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INTER-PARENTAL RELATIONSHIP SUPPORT SERVICES AVAILABLE IN THE UK

RAPID REVIEW OF EVIDENCE

Updated March 2017

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Foreword

The nature and quality of the couple relationship between parents has been found to significantly impact on the health and wellbeing of children. In particular, frequent, intense and poorly resolved inter-parental conflict has been identified as a key factor affecting children's long-term health and wellbeing, while also adversely affecting wider aspects of family functioning including parenting quality. In *What works to enhance inter-parental relationships and improve outcomes for children* the Early Intervention Foundation worked closely with Professor Gordon Harold [1] at the University of Sussex to distil the evidence of why relationships between parents are so critical to how children fare. Inter-parental relationship support has therefore become a key focus of early intervention for children, to prevent parental conflict adversely affecting children's welfare and future opportunities. Poverty, and the stress this causes to parents, has also been found to increase relationship difficulties, meaning that children in low-income households are at greater risk of negative outcomes caused by inter-parental conflict. Parents in poverty also have increased risks of relationship breakdown, which in turn can increase poverty and negative outcomes for children.

The Early Intervention Foundation (EIF) was founded as an independent charity and What Works Centre in July 2013, to champion and support the effective use of early intervention for children with signals of risk. In so doing, we hope to reduce the human and economic costs of late intervention which is needed when problems become entrenched and difficult to reverse on the journey from childhood to adulthood. EIF in partnership with the Joseph Rowntree Foundation (JRF) has developed a major programme of work which explores how the quality of the relationship between parents impacts on children in or at risk of poverty. Importantly, this work includes couples who are living together as well as those who are separated. This report forms part of this programme of work and focuses on the current nature and extent of relationship support services available to parents in the UK, with a particular focus on services available to families in or at risk of poverty.

The studies identified in this review indicated that relationship support services appear to be significantly underdeveloped in the UK compared to other countries such as the United States. While the review did identify a range of different types of services available, these are predominately provided through the voluntary sector which operates in a difficult financial climate. There remains a lack of statutory support available, which appears fragmented across agencies, making it hard for commissioners, let alone parents, to understand what support is available. If we are to reduce the impact of damaging parental conflict on children's outcomes, then investment is needed to develop relationship support services with a focus on

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[1] Gordon Harold is Director of the Rudd Centre for Adoption Research and Practice at the University of Sussex, and a member of the Early Intervention Foundation's evidence panel.

children, embed this support in local services for families, and develop more robust UK evidence to determine 'what works', which can in turn be used to inform effective relationship support delivery.

This review highlights that evaluations of relationship support services focus primarily measuring on improvements in the couple relationship, rather than explicitly measuring child outcomes. Similarly, among commissioners and statutory services, the idea of supporting parent relationships as a means of positively improving child wellbeing and parenting is still underdeveloped. In addition, the studies identified for this review indicated that more could be done to target relationship support services to families in or at risk of poverty as these parents are more likely to be stressed, experience relationship problems and higher levels of conflict. However, it should be noted that there were limitations with this review of published evidence, and that current work being undertaken by relationship support organisations and others with families on low-incomes or in poverty may not be fully captured in the literature. Further primary research is needed.

There are barriers to accessing relationship support services highlighted in the literature, including the social stigma of seeking early help for relationship difficulties, as well as the cost of these services, un-coordinated nature of service provision, inflexible hours and travel distances. Importantly, many of the barriers identified are likely to disproportionately affect families in or at risk of poverty. Other disadvantaged groups, including black, minority ethnic (BME) families, disabled, lesbian, gay, bisexual and transgender (LGBT), separated and single parents, and fathers may also be under-represented in the populations accessing relationship support services, however further primary research is needed to better understand the characteristics of service users.

However, despite these barriers, there is a great deal of potential to better embed a focus on inter-parental relationships within existing services for families, in particular, to intervene early to prevent relationship difficulties between parents before they become severe, entrenched and impact on children. Health services and parenting programmes, offer one route to identify early signs of relationship distress and support parents. Key points of transition such as having a new baby, the child's transition to school and during separation and divorce provide important opportunities to offer such services. Multi-agency partnership working to identify signals of risk, such as that developed by voluntary providers, provides a key strategy to reach families in poverty and on low-incomes. In addition, specialist services adapted to target particular groups, such as BME parents or fathers, have been shown to effectively reach parents that are more vulnerable. Government investment in developing inter-parental relationship support for example, through the Local Family Offer sites, provide a crucial foundation to expand services and improve child outcomes in this emerging area of policy and practice.

The purpose of this review was to determine the extent to which relationship support services have been mapped in the UK, to what degree child outcomes are being targeted, and the extent to which families in or at risk of poverty are being prioritised. It presents an overview of the current landscape of research that has been conducted to date to map inter-parental relationship support services in the UK, in order to help develop our understanding of what is available, for whom, and the gaps and barriers

to delivery. While this review was not able to comprehensively map all UK provision, it is an initial step to better understand the nature of current services, with further primary research needed to deepen this knowledge, including the impact of services and learning on what works in effective delivery.

Carey Oppenheim, Chief Executive, Early Intervention Foundation

Executive Summary

Introduction

In our recent [What Works](#) review published in March 2016, we identified the inter-parental relationship (IPR)[2] as having a primary influence on children's life chances. In particular, frequent, intense and unresolved inter-parental conflict was highlighted as a key factor affecting children's long-term health and wellbeing while also adversely affecting wider aspects of family functioning including parenting quality.

Our aim for this review was to establish how much had already been done to map the nature and extent of relationship support provision in the UK, by conducting a rapid evidence assessment of the available literature. Particular attention was paid to:

- the types of relationship support services available in the UK
- the profile of providers and service users
- barriers to the implementation of support.

Our review had a particular focus on families in or at risk or poverty, as well as the extent to which current provision focuses on child outcomes.

Review findings

Studies mapping the provision of UK relationship support services

- After conducting a rapid evidence review using systematic methods, only 15 studies were found to meet the inclusion criteria for this review.
- The studies differed in the methodologies used, the range of services covered, and the extent to which they attempted to profile service providers and users.
- This review aimed to be an initial step to better understand the types and nature of relationship support provision.
- Due to the limited scope of this study, it was not possible to comprehensively map all current UK relationship support provision.
- Further research is needed to fully understand the nature of existing services, including primary research, the analysis of unpublished monitoring data, and research on effective implementation and practice.

Types of provision and targeting

- The types of services identified across the 15 studies included:
    - **Traditional relationship support** services such as relationship education, couple counselling and mediation.

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[2] Refer to glossary for definition

- o **Services not explicitly defined as relationship support**, such as health services, Improving Access to Psychological Therapy (IAPT) and school counselling.
  - o **Specialist provision** such as for domestic violence, or groups such as fathers, disabled or minority parents.
  - o **Multi-agency systems** to support couple/parent relationships.
  - o **Generic self-help services** including relationship helplines, print media (books/magazines), websites, and online services.
- Services often target parents and couples at specific transition points such as becoming a parent, getting married, or getting separated/ divorced.
- Other points of transition were targeted less frequently, including a child's transition to school, adolescence, or when families risk falling into poverty (such as unemployment or ill-health).

Delivery

- There is a lack of literature to map current UK relationship support provision. The studies identified were either old, focused on particular pilot services, or target specific groups such as separated families or fathers. Further primary research is needed.
- Across the studies included in this review relationship support services were found to be predominantly delivered through the voluntary sector, which is often operating in a difficult funding environment. Statutory provision was found to be limited and underdeveloped.
- Relationship support was fragmented and dispersed across different statutory agencies, with a wide range of services potentially having contact with parents experiencing relationship difficulties, including health, schools, children centres, parenting programmes, social services, police, housing and advice services.
- Statutory services that supported the parental relationship were often not explicitly defined as 'relationship support', such as Improving Access to Psychological Therapy (IAPT) counselling or health visitors.
- Few relationship support services explicitly aimed to measure child outcomes; instead they saw improvements in the couple relationship as the primary focus.

Services for vulnerable groups

- Only a small number of the included studies (five) attempted to capture the characteristics of the service users accessing relationship support.
- In these studies, the users of relationship services were mainly from middle-income groups and tended to be in employment. Families in or at risk of poverty appeared largely underserved with few services directly targeting this group.
- However, this study did not undertake an analysis of unpublished monitoring data or qualitative research with providers, meaning that the extent to which services work with disadvantaged groups may not have been fully captured.

- Families on low-incomes tended to access relationship support via referrals from other services, compared to middle-income families that tended to self-refer.
- In one study, low-income families experiencing relationship breakdown first sought help for practical issues (e.g. benefits, housing) rather than disclosing relationship difficulties and a need for emotional support.
- In the studies identified other key groups may also be underserved by relationship support services, including black and minority ethnic (BME) couples, lesbian, gay, bisexual and transgender (LGBT) couples, refugees, step-families, separated and single parents, disabled parents and fathers. Further primary research is needed to explore this.
- Strategies to improve the configuration of services to the specific needs of these groups, include outreach activity or the funding and commissioning of targeted services. However, services tailored to the needs of vulnerable groups are often more resource intensive.

Barriers to successful delivery

- Barriers to the delivery of relationship support services were broadly grouped into three categories:
  - **Acceptability** – stigma in disclosing relationship difficulties was frequently identified as a significant barrier to help-seeking, with couples tending to only seek help in crisis and at the point of relationship breakdown;
  - **Availability** – relationship support provision available in the UK, particularly in the statutory sector, appeared to be fragmented and families are often not aware of what services that are available.
  - **Accessibility –** barriers such as the cost of services, childcare and lack of out-of-hours provision were commonly highlighted and likely to disproportionately affect lower income families**.**

Overcoming barriers to service delivery

National and local government, statutory and voluntary services could look to adopt several strategies to increase the reach of relationship support, including:

- Developing multi-agency referral systems to increase the access referrals of low-income parents to inter-parental support services.
- Targeting services on vulnerable groups with an understanding of their unique needs was found to be a successful strategy. However, this is resource intensive activity.
- Further developing capacity for early identification of relationship difficulties by healthcare professionals and frontline practitioners in wider family services.
- Provision of online services could provide an opportunity to reach low-income families at a low cost to both providers and service users.
- Free or subsidised services for low income families is an important means of assisting families who cannot afford to pay for relationship support. Relationship support providers would however require long

term investment to continue to be able to offer these low-cost alternatives to service users.

Implications for policy and practice

Key areas where policy-makers, commissioners, statutory and voluntary providers could look to develop relationship support include:

Availability of evidence based services
- Relationship support provision is patchy in the UK, and the evidence-base on the effectiveness of interventions is still largely underdeveloped. This is exacerbated in a tight funding climate.
- There is a substantive need to grow UK relationship support provision with a focus on child outcomes, embed a focus on parental relationships in local systems, improve the evidence on 'home-grown' UK programmes, and trial evidence-based interventions tested outside the UK.

Delivery of services
- Mainstream family services such as health services and parenting support services could help engage families early to prevent relationship difficulties and screen for signals of risk.
- Schools could also have a greater role in identifying children and families affected by parental conflict, signposting to other services or supporting children through school counselling initiatives.
- Whilst existing these interventions tend to target key transition points in the couple relationship, such as marriage, new parenthood, separation/divorce, there is also a need to target a wider range of transition points including children's transition to school, or when parents risk falling into poverty.

Services for vulnerable groups

- Partnership working could be a critical way to engage low-income families, including developing multi-agency systems, embedding relationship support in mainstream services, single points of referral, and practitioner training.
- Free, subsidised, or donations-only services are an important means of accessing families on low-incomes, as are free initial appointments for all service users. These types of services are already provided by some voluntary relationship support organisations and others. However, more work is needed to make families aware of these low-cost services that are available.
- Statutory services such as the police, housing services, social services and Cafcass often have significant contact with parents on low-incomes experiencing relationship breakdown, so could play a role in identifying couples who would benefit from relationship support
- Targeted services specifically designed to engage and meet the needs of minority groups (LGBT, BME, fathers) were found to be successful in improving their access to relationship support.
- There is a need to capture and disseminate learning of effective practice being undertaken by current relationship support organisations and services.

Implications for research

The evidence base for relationship services in the UK is underdeveloped and there are a range of areas where new research would support the design and delivery of programmes.

- Robust and well-resourced evaluation needs to be embedded into existing and future activity at a national and local level. This includes trials of new evidenced-based programmes, the Local Family Offer, service providers and future government relationship support initiatives.
- There is a lack of research to map the nature and extent of current relationship support provision in general, and in particular support for parents in or at risk of poverty and disadvantaged groups. There is a particular need for primary qualitative research in this area, alongside the analysis of unpublished monitoring data; our forthcoming case studies of local authority provision will start to contribute to addressing this gap.
- There is little research into the impact of relationship support on children: commissioners, evaluators and providers need support in collecting data on the impact of their interventions on child outcomes.
- Further research is needed to draw lessons on the effective delivery and implementation of relationship support, from existing literature and through primary research. This includes:
  - How to identify/screen for signals of risk
  - How to overcome access barriers
  - Staff skills and workforce development
  - Partnership working and referral pathways

Embedding robust evaluation in future initiatives nationally and locally is key to addressing these gaps, as well as future EIF research activity.

Methodology

- This was a rapid evidence assessment, which adopted systematic review techniques in order to identify relevant literature.
- The search strategy included a combination of searching academic databases using predefined search terms, contacting experts within the field of relationship support, and a search of grey literature including websites of relevant provider organisations.
- However, the review had limitations: for example, it did not involve primary research, had tight inclusion criteria, and did not look at individual impact evaluations as part of understanding current provision.
- The detailed description of our methodological approach and the relative strengths and weaknesses can be found in appendix 1 of the full report.

Notes on Authors

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Lara is a Research Officer at the Early Intervention Foundation (EIF). She joined the evidence team at EIF in 2015 after completing an MSc in Evidence-Based Social Intervention and Policy Evaluation at the University of Oxford. She has been involved in several of EIF's publications, including *What Works to enhance inter-parental relationships and improve child outcomes* and *Foundations for Life: What Works to Support Parent Child Interaction in the Early Years.* Lara is a qualified social worker and completed her Masters of Social Work (MSW) in 2014, for which she conducted a primary qualitative study investigating the views of social workers on trans-racial adoption of abandoned children. Prior to this, Lara worked as a social worker at several NGO's in South Africa.

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Laura is a Senior Researcher at the Early Intervention Foundation, having previously worked for a number of years at the Tavistock Institute of Human Relations. There she managed and led a range of mixed-methods research and evaluation projects for central and local government, the European Commission and voluntary sector clients. This includes a series of studies on inter-parental and family relationships, including an evidence review on *Personal Relationships and Poverty* for the Joseph Rowntree Foundation. She has undertaken research on a range of policy fields related to early intervention, including child poverty, domestic violence, children's mental health, looked after and adopted children, teenage pregnancy, parenting, educational disadvantage and teenage pregnancy. Prior to this Laura worked for different voluntary organisations in the migration field. She has a BA in Social Anthropology, and MA post-graduate degrees in Research Methods as well as Human Rights.

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Tom is Director of Evidence at EIF. Before joining us he was based at the Department for Education (DfE), where he led the Strategic Analysis function providing analytical support across all areas of DfE policy. Much of his work focussed on the performance of disadvantaged children, and the role of education in improving social mobility. Prior to that he was at the National Audit Office for 8 years where he developed and led the 'Decision Analysis and Modelling group' as well as designing and delivering multi-method evaluations across a range of government activity, including end-of-life care and PFI hospitals.

Tom McBride

Introduction

In a recent [What Works](#) review published by the Early Intervention Foundation (EIF) in March 2016, the inter-parental relationship (IPR)[3] was identified as having a primary influence on children's life chances. In particular, frequent, intense and poorly-resolved inter-parental conflict was highlighted as a key factor affecting children's long-term health and wellbeing while also adversely affecting wider aspects of family functioning including parenting quality. The inter-parental relationship has therefore been identified as a key target area of early intervention for children.

Review rationale

This review builds upon EIF's existing work on the inter-parental relationship. Funded by the Joseph Rowntree Foundation (JRF), it aims to provide an overview of what is currently known about the extent and nature of inter-parental relationship (IPR) support services to families in or at risk of poverty[4] within the United Kingdom.

Alongside assessing the effectiveness of specific IPR interventions in the UK, EIF's What Works review highlighted how the quality of inter-parental relationships (specifically inter-parental conflict), can significantly affect parenting, parent-child relationships, and a range of children's long-term psychosocial outcomes (Harold, Acquah, Chowdry, & Sellers, 2016). The report found that improving inter-parental relationships tends to be a neglected site for early intervention for children in the UK. That is, the report indicated that many services and programmes were primarily designed to support the couple relationship, rather than being designed to primarily improve child-related outcomes (Harold et al., 2016). Children were thus rarely viewed as part of the target population for IPR services. The review also pointed to the causal links between poverty and couple relationship distress, and the need to better target relationship support on families in or at risk of poverty. This builds on previous JRF research exploring the links between personal relationships and poverty (Stock et al., 2014) that informed the newly published [Solve Poverty UK](#) strategy.

The What Works review (Harold et al., 2016) was commissioned with a view to informing the 2015 Spending Review, as well as the government's 'Life Chances Strategy'. Given the tight timetable this entailed, it was acknowledged that not all relevant organisations will have been able to respond, and so the programmes and services included do not cover all current UK practice. Furthermore, EIF's assessment process focuses on impact evaluations and therefore does not explore the wider context in which services and interventions are delivered. Consequently, the full scope of relationship support provision in the UK, particularly how they target child outcomes and families in poverty, may not have been adequately captured in the What Works review.

[3] Refer to glossary for definition
[4] Refer to glossary for definition

Since this original review was commissioned, a new government has come to power, and with it a renewed focus on issues of social justice. Prime Minister Theresa May has committed to ensuring that everyone has the opportunity to go as far as their talents might take them, regardless of their background. She acknowledges the challenges of families and children experiencing entrenched poverty and disadvantage, and the risk of poverty brought about by precarious work or family circumstances. The inter-parental relationship, especially for disadvantaged families in poverty, is seen by government as an important site of intervention to improve child outcomes, but more needs to be done to understand the current landscape of relationship support provision and what the gaps are.

Similarly, given the under-developed evidence-base for relationship support interventions in the UK, there is a need to better understand the types, nature and scope of IPR provision currently available. It is therefore useful to build up a more detailed map of what is currently known about the state of IPR service provision within the UK, so that appropriate recommendations can be made with regards to policy, practice and research in this area.

The aim of this review was therefore to establish how much had already been done to map the nature and extent of IPR service provision in the UK, with particular attention on families in or at risk of poverty. This was achieved by conducting a rapid evidence assessment to identify the types of relationship services available in the UK, the profile of providers and service users, and barriers to implementation of support services. What this review does not aim to do is assess the quality and effectiveness of IPR interventions and service delivery. Similarly, to the What Works review (Harold et al., 2016), this review was given a tight timetable, and limitations therefore need to be acknowledged. The limitations of the current review are therefore fully addressed in the methodology section of this review (see appendix 1).

