50% of clients felt that Relate had had either a positive or strongly positive effect in this area with less than 5% presenting a negative response.

Client satisfaction

A series of questions in Form C addressed client satisfaction with Relate in several areas. Clients were also asked how Relate could best improve its services. 1485 returns were received from clients to this form. The results of this questionnaire are set out in this section of the report.

95% of clients felt that the service they received was either 'Very Good' or 'Good'.

A further question asked clients how Relate could best improve its services. 30% of those clients who responded wanted to be able to contact their local Centre and make appointments by email (this facility is now increasingly the norm). 21% wanted help with the cost of the service and 16% felt help with childcare would be useful.

A third of clients ticked the 'Other' box. A desire for shorter waiting times (the average waiting time for a first appointment is between a week and 10 days) and a wider range of appointment times were frequently mentioned. Clients rarely see relationship counselling as something for which they could take time off work – in part because of a desire for discretion. Therefore, evening and weekend appointments are overwhelmingly in demand. However, the majority of clients ticking the 'Other' box wanted to leave positive comments, saying there was nothing they would change, and that the service they received was very good.

Clients were also asked what would have made the service more helpful to them. The responses to this question are set out in Fig. 10 below.

Idea	Response	%
A shorter waiting time	399	49.4
The offer of a follow-up session at a later stage	226	28.0
Longer individual sessions	202	25.0
Advice telling me what to do	180	22.3
More sessions available in the evenings	175	21.7
More sessions available at weekends	132	16.3
Sessions closer together	89	11.0
More sessions	69	8.5
Sessions further apart	37	3.7
Fewer, more focused sessions	29	3.6
A counsellor / trainer of my own gender / age ethnicity /sexual orientation/background sexual orientation / background	27	3.3
Other	108	13.4

Fig 10: Making the service more helpful

The most popular response was 'a shorter waiting time' (49%). Reasonably high numbers also wanted more appointments available in the evenings (22%) and at weekends (16%). These factors are linked – because the majority of adults want appointments outside of working hours and on specific nights, waiting lists continue to exist. More counsellors and larger premises are key to tackling this – and some Centres have already reduced their waiting lists to zero.

The majority of clients wait between seven and 10 days between their initial enquiry and first appointment. However, it can then take a few weeks to find an available time for recurring appointments.

22% of clients wanted 'advice telling me what to do', and 28% wanted the offer of a follow-up session at a later stage. Only 3% said that they wanted 'a counsellor of their own gender/age/ethnicity/sexual orientation/background'.

13% of clients ticked the 'Other' box. As with the previous question, most people simply wished to comment that they had no specific suggestions and that they valued the service. However, a small minority used this section to reflect discomfort with some aspect of the counselling they received. For example, 'The first session was too challenging'; 'Clearer explanation from the counsellor was needed re: what she was doing'.

When clients were asked the extent to which they considered Relate's services to be 'value for money', 1,402 responses were received. The positive responses received to this question were impressive, with 97% of clients answering 'Yes' to this question. 73% of clients responded 'Yes, definitely', while 24% replied 'Yes probably' to this question.

Clients were asked if they would recommend Relate to a friend or relation. When asked whether they would recommend Relate 98% of respondents said that they would make such a recommendation. 81% responded 'Yes, definitely', and 17% said 'Yes, probably'. This is a very positive endorsement and it is likely that many people do attend Relate due to a private recommendation from a friend or relative who had used our services themselves.

Conclusions

The *Measuring Outcomes* Programme has three aims:

- 1 To build a more complete picture of our clients, their characteristics, and their presenting problems. This also allows us to know, in part, which clients we may not be reaching.
- 2 To determine the efficacy of our services in certain key areas. This is crucial in making the case for our services to clients and funders.
- 3 To determine where we do not appear to be making as much impact as we would like in terms of helping clients. This helps us to improve both access to services, and the services themselves.

Relate's Clients

As the report makes clear, the Relate Centres currently participating in *Measuring Outcomes* were not selected on a geographically or demographically representative basis, and therefore their clients are not necessarily a representative sample. However, many of those who completed the questionnaires have been remarkably open about the reasons they have come to Relate, and this gives insight into relationships and family life today.

