



It takes two

Couple relationships in the UK

relate
the relationship people


RELATIONSHIPS
counselling, mediation
& family support across **SCOTLAND**

 **marriage
care**
better relationships
better lives

Contributors

Report authors: Dr David Marjoribanks, Policy and Research Manager at Relate, and Anna Darnell Bradley, Policy and Research Officer at Relate

Data analysis: Dr Isaac Sserwanja, Consultant, Leopanalytics LTD

Acknowledgements

Data gathered through online polling undertaken by YouGov, of a UK sample of over 5,000 people aged 16 and over, weighted to account for representativeness. Any inaccuracies or errors in the further analyses of these data are the sole responsibility of Relate.

We would also like to thank Relate's Policy and Research Advisory Group for their advice with this research project.

Thanks are also due to all in the Relate team who have contributed to *The Way We Are Now* (Huw Thomas, Sarah Osmik, Sarah Dyer-Hall, Emma Sullivan, Kim Creus and Sarah Milsom), to Ross McCulloch of Relationships Scotland, and Jennifer Porter of Marriage Care.

Contents

Forewords	2
Summary	4
Introduction	6
Why does the quality of our couple relationships matter?	6
UK couple relationships today	8
What matters in a good relationship?.....	8
Relationship quality and distress.....	9
The pressures on our relationships.....	18
‘Commitment asymmetry’	20
Communication about the future	21
Partners’ time for ‘date nights’ together	22
Attitudes to relationships and relationship support.....	25
Recommendations	29
Methodology	33
Definitions of terms	33

Forewords

Roopa Farooki, Author and Relate Ambassador

The world we live in has changed immeasurably in recent years and there's no denying that our relationships are changing, too. More couples are choosing to live together, fewer are choosing to get married, and we're all increasing our dependence on technology and social networks, while battling to achieve that chimaeric work/life balance. But some things don't change - age-old issues such as money, sex and arguments still present challenges. So it shouldn't be surprising that maintaining and building our relationships can feel like such an uphill struggle.

But we do struggle on, as for all our differences, what we share is our desire to love and be loved. Our wonderful and diverse families remain central to our happiness, with couple relationships set deeply in the heart of many families. This report takes an honest look at how those couple relationships are faring: exploring what we are looking for in our partners, the pressures we are under and how we cope, alone and together, with the stresses and successes.

Finally, we hear that while 66% of people surveyed for this report agreed 'everyone could benefit from support with their relationships', only 22% said they would get support if their own relationship were 'under strain'. More than half (54%) said 'if I accessed professional relationship support (e.g. seeing a counsellor), I would not want anyone to know about it'. We need to challenge the outdated stigma attached to counselling and other relationship support – we have amazing tools to help people make their relationships better so it's important that, as a society, we accept and use them. Counselling helps us to be kinder to each other, and to ourselves, too. My husband and I sought help when we needed it, and we've never looked back.

Stuart Valentine, Chief Executive, Relationships Scotland

Strong, happy relationships are healthy not only for our loved ones, but for society as a whole. Trusting relationships make us feel loved and valued, and lead to longer life spans, lower levels of stress and happier children. With modern life's additional strains and a seemingly increasingly unsettled world around us, taking care of our relationships is more important than ever.

Seeing that 25% of people polled are in 'distressed' relationships is concerning. We know that interventions such as relationship counselling can make a significant and lasting impact on the lives of couples. Learning to accept and understand differences, to be honest and constructive about areas of disagreement, and to remember the love that brought you together in the first are just some of the ingredients of healthy relationships that can last.

This report also challenges organisations like ourselves to do more – to reach out to those who may not easily approach our services, and to continue to find innovative ways to support people in their relationships.

Let us all value the relationships we have with each other, and nurture them for the sake of ourselves, our children, our families and our communities.

Mark Molden, Chief Executive, Marriage Care

At this time of uncertainty and change in the world, having something that we can rely on is becoming increasingly important. The security we can gain from partners, family and friends has rarely been more integral to our wellbeing. *The Way We Are Now* once again offers an insight into the very heart of our relationships, shedding light on this very thing that is often so private, yet can have far reaching impact not just on us and our immediate families but on the wider community.