Policy context

Over recent decades the UK government has become increasingly interested in strengthening family relationships, and recognising the important role that healthy, stable adult relationships can play in improving children's outcomes. This support for family and couple relationships can be traced back to 2002, when a report by the Lord Chancellor's Advisory Group on Marriage and Relationship support was published. Family poverty has also moved up the policy agenda, with a commitment in 1999 to end child poverty by 2020, the subsequent Child Poverty Act (2010) to enshrine this goal, alongside a refreshed strategy launched by the Coalition government in 2011 (DWP & DfE, 2011). The links between family relationships and poverty have been progressively recognised in government policy, namely that family breakdown can increase economic disadvantage (Cabinet Office, 2007), and that family separation, inter-parental conflict and poverty can all have significant impacts on children's outcomes (Stock, Corlyon, Serrano, & Gieve, 2014).

2007–2010

Prior to 2007, government policy on inter-parental relationships focused on reducing lone parent poverty through increasing levels of employment, as well as improving the payment of child maintenance, for example in the New Deal for Lone Parents (Hasluck, 2000). After 2007 this policy interest expanded to consider how to improve

the relationships between separated parents, to prevent the negative outcomes of family separation on children, especially when parental relationships become acrimonious. A series of policy papers reflected this growing concern – *Reaching Out: Think Family* (Cabinet Office, 2007), *The Children's Plan: One Year On* (DCSF, 2008) and the *Families in Britain* report (Cabinet Office & DCSF, 2008).

In 2009, after a government summit focusing on couple relationships, a package of measures was launched to improve support for parents and children facing family breakdown as part of the government's wider child poverty strategy. This included The Child Poverty Pilots for Separated Families to test multi-agency approaches to support low-income families going through separation, improve child and adult outcomes, and expedite access to services (Corlyon & Stock, 2011). This was supported by the publication of *Support for All: The Families and Relationships Green Paper* (DCSF, 2010), to drive early and holistic multi-agency support to families with complex problems such as relationship breakdown.

2010–2015

Under the Conservative-led coalition government, support for couples and inter-parental relationships was further prioritised. Similarly, the government's child poverty strategy also changed, as it moved away from fiscal approaches towards supporting strong and stable families with quality relationships, as well as improving children's life-chances (Allen, 2011; DWP & DfE, 2011; Field, 2010). Policy shifted away from separated families and those in poverty, to more preventative and universal services, to intervene early to support healthy couple relationships, promote marriage, and prevent relationship breakdown when difficulties occurred (Ibid). The Government therefore emphasised the importance of both relationship support and parenting as key components in improving children's life chances, and signified a commitment to significant investment (£7.5 million a year) in both support for the inter-parental relationship and for parents (Cameron, 2010; DCSF, 2010). In 2012, funding of £15 million was announced to support couple relationships, including relationship education for new parents, prior to marriage, training for practitioners, and counselling for couples experiencing difficulties (Spielhofer et al., 2014).

Present

This focus on inter-parental relationships has continued to increase, and in 2015, the Department for Work and Pensions established the 'Local Family Offer' (DWP, 2015). Working with 12 local authorities, the objective of this fund was to test the feasibility of a 'wraparound family offer,' designed to maximise the role of local authorities in providing family-centred services, with a particular focus on helping to support and strengthen the couple relationship. Other initiatives include the *Perinatal Pilots* (evaluation pending) to test relationship education provided for new parents by health visitors.

In January 2016, then Prime Minister David Cameron announced plans for a Life Chances Strategy which aimed to target the causes rather than the symptoms of poverty through early intervention (Cameron, 2016). As part of this strategy, an £80m Life Chances Fund was launched in July 2016 (Cabinet Office & Wilson, 2016). Improving the life chances of all individuals and families regardless of their background continues to be a priority for the current government. In her first

statement as Prime Minister, Theresa May acknowledged the challenges of families and children in or at risk of experiencing entrenched poverty and disadvantage (May, 2016). She promised to do everything she could to help social mobility and every child to go as far as their talents might take them. The Department for Work and Pensions (DWP) is committed to improving support for parental relationships to help children's outcomes, with a particular focus on the most disadvantaged families in or at risk of poverty.

Background to the research

The impact of being in or at risk of poverty on the inter-parental relationship

There is an established body of evidence that shows that families living in poverty, socioeconomic stress and disadvantage, or with the prospect of severe economic change (such as an impending job loss), are at greater risk of experiencing relationship difficulties (Harold et al., 2016; Stock et al., 2014). Financial difficulties cause stress for parents, negatively impacting on their mental health, which in turn increases couple conflict, hostility in couple interactions and reduces relationship quality (Conger et al., 1990, 1992; Conger, Ge, Elder, Lorenz, & Simons, 1994). This in turn disrupts parenting which negatively affects children's outcomes, including child adjustment, mental health and conduct difficulties (Ibid). This supports growing evidence that it is family functioning such as parental conflict and mental health, rather than family structure, which results in long-term negative outcomes for children (Harold & Murch, 2005; Amato & Keith, 1991)

The recent What Works review by the Early Intervention Foundation, led by Gordon Harold (2016), evidenced that the quality of inter-parental relationships is increasingly recognised as a primary influence on children's outcomes and life-chances. In particular, frequent, intense and poorly resolved conflicts negatively affects children's mental health and wellbeing. More specifically, children living in households marked by high levels of inter-parental conflict have elevated risks of externalising and internalising problems, social and interpersonal difficulties, academic under-achievement and physical health problems. These difficulties affect children's long-term life-chances, welfare, and the likelihood of experiencing poverty in later life, reflecting the risks of intergenerational transmission of negative outcomes and socio-economic disadvantage (Ibid; Reynolds et al. 2014; Stock et al. 2014).

Given these intersections between the quality of the parental relationship, the experience of poverty, and the wellbeing of the child, this review aims to establish what is currently known about the nature of relationship support services in the UK. The aim was to begin to understand the type and nature of current provision, providing some examples, rather than a comprehensive mapping of all services. Additionally, we are interested in how relationship support services target the needs of families in or at risk of poverty, and to what extent the wellbeing of the child is considered as an important outcome. The research objectives and questions are outlined below.

Research objectives

- To understand what is currently known about the level and type of relationship support services on offer in the United Kingdom.
- To understand how much work has been done to map services and understand their context to date.
- To explore where the gaps are in knowledge about the provision of these services.
- To explore barriers to successful delivery of IPR services in the UK.

Research questions

Primary question

- What is currently known about the provision of relationship support services for parents in or at risk of poverty[5] in the United Kingdom?

Secondary questions

1. How much, if any, work has been done to map the provision of both formal and informal relationship support services and understand their context?
2. Which areas of relationship support services did this work focus on? (i.e. couples in conflict, prenatal relationship support, divorced parents etc.)
3. Who are the main service users and target groups of available IPR services? (Are children considered a target group?)
4. What are the current gaps in understanding around the provision of relationship support services for parents in or at risk of poverty?
5. What are the barriers to IPR service delivery in the UK?
6. Who are the main providers of IPR services?

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[5] We are interested in IPR service provision to children and families with complex needs and in multiple disadvantage. Necessarily this means that other features of family background and child development such as place, ethnicity, language, disability and gender are relevant. However, the core focus of the work will be on income poverty and other features will be considered secondary.

Methodology

This was a rapid evidence assessment. Although a systematic review of the available literature would have been the most rigorous and well-defined approach, systematic reviews typically take 6-12 months. Given the limited time available, a rapid evidence assessment approach was thus adopted. This approach provides a more structured and rigorous search and quality assessment of the evidence than a literature review, but is not as exhaustive as a systematic review. A rapid evidence assessment can typically be completed within eight weeks, which aligned well with the timeframe for this review (Levac, Colquhoun, & O'Brien, 2010; Thomas, Newman, & Oliver, 2013). However, due to these constraints there were limitations with the review. Importantly it does not include primary research and therefore some more recent innovations may not be not captured.

A detailed description of the methodology, it's limitations and the results of the search can be found in appendix 1.

Methodology: summary

Search strategy

The search strategy adopted for this review can be divided into three main components:

1. Contacting experts within the field.
2. A search of academic literature on two bibliographic databases, using predefined search terms.
3. A search of the grey literature through the consultation of websites of relevant provider organisations.

Expert academics, researchers, and practitioners within the field were contacted to identify any studies that were eligible for inclusion in this review. The search of relevant databases for this review was limited to two databases selected due to their coverage of current research in the field of inter-parental relationships (ASSIA and Social Service Abstracts (ProQuest). Pre-defined search terms were derived after consultation with relevant experts and were piloted in the chosen databases. In order to minimise publication bias, grey literature was also searched to identify any other relevant studies not included in the databases.

Inclusion-exclusion criteria

In order to be included in the review, papers had to be published in English between 2006 and 2016. The inclusion criteria focused on literature reviews, qualitative studies, and mapping studies that provided an overview and the nature of IPR service delivery in the UK. International literature reviews of IPR service delivery, impact evaluations of specific IPR services/ interventions, programme documentation and policy papers were excluded.

Limitations of the review

The scope of the review was limited due to resource and time-constraints to only two academic databases, a relatively restricted set of search terms, and excluded

evaluations of specific IPR interventions/services, and unpublished programme documentation. Similarly, only 15 studies were identified that met the inclusion criteria. Limited work has therefore been done to adequately map IPR service provision in the UK to date. As a result, some of the included studies are relatively old and unlikely to reflect current service provision. The review was also restricted to published literature, and did not involve any primary research or analysis of unpublished monitoring data. Further primary research is therefore needed to more comprehensively map the state of current provision. This will be partly addressed by forthcoming EIF case-study research on IPR provision.

Results of the search: summary

A flow diagram documenting the results of the searches and the process of study inclusion and exclusion is provided in Figure 1. During the initial screening of the titles and abstracts of 5096 articles retrieved, 120 that were identified as potentially relevant for inclusion. These studies were retained for full-text assessment and fifteen studies were identified as relevant for inclusion in the review. The included studies had varied publishers, methodologies, aims and target populations. It was not the purpose of this review to assess the quality and appropriateness of the methodologies used (see appendix 1 and 4).

FIGURE 1: FLOW DIAGRAM OF SEARCH
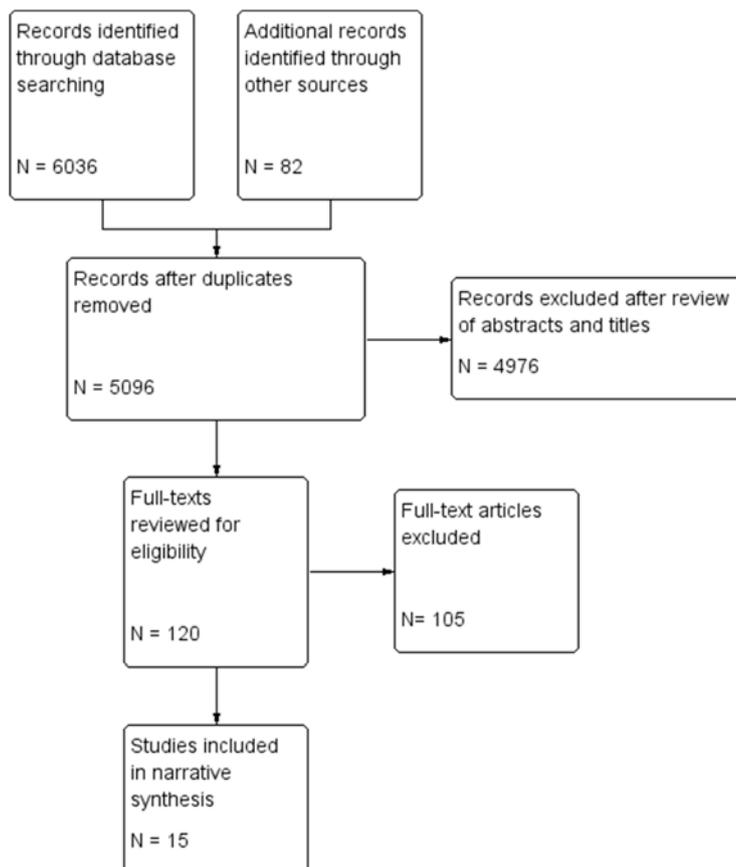
Study findings

This section provides a narrative synthesis of the findings of the 15 included studies, which were relevant for this review. Each of the 15 studies are described in full in the 'Description of Studies' section of appendix 1, and summarised in appendix 4. It is important to consult this section of the review in order to fully understand the nature and implications of the findings examined here. Four main findings are discussed:

- The types of relationship support services available in the UK
- Service providers
- Service users
- Barriers to relationship support services

The findings presented here are derived directly from the included papers. It is important to note that in this instance the Early Intervention Foundation did not attempt to assess the quality of the individual papers included in this review. In considering the robustness of the study findings discussed in this chapter, it is therefore for the reader to make his or her own judgement by considering the individual study findings alongside the relevant methodology of the individual studies (see appendix 4).

In addition, it is again important to note that only 15 studies were identified as being relevant for inclusion. The first finding to therefore highlight is that to date limited work has been done to fully map the nature and extent of current relationship support provision in general, and in particular support for parents in or at risk of poverty and disadvantaged groups. For example, while several studies in this review did examine the characteristics of service users of relationship support, without further primary research this review may not have fully captured the extent to which services are reaching disadvantaged families.

Types of relationship support services

Several different relationship support services, interventions and programmes were identified across the fifteen studies as potentially being provided in the UK. Below is a narrative synthesis of the types of support available. Appendix 5 provides a more detailed list of the various services identified. We found that services often tend to target relationships at particular points of transition, for example when couples become parents, before marriage, or during separation and divorce.

KEY FINDINGS: TYPES OF RELATIONSHIP SUPPORT SERVICES

- Relationship support services range from being generic and information-based, preventative relationship education, to services for couples in distress and vulnerable target groups.
- Services often target parents and couples at transition points within their relationship, including becoming a parent, getting married or separating/getting divorced.
- Most relationship support services appear primarily designed to measure improvements in the couple relationship rather than explicitly measuring child outcomes.
- There are some examples of multi-agency systems for relationship support, in particular Local Family Offer sites, and the Child Poverty Pilots for Separating Families.
- There is potential for statutory and voluntary services to better identify and refer families with early signs of risk and relationship difficulties.

Relationship/marriage/couple education programmes

Marriage and Relationship Education (MRE) Programmes or Couple Relationship Education Programmes (CRE) are defined as programmes, which "provide information and teach attitudes, skills, and behaviours designed to help individuals and couples achieve long-lasting, happy, and successful marriages and intimate couple relationships' (Hawkins & Ooms, 2010). They are typically preventative and target couples at points of transition, such as marriage, parenthood, and separation/divorce (Spielhofer et al., 2014). Broadly, there are three different types of preventative MRE/CRE programmes. These include diagnostic inventory-based approaches; information and awareness sessions; and skills-based programmes (Barrett et al., 2010; Chang & Barrett, 2008)

1. Diagnostic inventory-based approaches

This would typically include a lengthy questionnaire or inventory that is used to identify characteristics that have been found to affect the stability and quality of a relationship (Chang & Barrett, 2008). Any characteristics likely to put the relationship at an increased risk of instability that are identified are subsequently discussed with the couple.

An example of such an intervention is the FOCCUS questionnaire, offered by Marriage Care (Spielhofer et al., 2014; Abse et al., 2015; Chang & Barrett, 2008), and PREPARE offered by Prepare-Enrich UK. In an overview of impact evaluations of these types of programmes, the focus tends to only be on couple/relationship outcomes (Spielhofer et al., 2014; Abse et al., 2015; Barrett et al., 2010). Parenting and/or child outcomes are therefore not generally considered in these interventions.

2. Information and awareness approaches

Services falling under this category would involve structured sessions, with the purpose of engaging in a general discussion regarding common marital problems or situations (Chang & Barrett, 2008). Topics covered may include communication, conflict management, expectations, sexuality, and/or money. Examples of this are the Parent Information Programme (PIP), which sought to raise parental awareness of the impact of separation and divorce on children, and the Association for Shared Parenting, which runs sessions to encourage co-parenting post-separation (Corlyon et al., 2009).

3. Skills-based approaches

Skills-based approaches aim to equip couples with specific skills that can help to sustain and/or improve their relationship (Chang & Barrett, 2008). Common topics that may be explored in programmes such as this include communication, conflict management, roles in marriage, commitment, financial management, sexuality, parenting expectations, and partners' families of origin (Chang & Barrett, 2008).

Examples of skills-based programmes include the Couple Communication Programme, Relationship Enhancement, PREP, and Within My Reach (Chang & Barrett, 2008; Spielhofer, et al., 2014). Evaluations of these types of programmes also tend to largely focus on couple/relationship outcomes rather than child outcomes.

Parenting programmes with additional relationship support component

Another approach is to provide relationship support to couples in conjunction with parenting support, by building a relationship support component into parenting support programmes (Abse et al., 2015; Coleman & Stoilova, 2014; Glenn, 2007; Marjoribanks, 2015). Evaluations of these types of programmes are likely to consider couple/relationship, parenting, and/or child outcomes.

An example of such an approach is the Incredible Years (IY) ADVANCE programme (Abse et al., 2015). Parents complete the standard IY (BASIC) parenting programme, and then attend an additional 14 sessions that focus on communication, and problem solving skills within their relationship. In an RCT evaluation of this programme both parenting and child outcomes were considered (Webster-Stratton, 1996). Findings indicated that parents who received the ADVANCE programme showed improved communication, problem-solving capabilities, and collaboration skills in comparison to parents who only received the BASIC programme. Moreover, parent's critical interactions with their children reduced, while children's prosocial skills improved (Abse et al., 2015).

Other examples of programmes under this category include Parents as Partners and Let's Stick Together. Let's Stick Together a brief one-hour session for first-time parents on the impact of a baby on their relationship, built into an existing parenting programme (Spielhofer et al., 2014; Coleman & Stoilova, 2014).

Online and generic self-help services

Couples may also choose to make use of more generic, self-help-type services. This may include relationship helplines, print media (books/magazines), websites, and

online services (Walker et al., 2010). Such services are provided by several relationship support organisations including Relate, Gingerbread and OnePlusOne. Examples of online relationship support include Relate's Live Chat counselling service, alongside services offered by OnePlusOne including the www.thecoupleconnection.net, www.theparentconnection.org.uk, www.splittingup-putkidsfirst.org.uk, and the modular training programme Getting It Right for Children for separating parents. Parentline Plus is an example of a generic parent helpline that is also be used for advice on relationship difficulties (Corlyon et al., 2009).

Relationship counselling and therapy

Psychotherapy can take on several different forms depending on the purpose and approach used. Chang & Barrett (2008) and Barrett et al. (2008), for example, differentiate between psychodynamic therapy, systemic therapy and cognitive-behavioural therapy, each of which is directed at behaviour change, conscious and unconscious processes in different ways. Other approaches identified include integrative behavioural couple's therapy (IBCT).

These types of interventions tend to focus on parents or couples in distress or at the point of relationship breakdown, including couples in conflict, and couples going through divorce/separation (Spielhofer et al., 2014). In the main, they aim to improve the couple relationship rather than child outcomes. However, they can also involve family therapy that includes children alongside parents, either seen individually or as a family group. For example, Relate Birmingham's Time for You relationship counselling service for children and young people aged 5 to 18 years.

Relationship counselling might be provided by private counsellors/therapists or those in larger relationship support organisations like Relate, Marriage Care or Tavistock Relationships (Spielhofer et al., 2014). Psychological services including couple counselling are also provided through the NHS through its IAPT programme, which aims to increase accessibility to psychological services for people with depression and anxiety. Assessment of the effectiveness of these interventions appears to predominantly focus on couple/relationship outcomes.