Bearing in mind the caveats above, we can see that our clients are drawn from a relatively broad spectrum. They come from all parts of the income spectrum, and include both the well-paid, and those on low incomes derived only from benefits. They are also diverse in age, although with a predictable cluster between 20 and 50. The percentages of clients from BME backgrounds are less than those in the general population – future iterations of *Measuring Outcomes* will need to collect a more nationally representative sample of clients to check this. However, it indicates that it is likely there is more we need to do to make our services accessible and attractive to all BME groups.

It should be noted that the clients participating in the *Measuring Outcomes* programme are almost exclusively self-referral clients. But around 40% of our clients today come to Relate via referral contracts held with GPs, schools, employers, prisons, Children's Centres, and a variety of other agencies. It is interesting to consider whether an evaluation programme focussing on, or even containing a representative sample of, these groups, would produce different results.

Adult clients access our services for help in dealing with, overwhelmingly, their couple relationship. Relate are the largest of only a handful of voluntary sector organisations offering couple counselling, so, without us, many people would feel they had nowhere to turn. The responses given to why they have come to see us reveal that probably the majority feel they are in crisis, while some are accessing our services to prevent problems escalating into crises, and a minority coming to prevent problems from arising in the future.

Our results also indicate that it is too simplistic to say that relationship difficulties (or family breakdown) cause other problems such as debt, or housing issues, or unemployment. It is clear that this can be the case, and our clients identify this. But they also feel that it works the other way round – over 1000 clients felt they needed to deal with relationship difficulties caused by financial issues, 796 felt that issues associated with their children were at the root of the problem, and 694 identified health issues as causing difficulties.

External pressures place a strain on a couple relationship which people cannot always resolve on their own – but the fact that they have come to Relate indicates that people value their relationships. Indeed, they are usually the key support in dealing with external pressures. So it is not as simple as saying that family breakdown causes social exclusion or poverty – often it is the latter which destroys an otherwise happy relationship.

The effects on clients' children are consistent with evidence elsewhere that children exposed to conflict and unhappiness at home are distressed, and often 'act out' with bad behaviour at school, home, or in the community. The 'other' responses reveal that in many cases, one parent has already moved out as part of a trial separation, and the children are finding this very hard. At a time when children need a lot of support, parents are least able to provide it as they themselves are upset, angry, and in need of help. These results drive home the importance of considering the relationship between adults in the home when policymakers and practitioners are looking at how to improve long term outcomes for children, as well as the need to support parents going through separation, so that they may better support their children.

It is clear that relationship difficulties affect peoples' health and work in ways that should interest policymakers. Anxiety and depression are major causes of ill-health today, and large numbers of our clients are identifying them as being caused by problems in their couple relationship – although, as noted above, cause and effect is rarely that straightforward, and in some cases, the mental health problems will be the cause of the relationship problems. We also know that around half of all incapacity benefit claimants suffer from anxiety and depression – at least some of this will be caused, or exacerbated by,

issues within the couple relationship. The high numbers in the country unable to work due to these conditions fits with the high number of our clients saying they can no longer concentrate at work, or handle conflict at work. Some have stopped work altogether.

The Efficacy of our Services

Measuring Outcomes reveals a number of extremely positive results, particularly around improving clients' ability to maintain and improve their relationships. In particular, results suggest that clients' emotional resilience is improved, as they feel better able to commit to a long term relationship, deal with the arrival of children, deal with practical issues affecting their relationship, and that their self-confidence has improved. All these results indicate that clients not only feel better about their current situation, but also better able to deal with the problems that may arise in the future. Relate aims to equip clients with the skills they need to sort out their own problems in the future, before they escalate into crises as clients perceive them.

Results are less striking, but are still positive, for those questions associated with children, employment, housing, and the community. The results for health indicate that we are asking clients the wrong questions here, and that future iterations should include a focus on anxiety and depression, as well as behaviours like drinking and smoking.