The difference between the relationship strains identified by couples and practitioners suggests we still have much to do to promote the benefits of relationship support for a much broader range of issues affecting our relationships. Adult couple relationship education has an important role to play here in both breaking down stigma and encouraging early help seeking behaviours.

The encouraging news is that, despite sometimes challenging life events and money troubles, many still feel they have healthy relationships. Trust, commitment and the ability to understand each other remain high on wish lists for our relationships. Add to this the substantial research showing how healthy inter-parental relationships matter for our children's health and emotional wellbeing and it becomes clear that helping couples to achieve and maintain these qualities must remain a priority.

Summary

Our *The Way We Are Now* research into the state of the UK's relationships has thus far outlined and explored the importance of our relationships with colleagues at work, family members, the particular pressures on relationships for parents who have a child with a learning disability, and, most recently, our relationships with friends and neighbours. These reports have all gone a long way to demonstrate the clear impact that such good quality relationships can have on our health and wellbeing. The significance of our personal, romantic relationships is a central part of this picture too – one which we now turn to in this report.

This research report is the fifth in a series presenting findings from our landmark *The Way We Are Now* survey of more than 5,000 people across the UK, which provides a unique window into the state of the country's relationships. In it, we examine the quality of our adult couple relationships - how they impact on our happiness and wellbeing, and how they are affected by external pressures.

Being in a loving, good quality relationship with a partner has indisputable benefits for us as human beings. Growing evidence shows that being in a happy couple relationship can have protective properties, helping to shield us from ill health and negative states of mind. And the impact isn't just felt by those in the couple relationship, but it is also a huge factor in the outcomes of children, for those who have them. Happier couples make for happier parents and healthier children too.

In this research we investigate the quality of our partnerships today, exploring just how happy they are, and how important they are to our overall happiness and wellbeing. What are the key ingredients to a good relationship? What matters most? How might relationship experiences differ by other variables such as gender, social grade, health, length of relationship, and presence of children? What are the biggest strains felt by couples today?

Broadly speaking, our findings suggest the UK's couple relationships are in good health:

- Three-quarters (75%) of people are in satisfying relationships;
- Nearly three-fifths of people (57%) said they are in a 'completely' or 'almost completely' rewarding relationship;
- People with better quality relationships were more likely to report feeling good about themselves, feeling optimistic and feeling loved; and were less likely to report feeling lonely, or down, depressed or hopeless;
- Nearly four out of five people (78%) said they felt happy about their relationship in the last month (including 'happy', 'very happy' 'extremely happy' and 'perfect');
- Nearly half of people (45%) find dedicated time to spend together on 'date nights' once a week or more; and
- Over half of people (53%) said that they never or rarely argue with their partner.

However, there were noticeably negative parts of the picture too, including the strains and pressures that can worsen relationship quality:

- A quarter of people (25%) are in distressed relationships, and levels of distress increased with factors such as length of relationship, having children, poor

health/disability, and lower socio-economic position;

- The biggest external strain on relationships is money worries – with over a quarter of people (26%) experiencing this pressure;
- Over one in ten people (13%) occasionally regret getting married or civil-partnered; and
- Two-fifths of people (40%) don't know where to access relationship support, and only 22% said that they would seek professional support if their relationship was under strain.

Our data show that our adult couple relationships are considerably meaningful to us and our wellbeing. While good quality partnerships are incredibly positive forces in our lives, they are equally not invulnerable. Many factors can place additional pressure and strain on our relationships, which can, in turn, impact on our happiness and wellbeing.

If we are to realise the vision of strong and healthy relationships as the foundation of a strong and healthy society, we need to break down cultural barriers and normalise talking about relationships, the challenges we all face, and how we may cultivate good quality relationships. This is why Relate, Relationships Scotland and Marriage Care are recommending:

- National governments introduce coordinated relationship and mainstream support (particularly for services around new parents) – for example in Family and Relationship Centres/Hubs;
- Policy makers extend training and guidance on couple relationships and relationship support for frontline professionals in public services;
- A government-backed public awareness campaign to tackle attitudes and overcome barriers to accessing relationship support;
- National and local policy-makers up-skill people who have conversations about relationships with clients; and
- The Family Test be given a statutory footing, to ensure examination of impact on relationships is at the heart of policy-making.