Child-focused services

In some instances, child-focused services were also identified as an important consideration within the field of relationship support services. Coleman & Stoilova (2014) and Corlyon and Stock et al. (2011) highlighted school counselling for children as a method of early intervention to help prevent relationship problems occurring later on in adulthood.

Barrett et al., (2010) specifically focused on children affected by the divorce/separation of their parents, acknowledging that children can react to this change in their family functioning in myriad ways. Although professional help is not always required, it may be helpful in some instances, and various services including counselling are offered by organisations such as Relate, Tavistock Relationships and A Place to Be.

Contact centres are another child-focused service that aims to provide short-term support to facilitate contact between children and non-resident family members by providing a neutral and safe environment for families to meet (Corlyon et al., 2009).

Mediation and legal support

Mediation services are usually available to couples experiencing relationship breakdown (Barrett et al., 2010). The aim of these services is to help couples come to agreements, and manage conflict and co-parental relationships during or after separation/divorce. This includes child contact alongside legal and financial issues around separation. There are also examples of mediation being combined with relationship education such as in the Family Resolutions Pilot (Corlyon et al., 2009).

Children and Family Court Advisory and Support Services (Cafcass) are responsible for safeguarding and promoting the welfare and voice of the child in the family courts Corlyon et al., 2009). Services offered by Cafcass may be particularly relevant for couples who are separating/separated and have not yet reached agreements about the arrangements for their children. Additionally, in-court conciliation is a type of dispute resolution used in the early stages of family law-proceedings, to help parents negotiate an agreement without recourse to further legal action (Corlyon et al., 2009).

Specialist service provision

Other services targeting specific issues that require a more specialist approach, were also identified (Barrett et al., 2010; Chang & Barrett, 2008; Glenn, 2007; Spielhofer et al., 2014). These include services specifically targeting:

- victims and perpetrators of intimate partner/domestic violence and abuse
- parents with a disabled child
- minority populations with culturally specific needs
- lesbian, gay, bisexual and transgender couples (LGBT)
- fathers in both intact and separated families
- parents of adopted children
- work with single parents
- parents in prison.

Practitioner training

The importance of programmes aiming to equip practitioners with the skills to appropriately identify, support, or respond to clients who are experiencing relationship difficulties was also highlighted (Chang & Barrett, 2008; Marjoribanks, 2015). An example of such a programme is Brief Encounters offered by OnePlusOne, and training provided by Tavistock Relationships, both of which provide training to health and social care practitioners to better recognise, respond and refer couples with relationship problems.

Health care professionals

Health care professionals including GPs, health visitors, perinatal services, and mental health teams, can be seen as providing a form of relationship support. They are also often identified as a point of referral for people needing relationship support services (Spielhofer et al., 2014), such as in the Brief Encounters programme by OnePlusOne and practitioner training by Tavistock Relationships.

Relationship counselling for couples and individuals is also directly offered by the NHS through the Improving Access to Psychological Therapies (IAPT) strategy (Community and Mental Health team, 2015). IAPT is a national programme which aims to increase the availability of 'talking therapies' on the NHS. IAPT is primarily for people who have mild to moderate mental health difficulties, such as depression, anxiety, phobias and post-traumatic stress disorder. Given this, IAPT and mental health services tend to focus on reducing anxiety and depression as their primary outcome, rather than improving couple relationship quality and associated child outcomes.

Multi-agency systems

There are also examples of holistic multi-agency services or systems, designed to deliver relationship support services alongside wider provision such as employment, housing, health and advice (Bryson & White, 2015; Corlyon & Stock, 2011). They typically look to address multiple outcomes through integrated services, such as embedding relationship support in mainstream provision including GP services, schools, or housing and advice services. Examples of this include the Child Poverty Pilots for Separating Parents (Corlyon & Stock, 2011) and the current Local Family Offer funded by DWP (Bryson & White, 2015). Several Relate centres are involved in providing relationship support to low-income families through the Local Family Offer. Other examples are the Troubled Families programme, and Children's Centres that provide parenting support alongside education and other wider services to support the multiple and complex needs of families. For example, Relate North and South West Sussex are part of a Troubled Families consortium, offering relationship counselling as part of multi-agency support provided to vulnerable families.

Other relevant services

There are also other services that do not directly provide relationship support, but that are important to identify and refer parents experiencing relationship difficulties. Examples include education, housing, legal, employment, benefits and advice, police, and social services (Stock et al., 2014).

Service providers

This section considers the profile of relationship support service providers in the UK. This review found a lack of literature that mapped national and local relationship support services and the nature and type of current provision. The most relevant study mapped service provision for parents and families within the UK, and while this study was not specific to relationship support services, this is included as a category of support being examined (Corlyon & Clay, 2008). Other relevant studies include a mapping of services for non-resident fathers in separated families (Corlyon et al., 2009), and pilots to support separating parents in poverty (Corlyon and Stock et. al., 2011).

However, it is important to note that these papers were not published recently, and therefore are not representative of current service provision within the UK. Further primary research is needed to fully understand the nature of current relationship support provision in the UK.

KEY FINDINGS: SERVICE PROVIDERS

- There is a lack of literature to map current UK relationship support provision. The studies identified were either old, focused on particular pilot services, or target groups such as separated families or fathers.

- There is a need for further primary research to better identify the extent and nature of current UK provision.

Distribution of services by sector:

- Relationship support services were found to be predominately delivered through the voluntary and community sectors, as opposed to the statutory sector. These voluntary organisations were often operating with unstable funding.

- All of the major relationship support providers identified in this review are charities: Relate, Marriage Care, Care for the Family (CaF), Tavistock Relationships, OnePlusOne, and Asian Family Counselling Service (AFCS).

- However, statutory services that sought to improve the parental relationship were often not explicitly defined as 'relationship support'. For example, IAPT couple and individual counselling is seen as primarily treating depression and anxiety.

- A wide range of statutory services were identified as being in contact with families experiencing relationship difficulties, meaning support appears fragmented and dispersed across a broad range of sectors and services.

Potential for relationship support in statutory services:

- Health services (GPs, perinatal and health visitors) are a potential avenue to identify early signs of relationship difficulties at key transition points.

- Incorporating relationship support into parenting programmes and children's centres is another key method for early intervention.

- Schools could have a greater role in identifying children and families affected by parental conflict, signposting to other services or supporting children through school counselling initiatives.

- Housing services and advice have significant contact with parents on low-incomes experiencing relationship breakdown, including fathers.

- Statutory services such as the police, social services, and Cafcass often get drawn into inter-parental conflict, especially between separating parents with high levels of acrimony.

- The Child Poverty Pilots for Separating Families, specifically aimed to reach families in poverty with relationship difficulties through better coordination of statutory and voluntary services.

- This included setting up multi-agency systems or 'one-stop shops', basing relationship counsellors in GPs, schools, or housing/advice services, training workforces and developing single points of referral/assessment processes.

Preventative nature of relationship support provision:

- The studies reviewed suggest that couples tend to only seek relationship support in crisis and as a last resort at the point of relationship breakdown.

- Due to stigma and other barriers, they first seek informal support from friends and family rather than professionals.

- Couples and individuals may also access online services as an alternative to seeking face-to-face services due to stigma.

- However, given the lack of mapping studies identified, it is not possible to ascertain from the literature the exact extent of preventative relationship support. Further primary research is needed to achieve this.

Distribution of services by sector

The findings in Corlyon and Clay (2008) indicated that of the 15 local authorities (LAs) included in the sample, nine were fairly evenly divided between the statutory and voluntary sector in terms of service provision. Two of the urban LAs and two

urban/rural LAs had low proportions of organisations in the voluntary sector. The final two LAs, categorised as urban, had high proportions of voluntary sector support for families.

In order to expound these findings, 'service provision' was further categorised into different types of services, namely social, health, education, housing, information or signposting, and multiple services (Corlyon & Clay, 2008). These categories were subsequently divided under various sub-headings. For the purposes of this review, attention will only be drawn to the categories relevant to couple and parental relationships. Based on the 15 LAs sampled, Table 1 shows the distribution of services across the voluntary and statutory sectors. This Table is a condensed version of one that appears in the original paper. Of particular relevance for this review is the sub-category of 'family relationships'. It is clear from Table 1 that these types of services were predominantly delivered by the voluntary and community sectors. This trend remains constant even when this category was further subdivided into services targeting the parent-child relationship, and/or the couple relationship.

TABLE 1: NUMBER OF SERVICES PROVIDED, BY SECTOR (VOLUNTARY & COMMUNITY SECTOR VS STATUTORY, BASED ON MAPPING OF 15 LOCAL AUTHORITIES (CORLYON & CLAY, 2008)

Service type [1]	VCS (n)	Statutory (n)
Social services	**333**	**334**
Generic social	0	1
Universal parenting	63	41
Family relationships [2]	**67**	**27**
Between parents and child	18	7
Between couples	35	4
Child contact	12	9
Family mediation (divorce)	9	2
Early years (under-5s)	58	122
Sure Start/Children's Centres [3]	11	88
Targeted parenting support	114	140
For stress/vulnerable families	54	43
In parents of children with anti-social behaviour	8	21
For teenage parents	29	39
For adopting or fostering parents	8	24
Domestic abuse (support)	16	2
Recovery after sexual abuse	4	0
Bereavement (death of child)	7	1
Sexuality: LGBT	4	0

Health services	228	164
Generic health	4	2
Substance misuse	40	19
Services of midwife of health visitor	17	38
Counselling	28	3
Children's disability or illness (mental, physical, learning, behavioural)	139	88
School nurse	0	14

Notes:

1. Definition of 'services' (Corlyon & Clay, 2008): Any activity or facility aimed either at supporting and improving the quality of adult couple relationships and parenting, or at providing information, advice and support to parents, carers or the wider family unit to help them in bringing up children. These relate to the emotional wellbeing of families and include information, advice, parent/child leisure and learning activities, befriending, group work, counselling and therapeutic facilities.

2. Sub-categories total more than the main category because of multiple coding.

3. No sub-categories other than Sure Start/Children's Centres. The tendency for relationship support services to be predominantly offered through the voluntary sector seems to correspond to the narrative of other papers included in this review, as most providers identified across the other studies were voluntary organisations. These included, for example, any of the four Relationships Alliance organisations (Relate, TCCR, OnePlusOne, Marriage Care) as well as other charity providers. In one of the studies that evaluated the effectiveness of several relationship support interventions, all providers were NGOs and included Marriage Care, Care for the Family, TCCR, Marriage Care, Relate, Marriage Care, and Asian Family Counselling Service (Spielhofer et al., 2014).

Other studies that considered the profile of relationship support services include Corlyon & Stock (2011), which mapped provision developed in the Child Poverty Pilots for Separating Families. The pilots developed a broad range of services that were clustered into three overlapping categories: emotional, practical, and child-centred. *Emotional services* included services primarily focused in improving emotional outcomes for parents, such as counselling. *Practical services,* covered provision that sought to address the practical circumstances of parents including legal, financial and mediation support. Finally, *child-centred services*, included services that provided support directly to children, or aimed to improve their outcomes, including child counselling, supporting child contact with their parents, or parenting support. These different categories are summarised in Table 2. The majority of the pilots offered services across all three categories, in order to provide holistic support to parents and children experiencing separation.

It is worth noting that services that typically could be described as 'relationship support' to improve couple relationship quality were not explicitly defined as such, and were spread across the three categories. Similarly, a broad range of services were in contact with families experiencing relationship breakdown, meaning support appears dispersed across multiple sectors. As with the above findings, there were more voluntary organisations than statutory services delivering support (Corlyon & Stock, 2011).

TABLE 2: TYPE OF SERVICES OFFERED AND RECEIVED IN THE CHILD POVERTY PILOTS FOR SEPARATING PARENTS (CORLYON AND STOCK ET AL., 2011)

Service type	Service	% offered	% received
Emotional			
Group counselling for parents		12	2
One-to-one counselling for parents		38	35
Social interaction with other separated families		4	5
Practical			
Mediation/conflict resolution		28	23
Financial/debt advice		15	13
Benefits advice		21	19
Legal advice		15	18
Housing advice		18	14
Employment advice		4	4
Dealing with domestic violence		7	6
Child-centred			
Contact support		15	12
Counselling for children		32	25
Group parenting support		6	5
One-to-one parenting support		15	19
Fathering support		7	6
Educational support for children		2	4
Base: All families offered services monitoring data		*2,053*	*1,415*

Moreover, Corlyon (et al., 2009) sought to map services for the specific target group of non-resident parents in separated families. This is useful given the well-evidenced difficulty of relationship support and parenting services in reaching fathers (Spielhofer et al., 2014; Stock et al., 2014). However, as in the above study, support was fragmented across a wide range of services in contact with separated fathers. Again, services were not explicitly defined as 'relationship support' even if they sought to improve the parental relationship of separated parents. Table 3 presents a summary of the support services available to non-resident parents and their children.

TABLE 3: SERVICES PROVIDING SUPPORT TO NON-RESIDENT PARENTS AND THEIR CHILDREN (CORLYON ET AL., 2009)

Service	Description
Educational services	Group meetings to facilitate a more positive divorce process through parental education.
In-court conciliation	A form of dispute resolution used in the early stages of family law proceedings.
Mediation	To reduce the negative effects of separation on both parents and children by helping them work towards mutual agreement on issues such as finances, parenting and child contact.

Contact centres	To facilitate contact between children and non-resident family members by providing a neutral and safe space for families to meet.
Voluntary support and advice	Advice, advocacy, peer and self-help services specific to non-resident fathers in separated families.
Legal and signposting services	Legal services that aim to facilitate the dissolution of broken relationships in ways that minimise distress to parents and children e.g. Family Advice and Information Resource (FAIR).
Internet-based services	Virtual services such as advocacy for fathers' rights, self-help or signposting websites.
Housing	Housing allocation, strategy, homelessness, and advice and assistance on housing issues.
Education	Education attainment, school attendance, exclusions, engaging with parents, child protection in schools.
Cafcass	Child voice in family courts, safeguard and promote welfare of children, advice to family courts and to children and their families.
Social services	Supporting families and safeguarding children at risk of harm.
Police	Maintain law and order, prevent, detect and investigate crime.

Potential for relationship support in statutory services

Health care services (perinatal services, health visitors and GP practices) were also highlighted as a potential avenue through which relationship support might be offered or accessed (Walker et al., 2010). Health services are likely to have contact with parents at key times of relationship stress, such as the transition to parenting, or relationship breakdown (Spielhofer et al., 2014). Similarly, given that mental ill-health is both a cause and a consequence of couple relationship difficulties, there is potential for GPs and other health practitioners to identify early signs of relationship problems (Spielhofer et al., 2014). For example, OnePlusOne's Brief Encounters programme provides training to healthcare professionals in the identification, support and referral of parents with relationship difficulties.

Based on the Corlyon and Clay (2008) mapping exercise of 15 LAs, mental health services were predominantly offered by the voluntary and community sector. However, this is due to the scope of the study, which focused on services which supported parents, not those which provided health treatment in the statutory sector. This said, it is important to note that counselling services are available through IAPT services offered by the NHS, including couple and individual therapy that can include exploring relationship difficulties. However, as above, the terminology 'relationship support' is not used in the descriptions of IAPT services, and they are seen to primarily focus on improving outcomes for depression and anxiety, rather than the quality of parental/ couple relationships (Community and Mental Health Team, 2015).

In the mapping of 15 LAs, Sure Start Children's Centres predominantly covered early-years' service provision in the statutory sector (Corlyon & Clay, 2008). Although mostly providing parenting interventions, one of the qualitative studies with service users indicated that Sure Start Children's Centres offered a unique opportunity to talk about relationship problems (Walker et al., 2010). Several of the Child Poverty Pilots for Separated Families worked with children's centres, either as a location for multi-agency support, to deliver specific relationship support such as counselling, or as referral partners (Corlyon & Stock, 2011). Through attending parenting courses, parents are able to meet each other and share similar problems, which includes

relationship problems. This form of peer support was reportedly highly valued by parents (Walker et al., 2010). Similarly, in interviews with service users, Spielhofer et al. (2014) found that parents would have been unlikely to have engaged in the relationship support intervention 'Let's Stick Together' for first-time parents, had it not been part of a wider parenting programme.

Other services with potential to refer to, or offer, relationship support include education, by identifying or providing counselling to children affected by parental conflict, as well as parents experiencing relationship difficulties (Corlyon & Stock, 2011). However, Corlyon (et al., 2009) highlighted that more needed to be done by schools to reach fathers in intact and separated families. Similarly, the *Child Poverty Pilots for Separating Families*, struggled to engage schools as expected (Corlyon & Stock, 2011). These studies also reported that housing and advice services often had significant contact with families on low-incomes that had experienced relationship breakdown, including fathers needing accommodation to support contact arrangements (Corlyon (et al., 2009; Corlyon & Stock, 2011). One of the child poverty pilots made use of this by placing relationship counsellors in local benefits/debt advice services to help train staff in identifying and referring low-income parents experiencing relationship problems (Ibid). Table 4 summarises the aims of the 10 poverty pilots, as well as the services provided in each.

One review, highlighted that statutory services were often drawn into inter-parental conflict, particularly between separating and separated families with high levels of acrimony (Corlyon, 2009). In this study, the police reported receiving high numbers of calls related to non-violent conflict between separated parents, particularly at weekends, and social services received frequent calls where separated parents made allegations of child abuse (in many cases inappropriately). Similarly, Cafcass typically worked with separated parents with high levels of acrimony in their relationship, often centred on disputed contact or residency arrangements (Corlyon, 2009).

The Child Poverty Pilots for Separating Families (Corlyon & Stock, 2011), explicitly sought to better coordinate voluntary and statutory services for separating parents in poverty. This included embedding relationship support in GP surgeries, advice and housing services, schools, or creating multi-agency teams and 'one-stop-shops'. The aim of this was to better reach and access parents in poverty with relationship difficulties, including training different workforces in identification and referral, and setting up holistic systems of support for this target group on a local level (Ibid).

TABLE 4: TEN CHILD POVERTY PILOTS: DELIVERING IMPROVED SERVICES FOR SEPARATING FAMILIES (CORLYON AND STOCK ET AL, 2011)

Pilot	Pilot aims	Main services offered
1	The project focused on GPs making referrals to Family Development Workers based in local surgeries, offering one-to-one support sessions with parents and/or children on a wide range of issues including mental health, emotional support, parenting, advice, contact support and therapy for children.	This pilot was led by a group of GP surgeries alongside a voluntary organisation specialising in working with families.