The notion of resilience is reinforced by the results regarding work. Clients felt better able to concentrate at work, despite having to address difficult emotional issues outside of their job. This is very encouraging, as are the results recording that many clients felt less isolated after counselling, and more able to socialise. All these results indicate that Relate's services can help prevent people from drifting into social exclusion (through losing a job, or cutting themselves off from friends and family) as a result of relationship problems or breakdown.

Much more work is needed, in particular, to assess the effect of our adult services on client's children. It is evident that parents felt better able to care for their children, and that their relationship with their children was better after coming to Relate. But the results regarding observed changes in children's distress or behaviour were less striking. As noted, this may be due to deficiencies in the evaluation process, such as people using 'no change' to mean 'not applicable'. It is also likely that a longer-term evaluation is needed to assess the impact on children of an intervention for parents.

However, we must also consider the possibility that when parents identify significant behavioural or emotional issues with their children that another intervention is needed to make a difference quickly – perhaps in conjunction with couple counselling. Relate provides family and young people's counselling, which could also be used.

Relate received extremely high 'satisfaction' scores, with very few people saying they would not recommend our services, or that they did not consider them value for money. Most importantly, the vast majority of clients felt they had achieved what they wanted to with us.

Implications

Measuring Outcomes shows that Relate makes its biggest impact in improving adult relationships, and adults' ability to care for their children. Clients felt more secure in their relationships, and in themselves, as well as more confident in their ability to manage problems in the future. It seems likely that clients, who the data shows had complex problems which had been unaddressed for some time, are functioning better after seeing Relate, on a self-reported basis.

Many of the positive effects our clients report make the kind of impact that will be immediately felt beyond the clients themselves. For example, a client's employer will benefit from their increased ability to concentrate at work, and a school from a child's improved behaviour or reduced absences. Clients are functioning better in several areas of their lives after they access our services in ways which benefit themselves, their families, and wider society.

Measuring Outcomes makes a strong case for people to self-refer to our services to help them overcome specific, or general, relationship issues, which they cannot cope with on their own. It also makes a case for other agencies – whether private or public – to refer others to our services, as well as to fund them.

Agencies concerned with outcomes for children will be aware that conflict, tension, and unhappiness – or even violence and abuse – have huge effects on children's emotional and mental wellbeing, and that this determines their behaviour in and out of school. Investing in a service which can be accessed through early years services and schools, and which address issues between parents is a cost-effective way of improving children's home lives, raising emotional awareness and intelligence throughout the family, and even preventing family breakdown. These services are not intended as a replacement for parenting support, or services with children, but rather to complete the services available and address the neglect of the adult relationship, given its proven impact on children.

Health services should also invest – as some Primary Care Trusts already do. Many adults with depression and anxiety attributable to, or exacerbated by, relationship problems, use the GPs as proxy counsellors – often disclosing past abuse, or current unhappiness. Referring these clients to Relate not only has a positive effect on unhealthy 'self-medicating' behaviours, but allows them to tackle the underlying causes of their mental health problems much more effectively than simply the 'listening ear' of the GP.

Finally, employers can benefit by making relationship counselling available to employees in distress due to relationship difficulties – *Measuring Outcomes* shows that coming to Relate can have a positive impact on performance at work. Many employers are aware of the detrimental effect that mental health problems can have on performance, and that helping employees tackle these issues through an Employee Assistance Programme can be cost-effective. However, few EAPs provide relationship counselling, and therefore, the majority of employees do not receive help with issues which we know can lead to them giving up work altogether, due to the strain placed on their mental health.

All around the country, individual local authorities, PCTs, schools, employers, police forces, prisons, and social services enter into small partnerships with Relate. They see the impact that couple and family relationships have on their goals and targets, and they work with Relate as a trusted provider of high-quality services. As yet, the opportunities such partnerships offer has not been fully recognised at a national level. *Measuring Outcomes* makes a compelling case for this situation to be changed, and for relationship support to be considered seriously by many different providers in order to more effectively meet a range of outcomes for adults, children, and families.

APPENDIX

What is the evidence base for couple therapy?

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April 2009

relate
the relationship people

Research evidence is accumulating which points to the crucial importance of the quality of couple relationships, not only for the mental health and well-being of adult partners, but for their children as well. Over the last thirty years, the evidence base for the effectiveness of couple therapy has grown increasingly robust, showing that couple interventions have an impact on both adult mental health (in areas such as depression, drug abuse, alcoholism and domestic violence) and on the long-term outcomes for children.

In a study reviewing the evidence for the efficacy of couple therapy for adult mental health problems and marital distress, Baucom et al. (1998)¹ found that the untreated improvement rate is very low (that is, without help couples tended not to improve by themselves). However, in the 17 controlled studies they reviewed, they found that couple therapy was an effective intervention for relationship distress and adult mental health problems, and very importantly they found that there was a high probability that this improvement would be maintained when couples were followed up one year after the therapy had ended. This conclusion, that intervening therapeutically with couples is beneficial, holds in general and in regard to a number of major mental problems and disorders².

There is a growing evidence base that couple therapy is effective in treating depression. A recent randomised clinical trial study by Bodermann et al. (2008)³ indicated that couples therapy was as effective in improving depressive symptomatology in the clinically depressed partner as more well established therapies such as CBT and interpersonal psychotherapy. In addition, couples therapy produced significant improvement in partner's expressed emotion, changes that were not seen in other treatment conditions. An earlier study by Leff et al., (2000)⁴, also indicated that couple therapy had a demonstrable effect on individual depression. Crucially, this study found couple therapy to be more effective than both cognitive behavioural therapy and antidepressant medication – and indeed, cheaper and more cost-effective than drug treatment. However, despite the growing evidence base and the inclusion of couple therapy in previous NICE guidelines for Adult Depression, couple oriented treatments are no longer recommended in the latest NICE guidelines. This is puzzling to those in the sector, as the evidence reviewed in this report demonstrates very clearly the benefits and long-term impact of couple oriented interventions.

Recent research from the USA using data obtained from insurance records from 490,000 unique individuals indicated that treatment outcomes across all forms of psychotherapy were overwhelmingly successful with over 85% only requiring one course of treatment. What is of particular significance for the relationship and family therapy sector is that relationship and family therapists had the highest success

rates (86.6%) and the lowest recidivism rates (13.4%) (see Crane and Payne, 2008)⁵. Further findings from this study indicated that reductions in health care use were most significant for those that underwent relationship and family therapy (reductions of 68% for health screening visits, 56% for laboratory/x-ray visits and 78% for urgent care visits (see Crane and Christenson (2008)⁶. The findings clearly imply that investment in couple psychotherapy and counselling has a tremendous impact on the long-term health and health care use of patients.

Another area where relationship therapy shows its clinical efficacy is in relationship to alcohol and drug abuse. One such study by Fals-Stewart et al (2005)⁷ examined the clinical efficacy and cost effectiveness of brief relationship therapy (BRT), a shortened version of standard behavioural couples therapy (S-BCT), with alcoholic male patients (N = 100) and their non-substance-abusing female partners. Participants were randomly assigned to 1 of 4 treatment conditions: (a) BRT, (b) S-BCT, (c) individual-based treatment (IBT), or (d) psycho-educational attention control treatment (PACT). Equivalency testing revealed that, compared with those assigned to S-BCT, participants who were randomly assigned to BRT had equivalent post-treatment and 12-month follow-up heavy drinking outcomes. Moreover, at 12-month follow-up, heavy drinking and dyadic adjustment outcomes for patients who received BRT were superior to those of patients who received IBT or PACT. Brief Relationship Therapy was found to be significantly more cost effective than the S-BCT, IBT, or PACT in treating male alcoholism.

Some studies not only looked at the effects of the treatment on the substance abusing patient, but also the impact of the treatment on the functioning of their children. For example, Kelly et al (2002)⁸ compared the effect of couples-based vs. individual-based therapy for men who entered outpatient substance abuse treatment on the psychosocial functioning of children in their homes. Men were randomly assigned to (1) behavioural couple's therapy (BCT), (2) individual-based treatment (IBT) or (3) couples-based psycho-educational attention control treatment (PACT). For both children of alcohol (N = 71) and drug-abusing men (N = 64), parents' ratings of children's psychosocial functioning was higher for children whose fathers participated in BCT at post-treatment and at 6- and 12-month follow-up than for children whose fathers participated in IBT or PACT. Brief Couples Therapy resulted in greater improvements in parents' dyadic adjustment and fathers' substance use. Thus, couples-based interventions that address both issues may have greater benefits for children in these homes.