2	**The pilot sought to set up a one-stop shop for separating parents in one location, as a central referral point for families.**	**This initiative was managed by the local authority, with services mainly delivered by a voluntary sector information and advice agency and domestic violence charity. The project had several referral partners with the intention of offering a wide range of holistic support services to separating families.**
3	The pilot aimed to set up a holistic service offering emotional support, counselling, mediation, advice on employment and finances, support with housing, legal services and services for children in schools.	This pilot comprised both statutory and voluntary partners, with the core delivery organisation being a charity specialising in working with separated families offering mediation and counselling.
4	**The pilot predominately delivered counselling. It covered a wide rural area whereby counselling outreach workers were based in different locations (e.g. children's centres) to reach out to separating parents.**	**They offered in-depth counselling, emotional support and practical advice in the form of information packs. The project had links with a social welfare advice organisation in order to fast-track cases.**
5	This was a large partnership with organisations arranged into four streams of provision: mediation, advice, counselling and parenting support.	The lead agency was a mediation service, and advice was provided by a large financial and legal advice charity. Various types of talking therapies for parents and children were provided, and parenting support included groups for separated mothers and fathers.
6	The project focused on facilitating better contact arrangements and giving practical advice, and included therapeutic support to children in schools.	The lead charity in this pilot specialised in family separation and contact issues. Other partners included a community organisation supporting vulnerable fathers, a charity supporting homeless young people, and social welfare advice agencies in different locations.
7	The project set up a one-stop shop for people needing a range of services, with the lead agency as a central hub linking to more specialist partners arranged around it.	This included an information and advice service, a solicitors' firm, a counselling service, and a counselling and befriending service aimed at young people. The pilot was led by a charity providing services such as counselling, advice and employment support.
8	A mediation service led this pilot, working alongside a well-known relationship support agency, a service offering legal representation and a large social welfare advice agency.	The services worked in two pairs, offering mediation/ emotional support and practical/legal advice (at basic and specialist levels), with the aim of increasing referrals to enable separating parents to access support more readily.
9	A particular focus of the pilot was building strong links with schools (Team Around the Primary Schools) as a means of engaging parents going through separation. It sought to offer a comprehensive service of social, emotional, practical and financial support to separating parents.	The partners in this pilot comprised mediation (lead), counselling, advice, domestic abuse refuges and a service working with fathers.
10	The project focused on reaching parents in new areas of the city with high levels of deprivation. Improving referrals was a key aim, including regular meetings of workers to discuss cases. It aimed to prevent conflict with parents and avoid them going to court.	This pilot offered counselling (lead organisation), mediation, support to Bangladeshi women, social welfare advice, family support and befriending.

Late access of services

The studies reviewed found that relationship support services appear to be typically accessed in crisis and as a final attempt to save a failing relationship. Couples and parents tend to initially seek help from informal sources such as friends and family members. This is due to barriers such as stigma, beliefs that relationships are private, and feeling disloyal to partners (see section below) (Bryson & White, 2015; Spielhofer et al., 2014; Stock et al., 2014; Walker et al., 2010). Online services, such as thecoupleconnection.net by OnePlusOne have been highlighted as a means to potentially provide earlier preventative support for relationship difficulties, however further review of the evaluation evidence is needed (Spielhofer et al., 2014).

However, given the lack of robust and recent mapping studies on relationship support provision, it is not possible to ascertain from this review the extent to which current provision is preventative or crisis-oriented. Corlyon & Clay (2008), in their mapping of 15 local authorities found that 77% of family relationship services were considered preventative, while 55% were responsive to crisis. But, this may be misleading as it refers to the aggregated category 'family relationships', including generic parenting interventions that do not necessarily include a relationship support element. Similarly, there is a lack of clarity about what is defined as 'preventative' or 'crisis' support. Child contact and mediation are included in the family relationship category – services that typically serve high-conflict couples that are arguably in 'crisis' – however, these services could identify themselves as preventing future acrimony.

When considered by service type, Corlyon and Clay (2008) found that. 42% of family relationship services were considered open access/universal, while 55% were considered to be targeted. Table 5 presents these findings; however, there are again limitations to this data, given the age of the study. Further primary research is needed to better understand the extent of current preventative relationship support provision.

TABLE 5: FORMS OF DELIVERY PROVIDED BY VCS SERVICES (INTERVIEW DATA) (CORLYON & CLAY, 2008: 27)

	Approach				Access			
	Prevention		Response to crisis		Open access		Targeted	
Service type	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Family relationships	24	77	17	55	13	42	17	55
Health	10	77	6	46	11	85	3	23

Service users

This section predominantly focuses on five papers included in this review, which attempt to capture some of the characteristics of the service users within UK relationship support providers (Bryson & White, 2015; Community and Mental Health team, 2015; Corlyon & Clay, 2008; Corlyon & Stock, 2011; Spielhofer et al., 2014). However, this review did not analyse current unpublished monitoring data held by

relationship support organisations, which means that the extent to which providers work with families in poverty and disadvantaged groups is likely to have not been fully captured.

As mentioned above Corlyon & Clay (2008) mapped the service provision to parents and families in 15 local authorities in the UK. Bryson & White (2015) mapped the service provision of six organisations which are funded by DWP under the Relationship Support: Support for Couples Experiencing Difficulties contract. The six organisations included in this study were Asian Family Counselling Services (ASCS), Contact a Family (CaF), Marriage Care, PACE, Relate and the Tavistock Centre for Couple Relationships (TCCR). Other large relationship support service providers (eg OnePlusOne) were therefore not included in this study. Data was collected through interviews conducted with 21 managers and practitioners across the six organisations which provide relationship support services in the UK.

Spielhofer et al., (2014) evaluated the effectiveness of several relationship support services delivered by six large relationship support providers (the Bristol Community Family Trust, Care for the Family, Relate, Marriage Care, TCCR and AFCS). A total of 761 service users completed both a pre- and post-survey across the six providers. Interviews were conducted with 38 strategic, operational and delivery staff, as well as 155 interviews conducted with service users.

The evaluation of the Child Poverty Pilots for Separated Families (Corlyon & Stock et al., 2011), collected monitoring data from 1,944 parents and surveyed 292 of these parents, alongside qualitative interviews with 41 service providers and 75 parents. Finally, the Community and Mental Health Team (2015) analysed the 2014/15 dataset of 1,123,002 referrals nationally for IAPT services.

KEY FINDINGS: SERVICE USERS OF RELATIONSHIP SUPPORT

Families in poverty and on low-incomes:
- There was a lack of studies that explored the characteristics of service users (five of the included studies).
- In these studies, clients accessing services from mainstream relationship support provider's tended to be from more stable economic backgrounds, including those in paid work and home owners.
- However, the limitations of this review could mean that the extent to which organisations work with disadvantaged families may not have been fully captured. Further primary research is needed.
- There is potential for the sector to further prioritise reaching families in poverty and on low-incomes, who are more likely to be stressed, and with higher risks of conflict and relationship breakdown.

- This includes developing targeted services to vulnerable group at a low (or no) cost and more intensive outreach support. In order to achieve this, relationship support providers will therefore need to be adequately supported by funders who recognise the financial challenges that accompany serving these hard to reach groups.
- Some services do already exist which specifically aim to reach economically disadvantaged couples, including the Asian Family Counselling Service (AFCS) and the previous Child Poverty Pilots for Separated Families.

Disadvantaged groups:

- In the papers reviewed, Black minority ethnic and refugee (BMER) couples appeared to be underrepresented in the client base of most relationship support providers. In the few included studies that did provide demographic data on clients, the vast majority of clients profiled in five of the main UK relationship support providers were from a white background. However, again there are limitations to this finding as further primary research is needed.
- Services that largely work with individuals were found to have mainly female clients. Men were less well served by relationship support.
- Disabled people, older couples/grandparents and LGBT couples were also less well represented in the services profiled.
- The review suggests that relationship support also needs to better reach lone parents, separated parents, step-families and cohabiting couples.
- One provider exclusively worked with parents, whereas the other providers worked equally with couples with and without children. There is potential for providers to refocus their support on parents to help improve child outcomes.

Families in poverty and on low incomes

Three of the included studies highlighted that relationship support provision could do more to reach families on low-incomes. Bryson and White (2015) profiled the employment status of services users in four of the main UK relationship support organisations, and found that the large majority of clients in three of these organisations (Marriage Care, Relate and Tavistock Relationships) were in paid work (See Figure 2). However, it is important to note that this study may not have fully captured the entire client base of each of the organisations. For example, with regards to Relate, only their Live Chat clients were included in the relevant sample. It is therefore possible that clients accessing their other services (e.g. face to face counselling) may represent a different demographic.

FIGURE 2: PERCENTAGE OF SERVICE USERS IN PAID EMPLOYMENT (BRYSON & WHITE 2015)
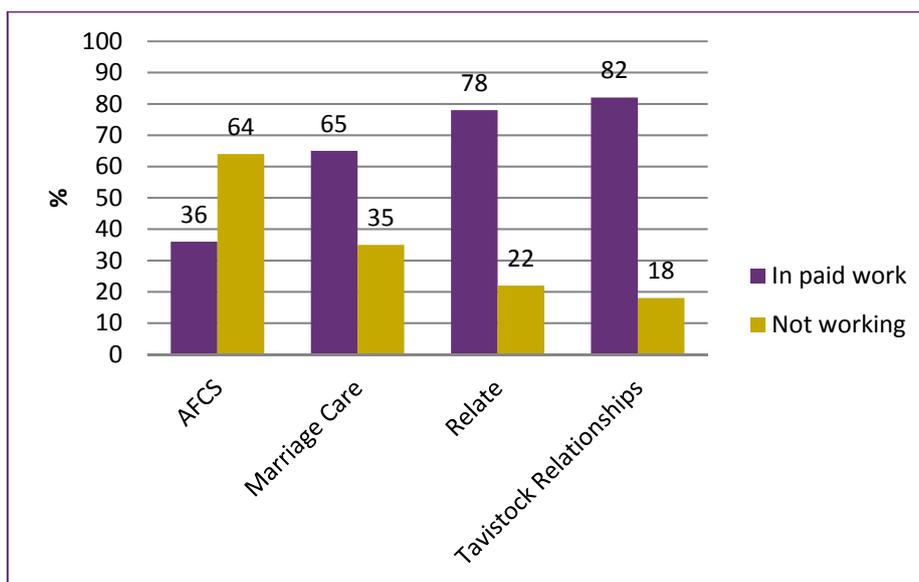
Correspondingly, in an evaluation of the same providers (Spielhofer et al., 2014), income data was collected from Relate and Marriage Care couple counselling clients surveyed, with 94% and 88% respectively reporting that someone in the household earned a wage. Across the four interventions surveyed, the majority of clients were also home owners, including 76% of Relate's couple counselling clients, with only 15% renting and 3% living in council accommodation. These findings are presented in table 6. However, it is important to note that some of the samples in this study may have been too small to adequately capture the full range of people accessing the relevant services within each of the relationship organisations.

TABLE 6: HOUSING AND INCOME CHARACTERISTICS OF STUDY PARTICIPANTS ACCESSING RELATIONSHIP SUPPORT SERVICES (SPIELHOFER ET AL., 2014)

	FOCCUS (Marriage Care)	LST (Care for the Family)	Couple Counselling (Relate)	Couple Counselling (Marriage Care)
Housing status	54% home owners 39% renting 3% council property	63% home owners 28% renting 5% council property 4% lodging	76% home owners 15% renting 3% council property	61% home owners 26% renting 6% council property
Income	-	-	94% someone in household earning a wage	88% someone in household earning wage

However, while the studies included in this review may indicate that the more could be done to target families on low incomes, there are some services that specifically aim to do this. Sixty-four per cent of clients profiled in the Asian Family Counselling Service (AFCS) were unemployed (Bryson and White 2015). Similarly, the qualitative evaluation of this service (Speilhofer et al., 2014), indicated that the majority of AFCS clients faced financial hardship, and very high levels of vulnerability. It is also important to note that many of the voluntary relationship support providers also undertake specific projects with vulnerable families. For example, several Relate

centres are involved in Troubled Families consortiums, the Local Family offer including relationship counselling for families in poverty at high risk of relationship pressures, and work with single parents and in prisons. Further primary research is needed to capture this practice learning.

The Child Poverty Pilots for Separating Parents were also unusual in their specific focus on providing relationship support to parents who were economically disadvantaged (Corlyon and Stock et al., 2011). The majority of mothers (60%) offered services by the pilots were on means-tested benefits, and only a third (33%) were working 16 hours a week or more. Fathers were more likely to be financially stable; however a sizable minority were disadvantaged, with a fifth unemployed (20%) and 17% either working less than 16 hours a week, or not working for others reasons such as disability or childcare responsibilities. The postcodes of the families' homes, also indicated they were more likely to live in deprived areas than the general population. These findings are summarised in table 7.

TABLE 7: ECONOMIC STATUS OF PARENTS IN THE CHILD POVERTY PILOTS FOR SEPARATING PARENTS (CORLYON AND STOCK ET AL., 2011)

Economic Status	Mother %	Father %
On means-tested benefit	60	33
Not on means-tested benefit	40	67
Working 16 hours a week or more	33	64
Working 1 to 15 hours a week	15	4
Unemployed and looking for work	9	15
Unemployed and not looking for work	12	5
Student	3	1
Looking after the family	22	3
Sick or disabled	5	5
Other	3	4
Base: All families offered services (monitoring data)	*1,439*	*1,068*

This said, while a reasonable proportion of parents using the pilots were disadvantaged, the pilots also helped a number of families that were not reliant on means-tested benefits, and/or lived in privately owned housing in more affluent areas. This reflects how even targeted relationship support services need to better reach families in poverty (Corlyon and Stock et al., 2011).

Disadvantaged groups

Wider literature referenced in the Stock et al., (2014) and Spielhofer et al., (2014) studies indicated that couples from ethnic minority backgrounds are underserved by relationship support services, as are cohabiting couples, separated parents and step-families, fathers and lone parents, lesbian, gay, bisexual and transgender (LGBT) couples, disabled couples and older couples such as grandparents. This finding appears to be supported by the studies included in the review, however further primary research is needed.

For example, in the mapping of the 15 local authorities, groups often deemed vulnerable were found to be under served by the voluntary and community sectors (Corlyon & Clay, 2008). Such groups included black and minority ethnic groups (BME), Gypsy, Roma and Traveller (GRT) communities, and refugee families. There were also few services specifically targeting single parents. Similarly, fathers were generally less likely than mothers to be considered the main service users (Corlyon & Clay, 2008). However, it is important to note that this study captures the characteristics of service users across the whole spectrum of services available to parents and families, and thus are not specific to relationship support. Consequently, any differences between users of different types of services such as relationship support may be lost.

Bryson and White (2015) found that the vast majority of clients profiled in five of the main UK relationship support providers were from white ethnic backgrounds. The exception was AFCS, which specifically targeted Asian minority groups, with 99% of clients from this background, principally from Indian or Pakistani heritage (see Figure 3). Similarly, Spielhofer et al. (2015) found that of the couple counselling clients surveyed, 88% of Relate service users, 82% of Marriage Care clients, and 81% of CaF clients surveyed from its new parent intervention were of white ethnic origin (see table 8). Again, it is noted that some of the samples in this study may have been too small to adequately capture the full range of people accessing the relevant services within each of the relationship organisations.

That said, Marriage Care had high proportions of white ethnic minority groups (15% for couple counselling and 36% in its marriage preparation course FOCCUS). Even in the Child Poverty Pilots, which targeted families in poverty, 81% of mothers and 79% of fathers assessed were white British (Corlyon and Stock et al., 2011).

FIGURE 3: ETHNICTY OF SERVICE USERS OF RELATIONSHIP SUPPORT PROVIDERS (BRYSON & WHITE 2015)
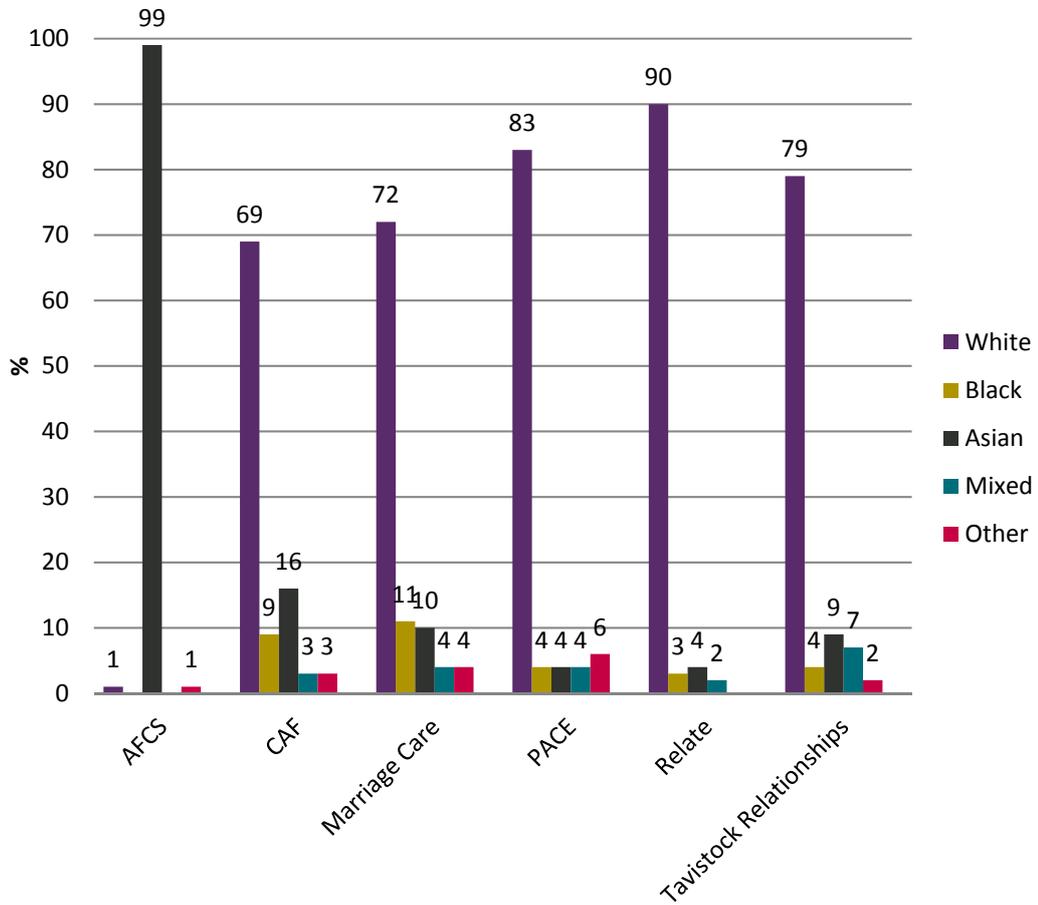
TABLE 8: ETHNICITY OF STUDY PARTICIPANTS ACCESSING RELATIONSHIP SUPPORT SERVICES (SPIELHOFER ET AL., 2014)

	FOCCUS (Marriage Care)	LST (Care for the Family)	Couple Counselling (Relate)	Couple Counselling (Marriage Care)
Ethnicity	53% White UK 16% White Irish 20% White other 5% Black 2% Asian	77% White UK 4% White other 10% Black 3% Asian	85% White UK 3% White other 3% Black 5% Asian	67% White UK 1% White Irish 14% White other 10% Black 6% Asian

There were also significant differences across providers in terms of client religious affiliation: on the one end, all AFCS clients reported a religious affiliation (largest groups are Muslim and Sikh), as do 81% of Marriage Care clients and 78% of Care for

the Family clients (as Christian). On the other end, only 52% of Relates', Live Chat clients and 27% of PACE clients did so (Bryson and White, 2015).

With regards to gender, organisations predominantly working with individuals reportedly had mostly female clients: 90% of CaF's clients, 75% of Relate's Live Chat and 72% of AFCS's clients are women. However, both organisations that work with couples (Tavistock Relationships and Marriage Care) had fairly equal numbers of male and female clients (Bryson & White, 2015). The majority of parents using the Child Poverty Pilots for Separating Families accessed them alone (81%) rather than as a couple (19%) and mothers were far more likely than fathers to attend (60% were female). Nevertheless, the pilots were able to reach a considerable number of fathers (a fifth or 21% of all service users).

Bryson and White (2015) also found that very few disabled services users were reached by relationship support providers, alongside older couples and LGBT clients. PACE as an organisation was unusual in its specific focus on relationship support for LGBT couples, with 94% of client identifying as such (Ibid), but unfortunately this organisation closed in early 2016 due to funding pressures. However, again further primary analysis of monitoring data is needed to better understand the profile of relationship support service users.

Target populations of DWP funded organisations

Each of the six provider organisations funded by DWP[6] collect data on the socio-demographic profile of their clients to varying degrees (Bryson & White, 2015). Table 9 provides an overview of the target populations of each of the organisations.

Four organisations (CaF, Marriage Care, Relate, Tavistock Relationships) collect data on whether their clients have children or not (Bryson & White, 2015). CaF exclusively provides services to couples with children, while Marriage Care, Relate, and TCCR's clients are relatively evenly split between people with children and people without.

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[6] The six organisations included in this study (Bryson & White, 2015) were Asian Family Counselling Services (ASCS), Contact a Family (CaF), Marriage Care, PACE, Relate and the Tavistock Centre for Couple Relationships (TCCR). Other large relationship support service providers (e.g. OnePlusOne) were therefore not included in this study.

TABLE 9: TARGET POPULATION OF SIX PROVIDER ORGANISATIONS (BRYSON & WHITE, 2015)

Organisation	Target population
Asian Family Counselling Service	• Asian individuals, couples, and families aged over 16 and over. • Predominantly serving the Sikh community in London, and Muslims communities in Birmingham. Increasingly approached by other ethnic groups. • Usually initial access is made by the women, and later involves their partners and other family members.
Contact a Family (CaF)	• DWP contract funds targeted services for parents, carers and grandparents with disabled children who are having difficulties with relationship. • Women access service more often than men. • Socio-economic demographic profile of service users is varied.
Marriage Care	• Open to all individuals and couples, although more likely to be accessed by couples. • Is a faith-based organisation mainly serving Catholic couples but also open to anyone regardless of faith. • Services typically accessed when the relationship is in crisis.
PACE	• Exclusively targets LGBT individuals and couples. • Accessed more regularly by gay men, although beginning to engage more lesbian women. • Services typically accessed when the relationship is in crisis.
Relate	• DWP contract funds its digital therapeutic Live Chat advice and guidance service • Open to all individuals and couples, although more likely to be accessed by individuals. • Typically, a younger population (more digitally literate, short of time, can't afford counselling) • Services typically accessed at times of crisis
Tavistock Centre for Couple Relationships	• Open to anyone who wants therapy aged 18 and above. • More likely to be accessed by couples, but they also see some individuals. The service covers a cross-section of people living in London. • Services typically accessed when the relationship is in crises.

IAPT service users

In the annual report providing an overview of IAPT service provision from April 2014 to March 2015, the number of people receiving different types of therapies was indicated (Community and Mental Health Team, 2015). Of the 3,576,565 appointments attended, 12,006 appointments were couple's therapy. The mean number of treatment appointments attended in order to complete a course of treatment for couple's therapy was 5.5. With regards to recovery rates, 52% of people referred to couple's therapy made a recovery[7]. With regards to the age and gender of patients receiving IAPT referrals in general (i.e. not defined by type of service received), the majority of referrals were for women. This is true across all age groups (18-35; 36-64; 65+) (Ibid). Similar to service users of the six DWP organisations[8] (Bryson & White, 2015), patients were more likely to be in work than they were to be unemployed.

Barriers identified

Several barriers to IPR service delivery in the UK were identified in each of the papers. These barriers have been organised into three categories by the first author, and include acceptability, availability, and accessibility. These categories are not intended to be fixed, and it is acknowledged that there is likely to be significant overlap between them. The barriers identified are briefly listed in the box below, and further summarised beneath. When considering these barriers, it is again important to note the variation in methodology of the included papers from which these findings have been derived. In the narrative summary the methods of the various papers are again highlighted where possible. It may however be helpful to read the identified barriers alongside appendix 4 in order ensure that the different sources of findings are clear.

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[7] A referral is classed as 'recovered' if the patient completed the course of treatment and moved away from a clinical diagnosis of depression/anxiety (Community and Mental Health team, 2015).
[8] The six organisations included in this study (Bryson & White, 2015) were Asian Family Counselling Services (ASCS), Contact a Family (CaF), Marriage Care, PACE, Relate and the Tavistock Centre for Couple Relationships (TCCR). Other large relationship support service providers (e.g. OnePlusOne) were therefore not included in this study.

KEY FINDINGS: BARRIERS TO SERVICE DELIVERY

Acceptability

- Social stigma and fear of judgement prevents people from accessing relationship support services.
- Belief that relationship problems should remain a private matter and should therefore be dealt with in the home stops people from seeking external help.
- Anxiety among some parents about disclosing relationship difficulties, due to fear of social services and that they may 'take children away'.
- Belief that people should naturally know how to be in, and maintain, a healthy relationship leads to people avoiding support services.
- Denial or failure to recognise the seriousness of relationship problems results in people not having the awareness that support services may be beneficial.
- Women tend to access the services more than men (as it is regarded as more acceptable for women to do so).
- Personal difficulties regarding talking to other people about problems and a lack of emotional literacy leads to people avoiding seeking help.
- Prevention of relationship problems is not yet regarded as the norm so people tend to only access services when their relationship is already distressed.

Availability

- Long waiting periods deters people from accessing support services.
- Lack of evidence regarding effectiveness hinders commissioning of programmes/interventions.
- Lack of investment in research: the sector is underfunded, hindering market research and analysis.
- Requires a long-term investment and therefore is a challenge with short-term policy and funding cycles.
- Lack of awareness of available services means people don't know where to access help.
- Quality of services available questioned, deterring people from making use of those services as they do not want to waste their time.
- Services are not gender neutral, catering more for females than males.
- Cultural barriers: not catering for needs of minority populations.
- Offered by organisations that are financially insecure making availability transient.
- Providers struggle to meet demand.

Accessibility

- Distance of travel often means people are unable to access available services.
- High costs prevent people from being able to afford support services.
- Lack of out-of-hours' appointments means it can be difficult for people to take time off work to attend services.
- Lack of childcare support can make it difficult for parents to attend.
- Support services are not well coordinated with others, making them difficult for couples to find, and access.

OVERCOMING BARRIERS AND REACHING FAMILIES IN POVERTY

Several strategies for the relationship support sector (including national and local government, voluntary and statutory services) to better reach low-income families were highlighted:

- Comparing two studies, families on low-incomes tended to access relationship support via referrals from other services. This differed from middle-income families, whotended to self-refer.
- Most low-income families first sought help for practical issues (benefits, housing, work) or support for their children (child-counselling) rather than disclosing relationship difficulties and their own need for emotional support.
- Partnership working between different services could therefore be a critical way to access families in poverty and vulnerable groups.
- Effective strategies include: developing multi-agency systems, basing relationship counsellors in other services, developing single points of referral and practitioner training.
- Targeted services specifically designed to engage vulnerable groups (LGBT, BME, fathers) was a successful approach to reach these groups.
- This included recruiting workers from similar backgrounds, training staff in engagement strategies, and modifying service delivery to their specific needs.
- Many providers already offer free, subsidised or donations-only services to access families on low-incomes, as well as offering a free initial appointment to all service users.
- Online services may also offer a unique opportunity to reach low income families at a low cost.
- But more work is needed to make families aware of low-cost services available.
- A further review of evaluation and practice literature as well as primary research is needed to capture effective practice with vulnerable groups and to better understand how to overcome delivery barriers.

Acceptability

Six studies highlighted the *social stigma* often associated with accessing relationship support services as being a significant barrier (Abse et al., 2015; Barrett et al., 2010; Bryson & White, 2015; Marjoribanks, 2015; Spielhofer et al., 2014; Walker et al., 2010). Social stigma may lead to people fearing judgement if they were to make use of such services, and as a result they avoid seeking help. Several qualitative studies with parents reported them to be fearful of disclosing relationship difficulties due to anxiety about social services and whether they may take their children into care (Walker et al., 2010; Speilhofer et al., 2014; Corlyon and Stock et al., 2014). Another of the literature reviews, and one mixed methods review, also suggested that this social stigma may be greater for men as *women are more likely than men to seek relationship support* (Chang & Barrett, 2008; Wilkins, 2013). This issue of social stigma is widely recognised within the sector. Some relationship providers such as OnePlusOne are therefore actively engaged in culture change activities that aim to change the culture towards accessing relationship support (Coleman & Stoilova, 2014).

Four studies (literature review, qualitative studies with service users, couples, and/or practitioners) suggested that the commonly held belief that relationship issues should remain a *private matter* prevent people from accessing support service (Barrett et al., 2010; Ramm et al., 2010; Spielhofer et al., 2014; Walker et al., 2010). Similarly, one literature review, and one mixed methods review, suggested that a strongly held belief that people should just *naturally know* how to be in, and maintain, a healthy relationship stops people from asking for help (Chang & Barrett, 2008; Spielhofer et al., 2014). Additionally, based on qualitative interviews with couples, two studies indicated that people may avoid accessing services due to *personal difficulties in talking to others about problems* in general (Ramm et al., 2010; Spielhofer et al., 2014). Another study, based on interviews with service providers, suggested that difficulties with *literacy and emotional literacy* may prevent people from being able to fully engage with available support services (Bryson & White, 2015). It is worth noting that one of the mixed methods review, which included qualitative interviews with service users, found that people were more likely to be open to accessing support services after they had already completed a marriage preparation course (Spielhofer et al., 2014).

Four studies (two literature reviews, one qualitative study with service users, one qualitative study with couples in long-term relationships) suggested that another reason why couples may be reluctant to seek help is because of a *denial or failure to recognise* the seriousness of problems with their relationship (Barrett et al., 2010; Chang & Barrett, 2008; Ramm et al., 2010; Walker et al., 2010). Based on interviews with couples in long-term relationships, Ramm et al., (2010) suggested that such denial may be a result of couples linking the accessing of relationship support services with an *acknowledgement that the relationship is failing.* Similarly, in interviews with couples accessing couple's counselling, respondents indicated that seeking such help was often associated with failure, weakness, or mental health issues (Spielhofer et al., 2014). Couples' counselling was therefore accessed as a last resort, only when couple's felt that they were truly in crisis.

Seven papers highlighted the *lack of engagement with preventative services* as a barrier to successful implementation of relationship support services (Abse et al., 2015; Bryson & White, 2015; Chang & Barrett, 2008; Coleman & Stoilova, 2014; Glenn, 2007; Ramm et al., 2010; Spielhofer et al., 2014). People tend to then only access services when their relationship is already significantly distressed, potentially making it more difficult for practitioners to effectively intervene at this late stage

Availability

One of the qualitative studies, based on interviews with service users, indicated that *long waiting periods*, due to limited availability, can deter people from further pursuing support services (Walker et al., 2010). For example, while 66.9% of service users waited 28 days or less to receive IAPT treatment in 2014/15, 19% waited between 29 days and 56 days, 7% waited between 57 and 90 days, and 7% waited more than 90 days (Community and Mental Health Team, 2015). Similarly, in a mixed methods study, service providers at the six DWP funded organisations[9] highlighted how they can *struggle to meet the demand* for service provision due to limited resources (Bryson & White, 2015). Two studies (literature review, mapping of services) suggested that support services for couples and families are commonly offered by *organisations that are often financially insecure* (Chang & Barrett, 2008; Corlyon & Clay, 2008), which limits service provision within the sector.

One of the literature reviews identified a *lack of evidence* regarding the efficacy and effectiveness of relationship support services and programmes as a barrier to service provision (Abse et al., 2015). Without evidence of effectiveness it can be challenging to get relationship support services commissioned, thereby hampering availability. This goes alongside a second literature review which suggested that the *sector is largely underfunded* hindering market research and analysis (Marjoribanks, 2015). A third literature review offers a possible reason for this by highlighting the fact that evaluations of relationship support services (especially when assessing the impact on child outcomes) requires long-term investments, and therefore *lacks interest from politicians* (Chang & Barrett, 2008).

Three studies (two literature reviews, one qualitative study with service users) suggested that many people are simply *unaware of what relationship support services are available* (Barrett et al., 2010; Chang & Barrett, 2008; Walker et al., 2010). One of the mixed methods studies focussing on separating/separated families also highlighted the finding that these families were unaware of available support services beyond mediation and/or legal services (Corlyon, 2009). Four studies highlighted that potential service users held *negative perceptions of the variable quality and effectiveness of services* that are available to couples, making them reluctant to invest the time and money in accessing the services (Barrett et al., 2010; Chang & Barrett, 2008; Spielhofer et al., 2014; Walker et al., 2010). One of these studies, a mixed methods review which interviewed service users, found that most respondents

[9] The six organisations included in this study (Bryson & White, 2015) were Asian Family Counselling Services (ASCS), Contact a Family (CaF), Marriage Care, PACE, Relate and the Tavistock Centre for Couple Relationships (TCCR). Other large relationship support service providers (e.g. OnePlusOne) were therefore not included in this study.

accessing a marriage preparation course only did so because it was a requirement if they wanted to get married in the Catholic Church (Spielhofer et al., 2014).

Finally, the availability of services does not appear to be fairly distributed across different populations. One literature review indicated that services are for instance *not gender neutral,* catering for the needs of women more than men (Barrett et al., 2010). Two studies suggested that there are also *cultural barriers*, as services tend to not cater for the unique needs of minority populations (Barrett et al., 2010; Bryson & White, 2015). A mixed methods study found that services rarely catered specifically to the needs of separated families, and in particular the fathers (Corlyon, 2009).

Accessibility

Three studies identify the location of services and the consequent *distance of travel* as hindering accessibility of services for many people (Abse et al., 2015; Barrett et al., 2010; Spielhofer et al., 2014). Similarly, the *cost* involved to many services serves as a deterrent for people who simply cannot afford it (Abse et al., 2015; Barrett et al., 2010; Bryson & White, 2015; Spielhofer et al., 2014; Walker et al., 2010). One qualitative study, and one mixed methods review suggested that inflexible hours and having to *take time off work* to attend counselling sessions or other support services stopped people from being willing to attend (Bryson & White, 2015; Walker et al., 2010).

Three of the literature reviews indicated that *relationship support services are not well coordinated with other* services (i.e. poor signposting), making them difficult for couples to find and access (Chang & Barrett, 2008; Glenn, 2007; Marjoribanks, 2015).

Overcoming barriers to service delivery

The focus of this review is to map and understand the extent of current relationship support provision, not to review the evidence of what works to enable improved service delivery and implementation. Further research from evaluation and practice literature, as well as primary research is needed to address this. However, some of the key findings from the included studies on how to overcome barriers to delivery have been summarised here, in particular how to better reach and access families in poverty.

Comparing the referral pathways, the middle-income families using the mainstream relationship support providers mentioned in the included studies (Relate, Marriage Care, and Tavistock Relationships) tended to access couple-counselling by self-referral (Spielhofer et al., 2014), whereas most low-income parents accessing the Child Poverty Pilots were mainly referred from other services (Corlyon & Stock, 2011). This indicates that building partnerships with other services is critical to reach families in poverty and disadvantaged groups. Strategies used in the pilots included developing *multi-agency systems* delivered from one location; basing *relationship counsellors in other services* such as children's centres, advice, housing or health agencies; developing *single points of referral*, with key-workers, common assessment processes and regular meetings to jointly discuss cases across services; and shared *practitioner training* across providers on parental relationship difficulties (Corlyon & Stock, 2011; Spielhofer et al., 2014). For example, several Relate centres are involved in multi-agency partnerships to improve the reach of relationship support for families on low-incomes, including through the

Local Family Offer and the Troubled Families programme. Similarly, practitioner training such as Brief Encounters by OnePlusOne could provide a rich source of learning on improving referral mechanisms between services.

Providing services specifically targeting vulnerable groups that understand their needs and experiences, was found to be a successful strategy in several studies: PACE effectively reached LGBT couples, AFCS engaged Asian minority groups, and several Child Poverty Pilots focused on targeting BME families as well as fathers (Corlyon & Stock, 2011; Spielhofer et al., 2014; Stock et al., 2014). Using outreach workers and counsellors from a similar background helped enable access for underserved groups. For example, Corlyon et al. (2009) found that a predominance of female staff in the helping professions was a deterrent to men, so the hiring of male workers; modifying practices to focus on the whole family (e.g. staff always contacting both parents), and training staff to better engage and work with fathers was found to be effective (Corlyon, 2009; Wilkins, 2013). For instance, Relate is providing targeted projects with vulnerable families, including work in prisons, with single parents or those on low-income. Similarly, Tavistock Relationships is working on targeted projects with adoptive couples, those experiencing domestic violence and on low-incomes (such as Parents in Dispute and Parents as Partners).

The stigma and sensitivity of seeking help for relationship difficulties was a common finding across the included studies, as was the tendency for couples to only seek help in crisis and as a last resort (Chang & Barrett, 2008; Spielhofer et al., 2014; Stock et al., 2014; Walker et al., 2010). In the Child Poverty Pilots for Separating Families, the majority of low-income parents using the services (59%) first sought help for practical issues (finances, housing, benefits advice etc.) or support for their children (39%) rather than disclosing their own relationship difficulties and a need for emotional support. Only 14% of service users were actively seeking counselling or therapeutic relationship support for themselves. This finding reveals the importance of partnership working and training of mainstream statutory services to help effectively identify the early signs of relationship difficulties (Corlyon & Stock, 2011). Studies such as Chang and Barrett (2009), also conclude that frontline-practitioners, particularly health professionals, are essential in this early identification and to reduce the stigma in seeking help. For example, Tavistock Relationships has been training of frontline practitioners in relationship support for a substantive time, including social workers, health visitors, child mental health workers and children centre staff.

For families on low incomes the cost of relationship support was identified as a significant barrier to access (Bryson & White, 2015; Corlyon & Stock, 2011; Spielhofer et al., 2014; Walker et al., 2010). Offering free or subsidised services is an important strategy currently used by voluntary providers to overcome this: service users of the child poverty pilots reported that they would have been prevented from accessing support had this not been free (Corlyon & Stock, 2011). Bryson and White (2015) found that while all the providers offered donations-based services and free support for those that couldn't afford to pay, prospective clients may not be aware of this policy or feel embarrassed about being unable to donate. Speilhofer et al. (2014) suggested offering free initial appointments would be another effective strategy to encourage people to first access relationship support. Additionally, online relationship support services, such as www.thecoupleconnection.net and the behaviour modelling

programmes How to Argue Better and Getting it Right for Children offered through OnePlusOne, may offer low-cost options to reach families.

Discussion and Conclusions

KEY FINDINGS: DISCUSSION AND CONCLUSIONS

Types of services available:

- Based on the studies included in this review relationship support provision appears to be predominately delivered by the voluntary sector. Statutory provision is significantly underdeveloped in the UK.

- Statutory provision is also fragmented and dispersed with a wide range of services in potential contact with families experiencing relationship difficulties.

- Statutory services such as health visitors and IAPT counselling were not explicitly defined as 'relationship support' even if this was part of their work.

- Most relationship support services appear primarily designed to support the couple relationship rather than explicitly improving child outcomes.