Other studies have demonstrated that couple therapy reduces violence in couple relationships with a male alcoholic. A study by O'Farrell et al. (2004)⁹ examined partner violence before and after behavioural couples therapy (BCT) for 303 married or cohabiting male alcoholic patients and used a demographically

1 Empirically supported couple and family interventions for marital distress and adult mental health problems, *Journal of Consulting and Clinical Psychology*, 66, pp. 53± 58. Baucom, D.H., Shoham, V., Mueser, K.T., Daiuto, A.D. and Stickle, T.R. (1998).
2 The outcomes of couple and family therapy: Findings, conclusions, and recommendations. Pinsof, William M.; Wynne, Lyman C.; Hambright, Alexandra B.; *Psychotherapy: Theory, Research, Practice, Training*, Vol 33(2), Sum 1996. pp. 321-331.
3 Effects of Coping-Oriented Couples Therapy on Depression: A Randomized Clinical Trial. Bodenmann, Guy; Plancherel, Bernard; Beach, Steven R. H.; Widmer, Kathrin; Gabriel, Barbara; Meuwly, Nathalie; Charvoz, Linda; Hautzinger, Martin; Schramm, Elisabeth; *Journal of Consulting and Clinical Psychology*, Vol 76(6), Dec 2008. pp. 944-954
4 Randomised controlled trial of antidepressants versus couple therapy in the treatment and maintenance of people with depression living with a partner: clinical outcome and costs. Leff, J., Vearnals, S. and Brewin, C., et al. (2000). *British Journal of Psychiatry*, 177, 1123-130.

5 Individual and Family Therapy in Managed Care: Comparing the Costs of Treatments of the Mental Health Profession. Crane, D.R and Payne, S.H (in preparation 2008).
6 The Medical Offset Effect: Patterns in Outpatient Services Reduction for High Utilisers of Health Care. Crane, D.R and Jacob, D.C (2008). *Contemporary Family Therapy* 30, pp. 127-138
7 Brief Relationship Therapy for Alcoholism: A Randomized Clinical Trial Examining Clinical Efficacy and Cost-Effectiveness. Fals-Stewart, William; Klostermann, Keith; Yates, Brian T.; O'Farrell, Timothy J.; Birchler, Gary R.; *Psychology of Addictive Behaviors*, Vol 19(4), Dec 2005. pp. 363-371
8 Couple- versus individual-based therapy for alcohol and drug abuse: Effects on children's psychosocial functioning. Kelley, M. L., & Fals-Stewart, W. (2002). *Journal of Consulting and Clinical Psychology*, 70, 417-427.
9 Partner Violence Before and After Couples-Based Alcoholism Treatment for Male Alcoholic Patients: The Role of Treatment Involvement and Abstinence. O'Farrell, Timothy J.; Murphy, Christopher M.; Stephan, Sharon H.; Fals-Stewart, William; Murphy, Marie; *Journal of Consulting and Clinical Psychology*, Vol 72(2), Apr 2004. pp. 202-217

matched non-alcoholic comparison sample. In the year before BCT, 60% of alcoholic patients had been violent toward their female partner, 5 times the comparison sample rate of 12%. In the 1st and 2nd year after BCT, violence decreased significantly from the year before BCT, and clinically significant violence reductions occurred for patients whose alcoholism was remitted after BCT. Structural equation modelling indicated that greater treatment involvement (attending BCT sessions and using BCT-targeted behaviours) was related to lower violence after BCT and that this association was mediated by reduced problem drinking and enhanced relationship functioning.