- Collecting data on the children of couples who access services would allow for a more holistic evaluation of the benefits of services.

Service users:

- Studies included in this review which profiled the services users of some the main UK providers, indicated that clients tended to be middle-class and in employment. Families in or at risk of poverty appeared to be underrepresented in the client samples.

- However, there were limitations to this review, including no primary analysis of monitoring data, which means that the extent to which providers work with disadvantaged families may not have been fully captured.

- Given the evidence that families on low-incomes have higher risks of conflict and relationship breakdown, the sector need to be resourced to work collaboratively to better reach these families.

- Other disadvantaged groups were also underrepresented in the client samples, including minority families, LGBT couples, older couples/grandparents, lone and separated parents, step-families, disabled people and fathers.

- The configuration of services could be improved to reach and address the specific needs of these groups, including outreach and targeted provision.

Barriers:

- Stigma in disclosing relationship problems is a significant barrier to seeking help. Couples tend to only seek support in crisis and at the point of separation.

- Help-seeking for relationship difficulties is not yet seen as the norm, especially preventative support when relationships are stable and going well.

- There is a lack of relationship support services available, and families lack awareness of what support is on offer and how it can be accessed.

- Access barriers such as cost, travel, childcare and a lack of out-of-hours provision are likely to disproportionately affect families in poverty.

Implications for policy and practice

- There is a need to grow UK relationship support provision and embed a focus on inter-parental relationships in local systems.

- Partnership working could be a critical way to engage low-income families, as they tend to access relationship support via professional referrals.

- Targeted services specifically designed to engage vulnerable groups (LGBT, BME, fathers) was a successful approach to reach these groups.

- Continued provision of free, subsidised or donations-only services are needed to access families on low incomes, as well as offering a free initial appointment to all service users.

- But more work is needed to make families aware of low-cost services available.

- Engaging more parents before their relationships are severely distressed should be a key priority for services.

- This includes targeting couples at key transition points as well as using services such as health, parenting programmes and children's centres to identify and support early signs of relationship distress.

- Schools, housing/advice services, the police, social services, and Cafcass could help identify families where there is already damaging inter-parental conflict.

Implications for research

- To build the UK evidence base there is an opportunity to trial international programmes in the UK, support existing providers to conduct robust evaluations, and embed evaluation in new national and local initiatives.

- Long term financial investment is needed to assist relationship support providers (particularly those in the voluntary sector) to be able to adequately assess the effectiveness of services.

- More research is needed on relationship support for parents in or at risk of poverty. Forthcoming EIF research will help address this gap.
- Given the limitations of this study, further primary qualitative research such as that being conducted by EIF is needed to map current relationship support provision.
- Additional research is needed to draw lessons on how to overcome barriers, on effective delivery and implementation of relationship support. This includes reviewing literature and new primary research.

Overview of included studies

The aim of this rapid review of the evidence is to provide an overview of has already been done to map the nature and delivery of inter-parental relationship support services to families in or at risk of poverty in the United Kingdom. The search of academic and grey literature identified 15 studies that met the inclusion criteria (Abse et al., 2015; Barrett et al., 2010; Bryson & White, 2015; Chang & Barrett, 2008; Coleman & Stoilova, 2014; Community and Mental Health Team, 2015; Corlyon, 2009; Corlyon & Clay, 2008; Corlyon & Stock, 2011; Glenn, 2007; Marjoribanks, 2015; Ramm et al., 2010; Spielhofer et al., 2014; Walker et al., 2010; Wilkins, 2013).

Included studies were published by either government departments, the Relationships Alliance, or other charity organisations. Methodology varied widely across the 15 studies and included literature reviews, qualitative studies, mixed methods reviews, and a mapping of services for parents and families. The majority of the studies considered couples at all stages of their relationship, while six adopted a more targeted approach and only focused on particular types of couples (e.g. couples going through divorce or couples with disabled children). Overall, there was a lack of literature mapping the extent of current UK relationship support provision: studies were either relatively old, or focused on particular initiatives or target groups. Given these limitations further primary research is needed to develop a more comprehensive picture of current UK provision.

Types of services available

In this section we explore the main findings on the providers of relationship support services, the types of programmes offered and the effectiveness of services.

Voluntary and community sector and statutory services

Relationship support services appear to be predominantly provided through the voluntary and community sector (VCS). Statutory service provision appears significantly underdeveloped in the UK. Provision in the statutory sector appears fragmented and dispersed, with a wide range of services potentially in contact with families experiencing relationship difficulties. This includes healthcare, schools, children's centres, parenting programmes, social services, police, housing and advice

services. Moreover, several of the studies included in this review indicated that there is a lack of research and evidence-base in the UK on the effectiveness of relationship support interventions, a finding supported in our IPR What Works review (Harold et al., 2016). The unstable financial footing of the VCS means it is challenging for providers to develop new programmes, redesign services to better reach families in poverty, expand service delivery to include children within their target groups, and adequately assess the effectiveness of programmes.

Recent government announcements to increase the funding of relationship support services for disadvantaged families, build statutory infrastructure, and develop new models of delivery in local areas are very welcome and much needed, given the evidence of the negative impact of inter-parental conflict on child outcomes (Harold et al., 2016).

Types of services

We identified various services, programmes and interventions targeting the couple relationship across the fifteen studies. This includes traditional relationship support provision by the voluntary sector, including relationship education, couple counselling and mediation, alongside more specialist provision targeted at particular groups, such as minority groups or disabled parents.

However, there were also a range of services not explicitly defined as relationship support, such as statutory healthcare services and IAPT counselling/therapy that still supported couple relationships as part of their work. In addition, other literature highlights services that may indirectly contribute to supporting improvements in the parental relationship, for example, child maintenance payments (Bryson et al., 2012). Bryson et al. (2012) indicate that fathers that pay regular child maintenance are more likely to have better child contact arrangements in place and better relationship functioning with their former partners. Services to improve child maintenance include the Child Support Agency (Corlyon et al., 2009).

Additionally, there were initiatives aimed at system change and developing multi-agency working on relationship support, most recently the Local Family Offer and previously the Child Poverty Pilots for Separating Families. As detailed by Reynolds et al. (2014), frontline workers who develop trusted relationships with families are well placed for the early identification and referral of families experiencing relationship difficulties. Practitioner training, such Brief Encounters by OnePlusOne, could be an important way to facilitate early help for inter-parental relationships (Coleman et al., 2014).

Points of transition

Services are often targeted at couples experiencing a particular point of transition or stress within their relationship, such as marriage, becoming a parent, or going through divorce or separation. The former tend to be preventative services for couples not yet experiencing significant difficulties, whereas those for separating couples are more treatment focused to address conflict and relationship distress. Notably, other points of transition were less frequently targeted, such as that related to the development of the child, for example their transition to school or entering adolescence. Similarly, we identified few relationship support programmes which targeted parents at risk of falling into poverty due to unemployment or ill-health.

Effectiveness

Most papers considered the effectiveness of the different types of relationship support services available by providing an overview of impact evaluations that have been conducted to date. For the purposes of this review, we did not attempt to assess the quality of these assessments. However, most of the evaluations only considered couple/relationship outcomes – outcomes relating to parenting or the wellbeing of the child were rarely considered. The primary exception to this were those papers focussing on separating or separated families, in which case the wellbeing of children was often a key outcome measure. The general lack of focus on child outcomes, implies that relationship support services still largely concentrate on improving couple relationships, and their potential to directly impact on parenting and child outcomes has not yet been fully considered or embedded in the sector. This finding is also reflected in our What Works review (Harold et al., 2016). Given this, not all relationship support organisations collect data on whether their clients have children, and few collect data on child outcomes. Collecting data on the children of couples who access services would allow for a more holistic evaluation of the benefits of services. This is especially important given what we know about the impact that the couple relationship can have on child outcomes (Reynolds et al., 2014). However, financial support is needed to help providers develop their data collection processes and overcome difficulties in measuring child outcomes (such as with parental reports of child outcomes or ethical concerns).

Service users

In this section we explore the demographic characteristics of those accessing relationship support services with a particular focus on those in or at risk of poverty.

Families in poverty and disadvantaged groups

In the few studies identified that did attempt to profile services users of relationship support services, it appeared that these users were more likely to be middle-class and in employment (Bryson & White, 2015; Spielhofer et al., 2014). Couples in poverty and on low-incomes seemed to be under-represented in the sample populations. This is despite their increased risk of conflict and relationship breakdown. However, due to limitations with the data available, this may not represent the full extent of how providers are working with families on low-incomes. Despite this, the engagement of higher risk couples and families should therefore be a priority for providers, funders, and commissioners of relationship support services. Yet, work with the most vulnerable families is often highly resource intensive and requires adequate funding which is challenging in the current climate.

Other disadvantaged groups, such as minority groups (BMER), LGBT couples, older couples/grandparents, lone parents, separated parents, step-families, fathers and disabled people also appear to be under-represented in relationship support services. These groups often have specific needs, for example barriers to help-seeking among fathers (Corlyon, 2009), culturally specific relationship difficulties such as arranged marriages in Asian families (Spielhofer et al., 2014), or issues around sexual identity among LGBT couples (Bryson & White, 2015). To reach a wider range of couples in

need, the configuration of relationship support services could be improved if funding allowed, including outreach activity or having targeted services focused on the specific needs of vulnerable groups.

These findings are supported by wider literature, which indicates that relationship support interventions tend to predominately focus on families from more stable economic backgrounds, engaged or married couples and white ethnic groups and do not sufficiently reach couples in poverty or economic disadvantage (Harold et al., 2016; Spielhofer et al., 2014; Stock et al., 2014). There is also a lack of research on the effectiveness of relationship support for families in poverty, despite strong longitudinal evidence that couples under economic pressure are more likely to experience stress in their relationships, with higher risks of couple conflict and relationship breakdown. This is critical to note as poverty is evidenced as being both a cause and a consequence of relationship breakdown (Harold et al., 2016; Spielhofer et al., 2014; Stock et al., 2014). EIF will be releasing a further What Works review that specifically explores support for inter-parental relationships for parents in poverty or economic stress. Further primary research is also needed to capture learning on effective implementation and practice taking place with vulnerable families.

Barriers

The existence of barriers to service delivery of relationship support interventions was one of the most consistently discussed themes across the 15 papers. In this section we organise these barriers under three broad themes: acceptability, availability and accessibility.

Acceptability

Stigma of the acceptability of relationship support services means that people only tend to access these services in crisis when their relationship is already significantly distressed (Coleman et. al., 2011). This late access barrier means it may be more difficult for practitioners to effectively intervene as relationship difficulties are more severe and entrenched. Similarly, it is likely that children's outcomes have already been negatively affected due to the ongoing presence of inter-parental conflict in the home.

Social stigma may also be a greater deterrent for families in or at risk of poverty who are already in contact with services for other difficulties. For example, several qualitative studies identified parents' reluctance about disclosing relationship difficulties due to fear that social services may take their children into care. Services also appear to need to do more to cater for other vulnerable groups such as ethnic minorities and men who view relationship support as predominately catering to the needs of women.

Availability

We found there was a lack of relationship support provision available in the UK. In addition, statutory services appeared fragmented and spread across a wide range of sectors. Similarly, some statutory provision did not define itself as 'relationship support' even though it sought to improve the couple relationship, for example IAPT

counselling. Families are therefore likely to struggle to know what services are available, and how and where these services can be accessed.

Accessibility

The cost of services and travel, and the lack of childcare and out-of-hours provision were also identified as significant barriers to families accessing relationship support services. These barriers are likely to disproportionately impact low-income parents or those in poverty (Stock et al., 2014).

Implications for policy and practice

In this section we set out our views on how the findings of our work should impact how services are designed and delivered.

Lack of provision and lack of evidence

Relationship support services appear to be significantly fragmented in the UK, especially among local authorities and statutory services. The evidence-base supporting the effectiveness of the interventions available in the UK is also largely underdeveloped. There is a substantive need to increase and grow UK provision, including improving the evaluation of UK interventions, trialling evidenced-based programmes from the US, as well as system change and building local infrastructure to embed a focus on inter-parental relationships at a local level.

Services for those in or at risk of poverty

Given the importance of targeting relationship support at families in poverty, this review highlighted several strategies that local services could adopt. Families on low incomes tended to access relationship support via professional referrals, whereas middle-class couples generally self-referred. This implies that partnership working could be a critical way to reach disadvantaged families, including:

- Developing multi-agency systems
- Basing relationship counsellors in other services (such as housing, benefits advice, or health)
- Developing single points of referral
- More practitioner training to better identify and screen relationship difficulties.

Services specifically targeted at vulnerable groups, such as the Asian Family Counselling Service (AFCS) or PACE for LGBT couples, were effective in improving access. Finally, the offering of free, subsidised or donation-only services, or a free first appointment was critical to engage families on low-incomes as provided by the major relationship support providers, but these low-cost services need to be well advertised. Further research is needed to enrich this learning about how to overcome delivery barriers and better reach target families on low-incomes.

Early intervention and statutory services

Engaging more parents and couples before their relationships are severely distressed should be a key priority for services. This will require both system change in services, as well as a change of attitudes towards help-seeking for relationship difficulties among couples. To this end, it is important to consider the referral pathways and context in which couples may be introduced to such services.

Health care services such as GPs, perinatal provision and health visitors, alongside parenting programmes and children's centres, could offer a stigma free environment in which individuals or couples may discuss relationship problems, as well as a key avenue to identify early signs of relationship difficulties. Schools and teachers are another access point to identify inter-parental conflict in the home. Housing and advice services were found to have significant contact with low-income families experiencing separation and divorce, and the police, social services and Cafcass have frequent contact with high-risk families experiencing acrimonious conflict.

Targeting couples who are experiencing a significant point of transition within the relationship is another important strategy for early intervention, including marriage, becoming parents, or separation or divorce, as well as other points of transition, such as children entering school, adolescence, or when families risk falling into poverty for reasons such as unemployment or ill-health.

Implications for research

Our work has highlighted a number of areas where further research is needed.

Building the UK evidence-base

The state of evidence on the efficacy of relationship support interventions in the UK is at a very early stage of development with many gaps in knowledge about their impact, as well as effective delivery and implementation. To address this there is an opportunity to trial programmes with an international evidence-base in the UK, for example Family Foundations, Within My Reach and many others identified in EIF's What Works Review (Harold et al., 2016). In addition, existing UK programmes could be supported to conduct more rigorous evaluations of their impact according to EIF's standards of evidence, alongside embedding robust evaluation within new initiatives at both a national and local level, for example, the Local Family Offer, providers of relationship support, and future government relationship-support initiatives.

Impact on families in poverty

Despite the higher risks of relationship difficulties among couples in poverty, there was a lack of research and little focus on this target group in the literature identified. Similarly, there is a paucity of literature focusing on relationship support services specifically targeting minority/difficult-to-reach groups such as black and minority ethnic (BME) families, lesbian, gay, bisexual and transgender (LGBT) couples, disabled parents and fathers. EIF is currently undertaking a What Works review for the Joseph Rowntree Foundation on the effectiveness of relationship support interventions for families in poverty and under economic stress.

Mapping of provision

The scope of this review was limited due to time and resource constraints, and a review of literature will always be limited in its ability to map current service provision given the fluidity of policy and practice changes. Further primary research, would give a clearer indication of the landscape of current service provision within this area. To this end the EIF conducted a small-scale audit alongside this review, which aimed to map relationship support services across England. The information gleaned from this audit will be used to inform an in-depth qualitative study, currently underway, of five local case study areas, which aims to further explore the extent and nature of relationship support services, as well as learning on issues such as accessibility and delivery. There is however still scope for a larger-scale mapping of national and local areas, as well as understanding provision in the devolved nations.

Tackling barriers and effective delivery

Our remit was to map relationship support provision, and while we did identify barriers to service delivery, we did not comprehensively explore literature on how to overcome these barriers. A further literature review and primary research on the delivery and implementation of effective relationship support, to understand what works for whom and under what circumstances are therefore needed. This should focus on how to:

- Design relationship support services and systems.
- Identify and screen families for signs of relationship difficulties.
- Overcome access barriers and better target families in poverty.
- How to further prioritise practitioner training in relationship support. This is for example already being done by OnePlusOne through their Brief Encounters Programme.
- Develop partnership working and referral pathways.
- Embed relationship support in different mainstream sectors and services.

Glossary

Poverty

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

Inter-parental relationship

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

Inter-parental relationship support services

A range of support services that specifically aim to enhance the quality of the couple relationship between parents. While the primary aim is likely to be focused on improving or enhancing relationship/couple outcomes, another primary (or secondary) outcome will be to promote child and/or parenting outcomes. Inter-parental relationship support services therefore explicitly acknowledge the impact that the quality of the inter-parental relationship can have on child wellbeing as well as on parenting.

Relationship support services

A range of support services that aim to enhance the quality of the couple relationship between two partners, regardless of whether or not they have children. The primary aim is therefore to improve or enhance relationship/couple outcomes.

Outcome

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

Parenting outcome

A primary short- and/or long-term goal of an intervention, focused on improving or enhancing positive parenting skills/capabilities.

Child outcome

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

Relationship/couple outcome

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

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rytoseeit2013.pdf

Appendix 1: Methodology and results of the search

Research methodology

This was a rapid evidence assessment. Although a systematic review of the available literature would have been the most rigorous and well-defined approach, systematic reviews typically take 6-12 months. Given the limited time available, a rapid evidence assessment approach was thus adopted. This approach provides a more structured and rigorous search and quality assessment of the evidence than a literature review, but is not as exhaustive as a systematic review. A rapid evidence assessment can typically be completed within 8 weeks, which aligned well with the timeframe for this review (Levac et al., 2010; Thomas et al., 2013).

Search strategy

The search strategy adopted for this review can be divided into three main components:

1. Contacting experts within the field.
2. A search of academic literature on three bibliographic databases, using predefined search terms.
3. A search of the grey literature through the consultation of websites of relevant provider organisations.

Each of these components is identified in the Cochrane handbook for systematic reviews as being important sources of literature to search (Higgins & Green, 2011). These particular sources were selected on the basis that they comprehensively cover both academic and grey literature, while still keeping the amount of data retrieved manageable under the time constraints for this review. Similarly, other sources of information, such as hand searching of journals and bibliographic mining, were excluded from the search strategy for pragmatic reasons regarding time available to complete this review. Each of the three components is discussed further below.

Contacting experts
Expert academics, researchers, and practitioners within the field were contacted to identify any studies that were eligible for inclusion in this review. In order to identify the relevant people to contact, we drew heavily on the network of content experts we had established through our prior work on 'What Works to Enhance Inter-Parental Relationships and Improve Outcomes for Children'. A snowballing technique was also adopted, whereby those contacted suggested other colleagues that might have been able to suggest further literature. In total, 24 people were contacted, eight of whom responded. The names of people who responded are included in appendix 3.

Search of bibliographic databases

Searches of bibliographic databases are a method of easily identifying an initial set of relevant reports of studies electronically (Higgins & Green, 2011). The search of relevant databases for this review was limited to two databases:

- ASSIA (ProQuest)
- Social Service Abstracts (ProQuest)

These databases were selected due to their relevant coverage of current research focused on social work, human services, social welfare, social policy, and community development. Pilot searches were conducted in order to ensure that relevant literature would be identified using these databases before the full searchers began.