There is now ample evidence to support the efficacy of conjoint therapies that focus on intimate partner violence for couples who engage in mild to moderate physical aggression but want to preserve the relationship and end the aggression. However, more recent studies (e.g. Simpson et al. 2008)¹⁰ have shown that couple therapy works on low-level aggression even without targeting it. This is an important finding, because previously it was thought that couple therapy without a focus on violence would act to potentially exacerbate aggression. This was of concern since couples with a history of low-level aggression often seek couple therapy. The Simpson (2008) study examined the efficacy of non-aggression-focused behavioral couple therapy for couples with and without a history of mild physical aggression. One hundred thirty-four couples, 45% of whom had experienced low-level aggression in the year prior to therapy, completed up to 26 sessions of couple therapy and 2 years of follow-up assessments. Results demonstrated no significant differences in relationship and individual outcomes by history of aggression. In addition, couples maintained very low levels of physical aggression during and after treatment and showed reductions in psychological aggression when relationship and individual functioning improved.

Most importantly there is also a growing body of literature which points to a strong link between the quality of the relationship between parents and the quality of their parenting (Clulow, 2008)¹¹. The strength of the marital relationship and the parent's style of interaction plays a central role in their children's adjustment and potential for behaviour problems. Recent results from family studies have clearly documented how the quality of parent's relationship has an important impact on children's emotional, social and academic development. Just as some studies show that good marriages promote children's competence and maturity, others show that prolonged marital conflict and marital dissolution tend to be associated with cognitive delay, school difficulties, and antisocial or withdrawn behaviour in the early school years (Cummings & Davies¹², 1994; Fincham, Grych, & Osborne, 1994¹³; Hetherington, Cox, & Cox, 1982¹⁴). There is now convincing evidence that children who experience sustained inter-parental conflict are at greater risk of anxiety and depression, increased aggression, hostility and anti-social behaviour. They also tend to have lower academic performance, independent of their socio-economic status.

10 Low-level relationship aggression and couple therapy outcomes. Simpson, Lorelei E.; Atkins, David C.; Gattis, Krista S.; Christensen, Andrew. *Journal of Family Psychology*, Vol 22(1), Feb 2008. pp. 102-111

11 Clulow, C (2008). Making the Link: Developing the Couple Dimension in Parenting Support. Report of a project undertaken by Greenwich MIND between October 2006 – June 2008 with the support of the Parenting Fund.

12 Cummings, E. M., & Davies, P. T. (1994). Children and marital conflict: The impact of family dispute and resolution. New York: Guilford.

13 Fincham, F. D., Grych, J. H., & Osborne, L. N. (1994). Does marital conflict cause child maladjustment? Directions and challenges for longitudinal research. *Journal of Family Psychology*, 8, 128-140.

14 Hetherington, E. M., Cox, M. J., & Cox, R. (1982). Effects of divorce on parents and children. In M. E. Lamb (Ed.), *Nontraditional families* (pp. 233-288). Hillsdale, NJ: Lawrence Erlbaum Associates.

There are many interventions specifically aimed at improving parenting, supporting children through family change, psycho-educational programmes, and family mediation. However, few interventions target the inter-parental relationship. One such intervention which has had impressive results was carried out by the University of California, Berkeley, who investigated the comparative effectiveness of couple focussed parenting-interventions on the lives of children and young people (Cowan and Cowan 1997)¹⁵. They found that this kind of parenting intervention which focused on the adult couple relationship (whilst not ignoring parenting issues) were more effective in improving outcomes for children and young people than were those that focused on parenting issues alone. Outcomes for children were significantly improved by minimising the effects of parental conflict (Cowan and Cowan (1992)¹⁶). Furthermore, this effectiveness continued after the intervention had finished. As a result, the Cowans suggest that "interventions concerned with parents' behaviour towards their children must also explore the links between parenting and the other family domains... how parents feel about themselves, their partners, their work and childcare issues – and how those feelings colour their relationship with the child – are necessary topics for an intervention directed to increasing parenting effectiveness in contemporary families." (Cowan and Cowan 2004, p.7)¹⁷.

The Cowans point out the need to work with the couple wherever possible because otherwise interventions default to working only with mothers, missing out the important (and different) contributions fathers make to their children's lives – contributions that are experienced differently by boys and girls (Parke 1996¹⁸; Pruett 2000¹⁹). In addition, there is evidence that marital conflict is the most important factor in the failure of mother-only interventions, and that interventions with both parents were more successful in reducing child problems and improving family functioning than ones where only the mother was worked with (Brody and Forehand 1985²⁰; Dadds et al. 1987²¹).

These studies powerfully established the efficacy of relatively short term couple therapy in helping couples in the transition to parenthood and beyond. This research also once again emphasised the importance of the couple relationship on the adjustment and well-being of children and demonstrated how focussing on the couple as the unit of intervention has a positive effect on the whole family unit. The evidence established that couple therapy has had a demonstrable effect on children's functioning (Cowan and Cowan, 2005)²² and as such is now supported in NICE guidelines on Child Depression - "family risk factors for depression in children and adolescents include parent-child conflict, parental discord, divorce

15 Cowan, C.P. & Cowan, P.A. (1997) "Working with couples during stressful life transitions." In Dreman, S (ed) *The Family on the Threshold of the 21st Century*. Hillsdale, NJ: Erlbaum, p.p. 17- 48.

16 Cowan, C. P., & Cowan, P. A. (1992). When partners become parents: The big life change for couples. New York: Basic Books.

17 Cowan, C.P. and Cowan, P. (2004). *Manual for Leaders of Couples Groups: Becoming a Family Project Draft #7*. Berkeley: University of California.

18 Parke, R.D. (1996). *Fatherhood*. Cambridge, MA: Harvard University Press.

19 Pruett, K. (2000). *Fatherhood: why father care is as essential as mother care for your child*. New York: Free Press.

20 Brody, G.H. and Forehand, R. (1985). "The efficacy of parent training with maritally distressed and nondistressed mothers. A multimethod assessment." *Behaviour Research & Therapy* 23(3): 291-296.

21 Dadds, M.R., Schwartz, S. and Sanders, M.R. (1987). "Marital discord and child behavior problems in a nonclinic sample." *Journal of Consulting & Clinical Psychology* 55(3): 396-403.

22 Cowan, C. P., & Cowan, P. A. (2005). Two central roles for couple relationships: breaking negative intergenerational patterns and enhancing children's adaptation. *Sexual and Relationship Therapy*, 20, 275 - 288.

and separation” (p.62-63). A more recent study, Cummings et al (2008)²³ has demonstrated that even participation by parents in brief psycho-educational programmes has the ability to improve marital conflict. Following the intervention, greater constructive and less destructive marital conflict was observed at all assessments for the treatment groups, and these changes were linked with improvements in other family processes, particularly parenting and child adjustment.

These findings are important as it is now a commonly held belief that without intervention troubling or negative intergenerational patterns will be repeated in the next generation. This claim is supported by therapists’ experience, theories of psychopathology and systematic research. It is usually assumed that the mechanisms of intergenerational transmission involve (1) observable transactions between parents and children, and (2) individuals’ internal working models about what can be expected in intimate family relationships, based on recollections of relationships with parents or other key attachment figures. Cowan, and Cowan (2005)²⁴ present evidence to suggest that couple relationships play a central role in maintaining or breaking intergenerational cycles and therefore that interventions focused on strengthening the couple relationships of parents of young children have the potential to affect generations. Importantly, these studies (see Cowan and Cowan (1992)²⁵ and others) remind us that most growth and development, of children and adults, happens within the context of relationships.

Of course there is still ongoing debate regarding what form of couple’s intervention is most efficacious and for which presenting problems. Crowe (1978)²⁶ compared a behavioural approach to couple therapy with an interpretative approach and a non-specific supportive type of therapy. The behavioural treatment was superior to the supportive at the end of treatment, with the interpretative treatment intermediate, and the improvements were maintained at 18 months follow-up. However, Snyder and Wills (1989) compared the outcome of behavioural versus insight orientated couple therapy, and found that there was equal improvement in the two conditions, with both being superior to waiting-list controls. A similar result was obtained by Emmelkamp et al. (1984)²⁷, comparing behavioural with systemic couple therapy, both producing equal improvements, and both being superior to waiting-list controls (Crowe, 2000²⁸). More importantly perhaps when these studies were followed up, the results showed that insight oriented therapies achieved longer lasting change, even when they were evaluated behaviourally (see Synder et al., 1991²⁹).