Bibliographic databases are generally searched electronically for key words in the title or abstract of a potentially relevant record, and by using the standardised indexing terms assigned to each record (Higgins & Green, 2011). A search strategy should build up the controlled vocabulary terms, text words, synonyms and related terms for each concept of interest in the research question. Table 10 lists the various search terms used to search databases for this review. These terms were derived through consultation with the wider EIF staff who authored the review on 'What Works to Enhance Inter-Parental Relationships and Improve Outcomes for Children', as that review offered the opportunity to become immersed in the relevant literature and therefore become familiar with the types of indexing terms that would be relevant to include in the search.

The search terms were piloted in the identified databases in order to ensure that they captured the relevant information. Additionally, Professor Gordon Harold was consulted to provide feedback on search terms.

TABLE 10: SEARCH TERMS

Population terms	Intervention/service terms	Risk terms	Location terms
Parent* OR	Support OR	Poverty OR	"United Kingdom" OR
Couple*	Service*	"High risk"	UK
Partner*	Counsel*	"Low income"	England
"Inter-parental"	Therapy*	Disadvantage*	Britain
Interparental	Intervention	"Troubled families"	"Great Britain"
"Co-parenting"	Program*	Deprivation	Scotland
Relationship*	"Service delivery"	Deprive*	"Northern Ireland"

Divorce	"Low socioeconomic status"	Wales
Separat*	"Low SES"	
Conflict	"Fragile families"	
Marriage		
Martial		
"Couple Relationship Education"		

*denotes multiple word endings including singular and plural

"" denotes only the full term will be searched for

Boolean operators:

- 'OR' joins each of the terms within each concept. This means articles will be retrieved that contain at least one of these search terms.
- 'AND' joins the different concepts (and their synonyms) in each category; limiting the retrieved set to articles.

Searches included

(1) Population terms AND intervention/service terms
(2) Population terms AND intervention/service terms AND risk terms
(3) Population AND intervention/service terms AND risk terms AND location terms

Search (1) was primarily used in the piloting phase of the search terms. This allowed for an estimate of the size of the generally relevant literature (i.e. sensitive search) to be identified. Searches (2) and (3) allowed for a more specific set of references to be obtained. The results of searches (2) and (3) were merged to produce the final set of papers that were reviewed for potential inclusion.

It is noted that relevant material may have been missed using searches (2) and (3) due to the generally poor quality indexing in many social science databases. It was however necessary for the reviewer (first author) to rely on the more specific searches in order to ensure that the output of searches was manageable given time and resource constraints.

Searching other sources

Only conducting a search of the academic literature would not be considered comprehensive due to issues of publication bias (Higgins & Green, 2011). The following sources of grey literature were therefore also searched in order to identify any other studies that were relevant to the review but were not identified in the database searches.

Websites

The publications of key organisations within the field of relationship support services were reviewed via their main websites. A full list of organisation websites consulted is included in Appendix 2.

Organisations were selected after consultation with EIF staff members who had authored the '*What Works to Enhance Inter-Parental Relationships and Improve Outcomes for Children*' review. We therefore made use of in-house knowledge and networks that had been established during our previous work on inter-parental relationships. Other organisations were identified through general internet searches.

Inclusion-exclusion criteria

In order to be included in the review, papers had to be published in English between 2006 and 2016. Additionally, papers had to meet at least one of the following criteria.

Inclusion criteria

- Literature review providing an overview of IPR service delivery in the UK (i.e. services available, barriers to implementation/uptake etc.).
- Literature review providing an overview of IPR service delivery in the UK with a secondary objective of considering the effectiveness of several IPR services in the UK.
- Qualitative study or survey exploring the nature of IPR service delivery in the UK (from the perspective of service providers and/or users).
- Mapping of IPR services delivery in the UK.
- All papers detailing IPR service delivery in the UK regardless of 'level of need of target population (i.e. not only papers discussing families in or at risk of poverty).

The following papers were excluded from the review:

Exclusion criteria

- Literature reviews discussing IPR service delivery internationally.
- Impact evaluations of specific IPR support service/intervention offered in the UK or internationally.
- Policy papers advocating for the importance of IPR services.

Reference management

Results from all three components discussed above were collated using RefWorks reference manager.

Strengths and limitations

Strengths

- Although not a full systematic review, the methodology used to identify relevant papers for this review is clear and transparent.
- In order to minimise selection bias of studies included in this review, 10 borderline cases were piloted with a second author. Each of the 10 studies were therefore independently reviewed by the first and second author.

Limitations

- Due to resource constraints, only the first author of this review was responsible for deciding which studies met inclusion and exclusion criteria. This put the review at a high risk of selection bias. It is however again important to note that this review was never intended to be a full systematic review. It is therefore acknowledged that there is a possibility that relevant studies may have been missed.
- The review was limited to only two academic databases, a relatively restricted set of search terms, and excluded evaluations of specific IPR interventions/services, and unpublished programme documentation, such as the funding proposals of the Local Family Offer Pilots.
- Resource limitations meant that only 15 studies were fully reviewed, and it was not feasible to include a wider set of studies for partial review.
- The studies included in this review are of varying quality and rigour as no study was excluded on the basis of any predefined standards of evidence. The EIF team did not undertake a formal assessment of the quality of the evidence. Included studies are therefore likely to be of varying quality, and the findings of each paper should be considered alongside the methodology used.
- The search terms used to identify relevant papers in bibliographic databases were targeted more heavily on formal relationship support services likely to be offered by relationship support organisations. Informal relationship support services (such as those delivered by the NHS or other health care providers) are therefore likely to have been missed.
- This review included relevant papers that have been published during the last 10 years. Although this allowed for a comprehensive overview of what has been done before to map IPR service provision in the UK, it is noted that some of the included studies are relatively old, and therefore do not necessarily reflect current practice and policy.
- Given the rapidly changing nature of policy and practice and lack of evaluation evidence, a review of literature will always only provide a limited picture of current service provision. Further primary research, in particular in-depth qualitative research, is therefore needed to more comprehensively map the state of current provision.

Results of the search

A flow diagram documenting the results of the searches and the process of study inclusion and exclusion is provided in Figure A1. All retrieved studies were first compiled in RefWorks and duplicates removed before an initial screening of titles and abstracts. During the initial screening of 5,096 articles, 120 that were potentially relevant for inclusion were retained for full-text assessment. 4,976 articles were thus identified as irrelevant and excluded on the basis of their titles and/or abstracts. Based on the full text review, 15 studies were deemed relevant. These studies are listed in appendix 4 and are included in the narrative synthesis.

In an effort to minimise the risk of excluding any relevant studies, the reviewer erred on the side of caution in selecting studies for full-text review. Of the 105 studies excluded after full text review, the majority were policy-relevant papers, impact evaluations of a single intervention and/or US-focused literature.

FIGURE A1: FLOW DIAGRAM OF SEARCH
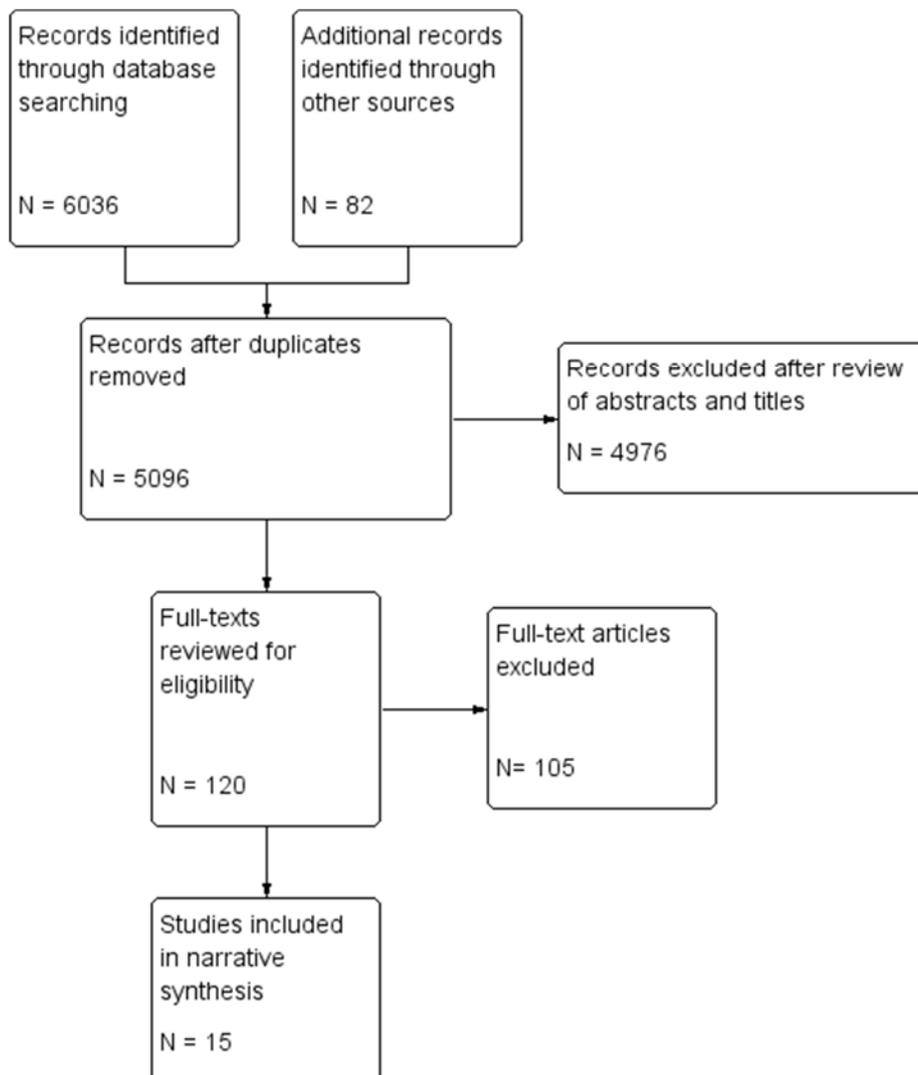
Description of studies

The following section provides a brief overview of the studies that were included in the review. It highlights who published the papers; the type, aims and methodology of the paper, as well as the population of focus, and the origin of evidence used. This information is also summarised in Appendix 4.

Published by

Five of the 15 studies included in this review were published by one of the Relationships Alliance organisations (TCCR, Relate, Marriage Care, and OnePlusOne) (Abse, Hewison, Casey, & Meier, 2015; Coleman & Stoilova, 2014; Glenn, 2007; Marjoribanks, 2015; Wilkins, 2013). A sixth study is as yet unpublished, but was commissioned by Relate (Bryson & White, 2015).

Three studies were published by other non-government organisations, not part of the Relationships Alliance (Barrett, Chang, & Walker, 2010; Chang & Barrett, 2008; Corlyon et al., 2009). These organisations include the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO), Family and Parenting Institute, and the Tavistock Institute.

Five of the studies were published by the government Department for Education (Corlyon & Clay, 2008; Corlyon & Stock, 2011; Ramm et al., 2010; Spielhofer et al., 2014; Walker et al., 2010).

The final study was published by the Health and Social Care information centre, which is an executive non-departmental public body, sponsored by the Department of Health (Community and Mental Health Team, 2015).

Type and methodology

Literature review

Of the 15 studies included in the review, five were literature reviews (Abse et al., 2015; Barrett et al., 2010; Chang & Barrett, 2008; Coleman & Stoilova, 2014; Glenn, 2007). Three of these did not describe the methodology used to identify literature in sufficient detail (Abse et al., 2015; Chang & Barrett, 2008; Coleman & Stoilova, 2014). However, most of the literature reviews appear to have used some combination of database searches, bibliographic harvesting, and contacting/consultation of experts and provider organisations. None of the studies were full systematic reviews, although they all adopted some systematic review techniques.

Qualitative study

Three of the included studies were qualitative studies (Marjoribanks, 2015; Ramm et al., 2010; Walker et al., 2010). The first qualitative study involved in-depth interviews, focus groups, and the completion of e-surveys by relationship support service users from across England (Walker et al., 2010). The second qualitative study performed secondary analysis of a dataset derived from 112 individual interviews, and eight focus groups (comprising 64 individuals) with participants who were in long-term relationships. The sample came from London, Bristol and York (Ramm et al., 2010). The final qualitative study did not describe the method of data collection in sufficient detail (Marjoribanks, 2015). The data appears to have been collected during individual

interviews, as well as focus groups and roundtable discussions with experts in the field of relationship support. Names of these experts are listed in the acknowledgements section of the report.

Mixed methods

Five of the studies were mixed methods studies (Bryson & White, 2015; Corlyon et al., 2009; Corlyon & Stock, 2011; Spielhofer et al., 2014; Wilkins, 2013). The first involved a mapping of relationship services across six organisations funded by the Department for Work Pensions (DWP) through a combination of qualitative and quantitative methods (Bryson & White, 2015). Data were collected by means of interviews conducted with 21 managers and practitioners working at one of the six DWP-funded organisations providing relationship support services in the UK (see appendix 4 for list of DWP funded organisations).

The second study used a combination of literature reviewing and qualitative research (Wilkins, 2013). In terms of the literature review, the study drew most heavily on two reports commissioned by the Department for Education – *Relationships Matter*, and *Relationship Difficulties and Help-Seeking Behaviour*. The qualitative component was not described in sufficient detail, but involved informal interviews with practitioners in the field of relationship counselling in England. The third study involved a literature review, quantitative pre- and post-surveys with 761 service users, qualitative interviews with 38 staff and 155 service users, and a value-for-money analysis (Spielhofer et al., 2014). The fourth study included qualitative interviews with 41 providers and 75 services users, monitoring information of 1,944 families accessing services, as well as a quantitative telephone survey conducted with 292 parents after they had engaged with services (Corlyon & Stock, 2011). The final study comprised a literature review, interviews with 51 separated parents and their children (including 10 sets of family case-studies), and interviews with 19 providers of mainstream services to separating/separated families (Corlyon et al., 2009).

Mapping of services for parents and families

Two of the included studies fell within this category. The first study involved a mapping of support services available to parents and families in the UK (Corlyon & Clay, 2008). This included a mapping of services provided by the statutory, voluntary, community, and other third sector services. Firstly, services provided by 10 large national organisations in the voluntary sector were mapped. The 10 national organisations included BAAF; Coram Family; Contact a Family; The Family Welfare Association; Lifeline; NCH; One parent families/Gingerbread; Relate; YMCA; and the YWCA.

Additionally, 15 local authorities were selected, and all their services (both in the voluntary and statutory sectors) were mapped. Data were collected by means of telephone interviews. Local authorities included in the sample included Lincolnshire; Cambridgeshire; Somerset; Bradford; Liverpool; Bristol; Newham; Derby; Milton Keynes; Luton; York; Kensington & Chelsea; Telford & Wrekin; Redcar & Cleveland; Isle of Wight.

The final study was a mapping of IAPT (Improving Access to Psychological Therapies) services delivered in England (Community and Mental Health Team, 2015). IAPT service providers regularly collect and return data on services delivered to patients. This data includes patient-reported outcomes recorded during treatment, and

information from independent sector organisations who are providers of NHS-funded IAPT services, for 1,123,002 referrals in the 2014/2015 dataset.

Aim

The stated aims of each of the included papers are somewhat varied. Two of the papers aimed to summarise available evidence so that it can be used by policy makers to inform their decision-making with regards to the design of policies relating to the couple relationships (Abse et al., 2015; Walker et al., 2010). Another study had a similar aim, but looked to summarise available evidence so that service providers could use the information to improve their service provision to couples in such a way that child outcomes would also be improved (Barrett et al., 2010). A fourth study aimed to evaluate the effectiveness of 10 pilot projects which sought to coordinate local services for separating and separated families (including relationship support services) in 10 different locations in England (Corlyon & Stock, 2011).

Two studies aimed to explore the nature and types of relationship support services available in the UK (Chang & Barrett, 2008; Coleman & Stoilova, 2014). Another two studies broadly aimed to examine the nature and types of relationship support services available which specifically target couples going through (or at risk of) separation/divorce (Corlyon, et al., 2009; Marjoribanks, 2015). A third study involved an annual report on the nature and types of IAPT services delivered between April 2014 and March 2015 (Community and Mental Health Team, 2015).

One study solely focused on couples with a disabled child, considering the impact that having a disabled child has on the couple relationship and how these couples might be supported (Glenn, 2007). Another study aimed to explore men's attitudes towards help-seeking in relation to couple support (Wilkins, 2013). One study aimed to examine the views of couples at various stages of their relationship with regards to their attitudes and beliefs about what contributes to a healthy relationship (Ramm et al., 2010). Another study aimed to explore the experiences and views of participants and practitioners on services available at specific relationship service provider organisations (Spielhofer et al., 2014)

Two studies involved a mapping of parenting, family-focused, and relationship support services available in the UK to varying degrees (Bryson & White, 2015; Corlyon & Clay, 2008). The aim of the first study was to profile each of the relationship support services provided by organisations funded by DWP, as well as the clients who use these services (Bryson & White, 2015). The six organisations funded by DWP (through the Relationship Support: Support for Couples Experiencing Difficulties contract) include Asian Family Counselling Services (ASCS), Contact a Family (CaF), Marriage Care, PACE, Relate and the Tavistock Centre for Couple Relationships (TCCR).

The second study aimed to map services available for parents and families provided by the statutory, voluntary, community, and other third sector services in the UK (Corlyon & Clay, 2008). Relationship support services are therefore not the sole focus of this study, but are included as one of the types of services provided to parents and families.

Target population with regards to relationship status

Eight of the included studies considered couple relationships at various stages of development (e.g. couples before marriage, couples in conflict, couples becoming parents, couples going through divorce/separation) (Abse et al., 2015; Barrett et al., 2010; Bryson & White, 2015; Chang & Barrett, 2008; Coleman & Stoilova, 2014; Ramm et al., 2010; Spielhofer et al., 2014; Walker et al., 2010). The focus is thus often on couples experiencing key periods of transition within their relationship.

The other seven studies focused on specific types of couples, or couples at specific stages of their relationship (Community and Mental Health Team, 2015; Corlyon, 2009; Corlyon & Clay, 2008; Corlyon & Stock, 2011; Glenn, 2007; Marjoribanks, 2015; Wilkins, 2013). These types/stages include parents of a disabled child (Glenn, 2007); couples with children (Corlyon & Clay, 2008); men in relationships (Wilkins, 2013); individuals with depression or anxiety related to relationship issues (Community and Mental Health Team, 2015); and couples and families before, during, or after separation/divorce (Corlyon, 2009; Corlyon & Stock, 2011; Marjoribanks, 2015).

Origin of evidence

As per the inclusion criteria, all included studies made use of at least some evidence from the UK. Two of the studies did however, draw heavily on evidence from the USA due to a lack of evidence in the UK (Abse et al., 2015; Glenn, 2007).

Appendix 2: List of websites consulted

1. Accord
2. ASDC England
3. Barefoot Institute
4. Barnardo's
5. BBC Parenting
6. CAFCASS
7. CAMHS
8. Counselling Directory
9. Divorce Aid
10. Families Need Fathers
11. Family Action
12. Family and Childcare Trust
13. Family Caring
14. Family Lives
15. Family Rights Group
16. Find Counselling
17. Gingerbread
18. Gov.uk
19. Happy Steps
20. Marriage Care
21. National Family Mediation
22. NSPCC
23. OnePlusOne
24. Parenting UK
25. Public Health England
26. Relate
27. Relationship Scotland
28. Sorting Out Separation
29. The Couple Connection (offered through OnePlusOne)
30. The Parent Connection
31. The Spark
32. The Tavistock Centre for Couple Relationships (TCCR)
33. The Tavistock Institute of Human Relations (TIHR)
34. C4EO

Appendix 3: List of experts contacted and responses received

People contacted, listed alphabetically by surname.