There is an additional challenge for those services that deliver ‘insight oriented’ couple interventions. On the whole, these interventions are designed to help couples explore how difficulties have arisen in their relationships and what interferes with changing them. As practitioners we are all too aware that current problems often reflect underlying difficulties from each partner’s experiences in earlier life. Insight oriented interventions aim to understand what lies behind current difficulties, paying attention both to conscious and unconscious factors, in order to bring about change.

Unfortunately, most outcome measures are based on a self-report format and are very much focussed on “conscious outcomes”. The challenge for insight oriented therapies, and therapies that focus on unconscious as well as conscious processes are that some of the outcomes they aim for are not directly reflected in the measures that are most widely used. Very few, if any, measures are able to capture aspects of functioning other than those that the client is conscious of (see Lanman and Grier (2003)³⁰. This is an important limitation because for insight oriented therapies to adequately test for a link between the specific therapies offered and any change that may result from it the measure needs to be sensitive to the change it is measuring. It is argued that this is currently not the case. As a result very few studies are dedicated to evaluating ‘psychodynamic or insight oriented’ approaches (Boddington and Lavender, 1995³¹). This is not to say that these therapies are ineffective – as indicated above follow-up studies have shown they often achieve longer lasting change (see Synder et al.³²).

Conclusion

Given that couple therapy has a growing evidence base as a key intervention for addressing a wide range of conditions it is important that the service providers practicing in the field of couple counselling and therapy continue to improve their capacity to evaluate the impact of the work on couple relationships and parenting and its impact on outcomes for children and on an individual’s well-being and mental health. This evidence base will be key to ensuring that couple oriented interventions are recognised as valid and effective treatments for a wide range of adult mental health conditions and other family processes, particularly parenting and child adjustment.

23 Evaluating a brief prevention program for improving marital conflict in community families. Cummings, E. Mark; Faircloth, W. Brad; Mitchell, Patricia M.; Cummings, Jennifer S.; Schermerhorn, Alice C.; Journal of Family Psychology, Vol 22(2), Apr 2008. pp. 193-202

24 Cowan, C. P., & Cowan, P. A. (2005). Two central roles for couple relationships: breaking negative intergenerational patterns and enhancing children’s adaptation. *Sexual and Relationship Therapy*, 20, 275 - 288.

25 Cowan, C. P., & Cowan, P. A. (1992). *When partners become parents: The big life change for couples*. New York: Basic Books.

26 Crowe, M.J. (1978) Conjoint marital therapy: a controlled outcome study, *Psychological Medicine*, 8, pp. 623± 636.

27 Emmelkamp, P.M.G., Van Der Helm, M., Macgillavry, D. & Van Zanten, B. (1984) Marital therapy with clinically distressed couples: a comparative evaluation of system± theoretic, contingency contracting and communication skill approaches, in: K. HAHLWEG & N. JACOBSON, (Eds) *Marital Interaction: Analysis and Modification* (New York, Guilford Press).

28 Crowe, M. and Ridley, J. (2000) *Therapy with Couples: a Behavioural-Systems Approach to Marital and Sexual Problems*, 2nd edition (Oxford, Blackwells).

29 Synder, K.K., Wills, R.M. and Grady-Fletcher, A. (1991) Long-term effectiveness of behavioural versus insight-oriented marital therapy: a four-year follow-up study. *Journal of Counselling and Clinical Psychology*, 59, 138-141.

30 Lanman, M. and Grier, F. (2003). Evaluating change in couple functioning; a psychoanalytic perspective. *Sexual and Relationship Therapy*, Vol. 18, No.1, 2003.

31 Boddington, S. and Lavender, B., (1995). Treatment models for couples therapy: A review of the outcome literature and the Dodo’s verdict. *Journal Sexual and Relationship Therapy*, Volume 10, 69 - 81

32 Synder, K.K., Wills, R.M. and Grady-Fletcher, A. (1991) Long-term effectiveness of behavioural versus insight-oriented marital therapy: a four-year follow-up study. *Journal of Counselling and Clinical Psychology*, 59, 138-141.

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