1. Susanna Abse
2. Carolyn Cowan
3. Phil Cowan
4. Gordon Harold
5. Penny Mansfield
6. David Marjoribanks
7. Anne Power
8. Janet Reibstein
9. Amy Skipp

Appendix 4: Studies included

Author	Published by	Type of study	Aim	Methodology	Population of focus	Origin of evidence
Corlyon, et al., (2009)	The Tavistock Institute	Mixed methods study	The overall aim of the research was to develop an understanding of how the needs of children in low income, separated families might best be met, and in particular to shed light on how services and especially mainstream services, could facilitate the role of non-resident parents in meeting those needs.	Literature review using systematic methods Qualitative study of non-resident parents, resident parents and children in separated families in eight economically deprived locations in England and Wales Qualitative study of providers of key mainstream services in the same locations as above. Focusing on what services are available, what service providers understood to be the needs of non-resident parents, and how services could be better configured to help non-resident parents and their children.	Low-income separated families	England and Wales

Community and mental health team (2015)	Health and social care information Centre (now called NHS digital)	Mapping of service delivery	Third annual report produced from the IAPT dataset and is intended to give an overall picture of IAPT service between 1st April 2014 and 31st March 2015	The IAPT programme is supported by a regular return of data generated by providers of IAPT services in the course of delivering those services to patients, including patient-reported outcomes recorded during treatment. The dataset also includes information from independent sector organisations who are providers of NHS-funded IAPT services. These data are received by the Health and Social Care Information Centre (HSCIC)	IAPT is an NHS programme in England that offers interventions approached by NICE for treating people with depression and anxiety disorders.	England
Corlyon & Stock (2012)	Department for Education	Mixed Methods study	The aim was to test how best to co-ordinate local service for separating and separated parents and their children, especially those who are disadvantaged, in order that access to financial, practical, legal and emotional	Qualitative interviews with project managers and partners in each pilot. A total of 51 individuals across the 10 pilot sites were interviewed at the onset of the study, and 45 were successfully re-interviewed at the end. Qualitative interviews with parents who had used the services. In total	Separating/separated families	England

			help could be speeded up, and parental conflict and the negative impact of separation on children's outcomes minimised.	75 initial parent interviews, evenly spread across the pilot sites, were carried out in the first round and 26 parents were subsequently re-interviewed. Monitoring information on the participating families and the services they received was collected by the pilot sites and forwarded monthly to the research team. Detailed monitoring information was collected on the 1,944 families offered services by the pilots and 529 families were subsequently followed up four months later. A quantitative telephone survey was carried out with parents after their engagement with the pilots. A total of 292 interviews with parents were achieved in the survey.		

				Data on performance and cost provided by the pilots was used for a quantitative assessment of the relative cost-effectiveness of the pilots.		
Spielhofer et al., (2014)	Department for Education	Mixed Method study	Aimed at exploring the experiences and views of relationship support participants and practitioners	Literature review Approach to identifying relevant literature not described in detail. Noted that a systematic process was adopted. Qualitative interviews interviews with 44 strategic, operational and delivery staff across six providers, as well as in-depth interviews conducted mainly over the telephone with 21 parents who received LST, 24 couples or individuals who had signed up to receive marriage preparation, and 80 couples or individuals who accessed relationship and/or couple counselling with one of four providers: AFCS, Marriage Care, Relate or TCCR	Couples at various stages of their relationships (Providers and service users of three large scale relationship support services – Marriage preparation; Let's Stick Together; Couple Counselling)	England

				Quantitative surveys: a pre- and post-intervention survey with parents accessing services at the various provider organisations. Value for money analysis		
Abse et al., 2015	The Tavistock Centre for Couple Relationships (TCCR)	Literature review	To summarise evidence that will help policy makers design better policies to support couple relationships.	Literature review Approach to identifying relevant literature not clearly stated.	Couples at various stages of their relationship. Excludes interventions specifically aimed at post-separation co-parenting.	Predominantly USA Does also discuss UK evidence where available.
Barrett et al., 2010	C4EO	Literature review	To summarise the best available evidence that will help service providers to improve services, and, ultimately, outcomes for children, young	Rapid literature review Involved systematic searchers of relevant databases and websites Reference harvesting of key papers identified.	Couples at various stages of their relationship.	Predominantly UK

| | | | people and their families.

To draw out the key 'what works' messages on families, parents and carers. | Recommendations from Theme Advisory Group, and a group of experts in parents and carers policy, research, and practice informed the literature review.

The review team used a 'best evidence' approach to systematically select literature of the greatest relevance and quality to include in the review | | |
|---|---|---|---|---|---|---|
| Chang et al., 2008 | Family and Parenting Institute | Literature review | To explore the nature and usefulness of support services currently provided to couples in the UK. | Literature review

Approach to identifying relevant literature not described in sufficient detail.

Involved a search of all available published literature and websites of relevant organisations. | Couples at various stages of their relationship | UK and USA |

				Contacted UK-based service providers in order to obtain as much additional information as possible about the nature of the services currently provided for couples in the UK.		
Walker et al., 2010	Department of children, schools and families	Qualitative study	To inform the Government's policy commitment to support couple relationships, particularly those of parents. To gain in-depth insights via a range of qualitative methods. To inform policy initiatives, which can support families and children, by extending the evidence available	Qualitative study In-depth interviews were undertaken with 132 people [services users]. Conducted 10 focus groups (78 participants [service users] in total) in different parts of England 669 participants [service users] across England completed online e-surveys. The study was undertaken in two phases: the first focused on couples whose relationship had broken down, resulting in separation,	Couples at various stages of their relationship Included participants from across England.	UK

			about the support needs of adults in different kinds of couple relationships.	divorce or the dissolution of a civil partnership; the second focused on couples in on-going relationships of varying duration.		
Coleman & Stoilova (2014)	Relationships Alliance (Relate, marriage care, TCCR, and OnePlusOne)	Literature and case study review	To identify a range of good practices and different approaches to supporting couple's relationships. To outline a number of distinct case studies, assess the evidence of their effectiveness; and discuss the possibility of enhancing or replicating the positive results of these services.	Literature and case study review Approach to identifying relevant literature and case studies not clearly stated.	Couples at various stages of their relationship	UK and USA
Glenn et al., 2007	OnePlusOne	Literature review	To bring together the range of evidence exploring the impact of	Literature review	Parents of a disabled child	UK and USA

			caring for a child with a disability on the couple relationship. To examine research on families with children who have disabilities, and identify the growing body of evidence that maps the important link between the parental relationship and outcomes for children.	A range of databases, including PubMed; Bids; IngentaConenct; and Google Scholar, were searched to identify research relevant to the review. Reference harvesting. Contacted researchers and professionals in the field to further identify relevant papers.		
Corlyon et al., 2008	Department of children, schools and families	Mapping of services available to parents and families in the UK	To map services for parents and families provided by the statutory, voluntary, community and other third sector services in a sample of 15 local authorities.	Mapping of services Mapping of local services involved selecting 15 local authorities in order to list all the services provided by that local authority in all sectors.	Parents and families 15 local authorities: 1. Lincolnshire 2. Cambridgeshire 3. Somerset 4. Bradford 5. Liverpool 6. Bristol	UK

| | | | To map services for parents and families provided by 10 large national organisations in the voluntary sector.

To explore the extent to which the local and national voluntary and community sector (VCS) services met the five objectives set out in the 'Every Child Matters' agenda.

To identify any gaps and overlaps in service provision locally and nationally. | Mapping of services provided by national organisations involved selecting ten large national voluntary organisations in order to identify all the different types of services they provide.

Telephone interviews were conducted with a senior member of staff in the national organisations and a manager in each of the verified VCS services within the 15 local authorities.

The 'social network analysis' involved sending the mapping spreadsheet to the contact person in each of the voluntary services that had been previously identified. Respondents were asked to specify whether they a) knew the service by name only, b) referred users to the service, c) met with service workers or d) undertook joint work | 7. Newham
8. Derby
9. Milton Keynes
10. Luton
11. York
12. Kensington & Chelsea
13. Telford & Wrekin
14. Redcar & Cleveland
15. Isle of Wight

10 National voluntary organisations:
1. BAAF
2. Coram Family
3. Contact a Family
4. The Family Welfare Association
5. Lifeline
6. NCH
7. One parent families/Gingerbread
8. Relate
9. YMCA | |

				with the service in each local authority.	10. The YWCA	
Ramm et al., 2010	Department for Education	Qualitative study	To identify when relationship difficulties occur and what the consequences are. To establish what people think helps their relationship to endure. To identify what attitudes and beliefs people hold about their relationship. To identify how people try and improve their relationships.	Qualitative study Involved secondary analysis of a dataset derived from interviews with individual who were in long-term relationships. The data were generated from 112 individual interviews and eight focus group discussions (comprising 64 individuals).	Couples at various stages of their relationship. Sample from London, Bristol and York.	UK

| Bryson & White, 2015 | Unpublished

Commissioned by Relate | Mixed methods review | To profile each service [funded by Department for Work and Pensions (DWP)*] and the clients they are reaching.

To reflect on how well these services are working.

To explore what is key to service delivery.

*DWP provides funding to six organisations – Asian Family Counselling Services (ASCS), Contact a Family (CaF), Marriage Care, PACE, Relate and the Travisock Centre for Couple Relationships (TCCR) | Qualitative and quantitative methods.

Exploratory qualitative research involving 21 interviews with managers and practitioners in each provider organisation. Quantitative analysis of data collected by providers on the profile of clients and their post-support outcomes to end October 2015. | Couples at various stages of their relationship.

Focussing on couples accessing services at one of the six providers funded by DWP. | UK |
|---|---|---|---|---|---|---|

| Wilkins., 2013 | Relate | Mixed methods review | To explore what is known about men's attitudes to help-seeking in general and particularly in relation to situations that cause emotional distress.

To focus most strongly on apparent differences between men and women in their experience of relationship problems and in their attitudes to relationship support services. | Literature review and Qualitative study

Approach to identifying relevant literature not clearly stated.

The sources which were drawn on most heavily, are two reports commissioned by the Department for Education (the Department for Children, Schools and Families as it was formerly) and published in 2010.
The two reports include Relationships Matter20 and Relationship difficulties and help-seeking behaviour21.

Qualitative component involved speaking to people working in the field of relationship counselling. | Men in relationships | Predominantly UK |

| | | | | Meeting with a group of local Counsellors at two Relate centres (Relate Bournemouth, Poole & Christchurch and Relate Brighton, Hove, Worthing, Eastbourne & Districts)

Facilitating a round-table meeting with a group of representatives from other national relationship support organisations, at which they shared their own experience and advice on the issue of men's use of support services. | | |

| Majoribanks et al., 2015 | Relate | Qualitative study | To explore the current provision of support before, during and after separation and the extent to which it is currently coordinated. | Approach to collecting data not described in sufficient detail.

Interviewed several experts individually, in focus groups, or in roundtable discussion (names of participants listed in the acknowledgements). | Couples and families before, during, or after separation | UK |

Appendix 5: Types of services available in the UK (as identified in included papers)

Name of Intervention/service	Paper referenced	Provider of intervention/service	Nature/type of service delivery	Parent focused/ child focused/ workforce development	Target population/Stage of relationship
Let's Stick Together	Abse et al., 2015; Coleman & Stoilova, 2014; Spielhofer, 2009	Marriage Care	Parenting programme with couple component	Couples/Parents	Transition into parenthood
Preparing Together	Abse et al., 2015; Coleman & Stoilova, 2014; Spielhofer et al., 2014	Marriage Care	Marriage/relationship Education	Couples/Parents	Couples getting married
FOCCUS	Abse et al., 2015; Chang et al., 2009; Coleman & Stoilova,	Marriage Care	Marriage/relationship Education (Diagnostic inventory)	Couples/Parents	Premarital couples

	2014; Speilhofer et al., 2014				
ADVANCE	Abse et al., 2015	Incredible Years	Parenting programme with couple component	Parents	Couples with children
PREPARE	Chang et al., 2009	Prepare-Enrich UK	Marriage/relationship education (Diagnostic Inventory)	Couples/Parents	Premarital couples
Relationship Enhancement	Chang et al., 2009	Unspecified	Marriage/relationship Education (skills based)	Couples	Couples at all stages of relationship
Prevention and Relationship Enhancement Program (PREP)	Chang et al., 2009	PREP	Marriage/relationship Education (skills based)	Individuals and couples	Individuals before they are in a relationship and couples at all stages of relationship
Brief Encounters	Coleman & Stoilova, 2014.	OnePlusOne	Practitioner training	Practitioners	Practitioners working with couples
Professional Counselling/Therapy	Barrett et al., 2010; Chang et al., 2009; Walker et al., 2009; Coleman & Stoilova, 2014; Corlyon & Stock, 2012;	Varied e.g. Relate, ACCORD Catholic; Marriage Care; TCCR	Relationship Counselling/therapy	Couples/Parents	Couples at all stages of relationship

	Spielhofer et al., 2014				
Mediation	Barett et al., 2010; Chang et al., 2009; Corlyon, 2009; Corlyon & Stock, 2012.	Varied e.g Courts, Family Mediation Scotland; Coram Family; Children's Charity NCH.	Mediation	Couples/Parents	Couples going through separation/divorce
Parental divorce educational programmes	Barett et al., 2010' Corlyon, 2009	Unspecified	Relationship Education	Couples/Parents	Couples going through separation/divorce
Contact with children for non-resident parents	Corlyon, 2009	National Association of Child Contact Centre's (NACCC)	Parent support	Parents	Couples who are separated
Telephone helplines	Barett et al., 2010; Chang et al, 2009; Walker et al., 2009; Corlyon, 2009.	Varied e.g. Relate, Samaritans; marriage care; Breaking Free, Samaritans, Parentline Plus, Young Minds, Care line, Miyad	Generic self-help services	Couples/Parents	Couples in conflict or going through separation/divorce

Online services	Barrett et al., 2010; Walker et al., 2010; Coleman & Stoilova, 2014; Corlyon, 2009 Other reference: Houlston & Coleman, 2011	Varied e.g. Gingerbread, Relate online, OnePlusOne; Splitting up? Put kids first; equal parenting council, amnesty 4 families, the ManKind initiative, Shared Parenting; Information group; Dad Info)	Generic self help	Individuals, Couples/Parents	Couples at various stages of their relationship
Specialist service delivery	Barrett et al., 2010; Chang et al., 2009	Varied e.g. Women's Aid	Information, support, accommodation	Couples/Parents	Women affected by domestic violence
Specialist service delivery	Barrett et al., 2010; Chang et al., 2009	NSPCC Cardiff domestic violence prevention service	Varied e.g. gender specific group-based interventions; Duluth Model	Couples/Parents	Perpetrators of domestic violence
Child-focused interventions	Barrett et al., 2010; Coleman & Stoilova, 2014.	Varied e.g. Place2be; the Dawn Project; Relate	School-based interventions	Children	Varied (Children with Emotional and behavioural difficulties; children affected by family change)

Child-focused interventions	Barrett et al., 2010	Varied e.g. NSPCC, Childline, Child Protection Helpline	Telephone/email help	Children	Children seeking immediate, quick access support
Child-focused interventions	Barrett et al., 2010	Unspecified	Self-help (Generic information via leaflets, websites, booklists, books, audio-visuals, computer games)	Children	Children experiencing parental divorce, separation and or conflict
The Couple Communication programme	Chang et al., 2009	Couple Communication	Marriage/relationship education (Skills based programme)	Couples	Couples at all stages of relationship
Within my Reach	Chang et al., 2009	PREP	Marriage/relationship education (Skills based)	Individuals (typically parents)	Individuals who may or may not be in a relationship
Specialist service delivery	Chang et al., 2009	Varied e.g Relate, medical practitioners (GPs)	Varied – counselling, drug therapy	Individuals or couples	Individuals or couples experiencing sexual dysfunction
In-court conciliation	Chang et al., 2009; Corlyon, 2009	Children and Family Court Advisory and Support Service	Mediation	Couples	Couples in litigation

Surviving the breakup (part of the Dawn project Sheffield)	Chang et al., 2009; Corlyon, 2009.	Diocese Sheffield	Relationship Education (group-based)	Couples	Couples going through separation/divorce
Parenting Information Programmes	Chang et al., 2009	Family mediation Scotland	Marriage/relationship education (Information based programme)	Couples	Couples going through separation/divorce
Marriage Preparation courses	Walker et al., 2010	Varied e.g. religious institutions; Relate	Varied e.g. counselling, information/discussion based	Couples	Couples about to get married
Health care services: Antenatal services	Walker et al., 2010	National Childbirth trust Health visitors	Relationship/marriage education (Information based services)	Individuals/couples	Couples/individuals becoming parents
Sure Start Children's Centres	Walker et al., 2010; Marjoribanks et al., 2015	Sure Start Children's Centres	Parenting intervention with additional relationship component	Couples	Couples/individuals with children
Health care services: GP services	Walker et al., 2010	Medical practices	Varied e.g. signposting, prescription drug therapy, sexual problems	Individuals/couples	Individuals/couples at all stages of relationship

					(particularly vulnerable families)
Parents as Partners	Coleman & Stoilova, 2014; Marjoribanks et al., 2015.	TCCR in conjunction with Family Action	Parenting intervention with additional relationship component	Couples/parents	Couples at all stages of their relationship
Explore	Coleman et al., 2014	The Explore Experience	Relationship education	Young people	Students
Specialist services: Early Support programme	Glenn et al., 2007	Unspecified	Unspecified	Couples/parents	Parents with a disabled child
Specialist services: Social and respite care	Glenn et al., 2007	Unspecified	Unspecified	Disabled children	Parents with a disabled child
Specialist services: Online support	Glenn et al., 2007	Brain line	Self-help	Parents	Parents of a disabled child
Family Foundations	Marjoribanks et al., 2015	Family Foundations	Marriage/relationship education (skills based)	Couples/parents	Couples becoming parents
Parent information Programme (PiP)	Corlyon, 2009	Family mediation Scotland	Education/information	Couples/parents	Separated/separating families
Moving Forward	Corlyon, 2009	Relate	Skills-based	Couples/parents	Separated/separating parents

Parents Apart	Corlyon, 2009	Relate	Educational/information	Couples/parents	Separated/separating parents
Parenting without Conflict	Corlyon, 2009	Restorative Justice Council	Educational and skills-based	Couples/parents	Separated/separating parents
Varied service provision and signposting	Corlyon, 2009	Association for Shared Parenting Families Need Fathers (FNF)	Information/ practical	Couples/parents	Separated/separating parents
Psychological services (IAPT)	Community and mental health team (2015)	NHS	Counselling	Individuals/couples	Individuals and couples with anxiety and/or depression
Couples Counselling for Asian families	Spielhofer et al., 2014	Asian Family Counselling Service (AFCS)	Culturally sensitive and appropriate counselling	Asian individuals/couples	Couples at all stages of relationship
Child focussed services	Corlyon, 2009	Children and Family Court Advisory and Support service (Cafcass)	Safeguarding and promotion of welfare of children	Families	Separating/separated parents; children at risk