Introduction

Why does the quality of our couple relationships matter?

The evidence is incontrovertible: good quality personal relationships are central to our health and wellbeing. This is a finding borne out repeatedly by scientific studies – as Professor Lord Layard has observed, ‘Of all the factors that affect happiness, your family life or other close relationship comes first’.¹ In addition, when the Office for National Statistics (ONS) consulted the nation on things that matter most to our wellbeing, relationships came out top, joint with health.²

There’s now a substantial body of evidence documenting the benefits of good quality, stable, supportive couple relationships across the life course, for mental and physical health – both for the adult partners themselves and for their children (if they have them).³ In terms of adults’ health and wellbeing, the evidence shows that good quality relationships are crucial protective factors, which reduce our chances of experiencing ill health. They can prevent illness, shield us from the effects of long-term health conditions if we develop them, and aid our recovery.⁴ People who enjoy good quality relationships have lower blood pressure than those in poorer quality relationships,⁵ while – on the other hand – marital stress increases the risk of recurrent coronary events,⁶ and relationship quality even predicts patient survival among patients with chronic heart failure.⁷ Poor quality relationships are also linked to increased risky health behaviours, including alcohol misuse,⁸ smoking and substance abuse.⁹ Similarly, a major evidence review into the impact of relationship breakdown on adults found an ‘unequivocal association’ between relationship breakdown and general adult ill health as well as more specific conditions such as coronary heart disease and raised blood pressure.¹⁰

When our relationships are of poor quality our mental health suffers too. Studies have shown that relationship distress is linked to depression and anxiety,¹¹ and that people in distressed and troubled relationships are three times as likely to suffer from mood disorders such as depression and two-and-a-half times as likely to suffer anxiety disorders as people who do not experience such relationship distress.¹² Similarly, studies find that over 60% of people with depression attribute relationship problems as the main cause of this,¹³ and research indicates that treatment of relationship distress may alleviate up to 30% of cases of major depression.¹⁴

Couple relationships are just as vital for children’s outcomes. The evidence is clear that parents’ couple relationship quality is a profoundly important factor in their children’s wellbeing and development.¹⁵ The research shows strong associations between couple relationship quality, parenting behaviours, and children’s wellbeing, with mutually satisfying, low-conflict parental couple relationships being associated with positive parent-child relationships and positive child outcomes.¹⁶ Parents who report greater intimacy and better communication in their couple relationships tend to be more attuned to and affectionate toward their children,¹⁷ whereas parents whose relationships are troubled are less likely to have a more effective, authoritative parenting style with their children.¹⁸ Indeed, almost every study examining parental couple relationships and parenting has found that the quality of the relationship between parent and child is strongly linked to the quality of the relationship between the parents.¹⁹

The evidence is also very clear on the impact of children's exposure to conflict between parents on their wellbeing and development. The University of Sussex and Early Intervention Foundation's evidence review for the Department for Work and Pensions, for example, concluded that the quality of the inter-parental relationship – specifically, how parents communicate and relate to each other – is increasingly recognised as a *primary influence* on effective parenting and children's long-term mental health and future life chances. This review found that that parents/couples who engage in frequent, intense, and poorly-resolved inter-parental conflict put their children's mental health and long-term life chances at risk.²⁰

Children whose parents who have good quality relationships characterised by low parental conflict – whether parents are together or separated²¹ – enjoy better physical and mental health,²² better emotional wellbeing,²³ higher academic attainment,²⁴ and a lower likelihood of engaging in risky behaviours than children whose parents have poorer and higher-conflict relationships.²⁵ Inter-parental conflict has been shown to result in impaired parent-child relationships and this affects children's wellbeing and adjustment, resulting in a higher likelihood of anxiety, depression or withdrawal in children,²⁶ as well as behavioural problems including aggression, hostility and antisocial behaviour and criminality.²⁷

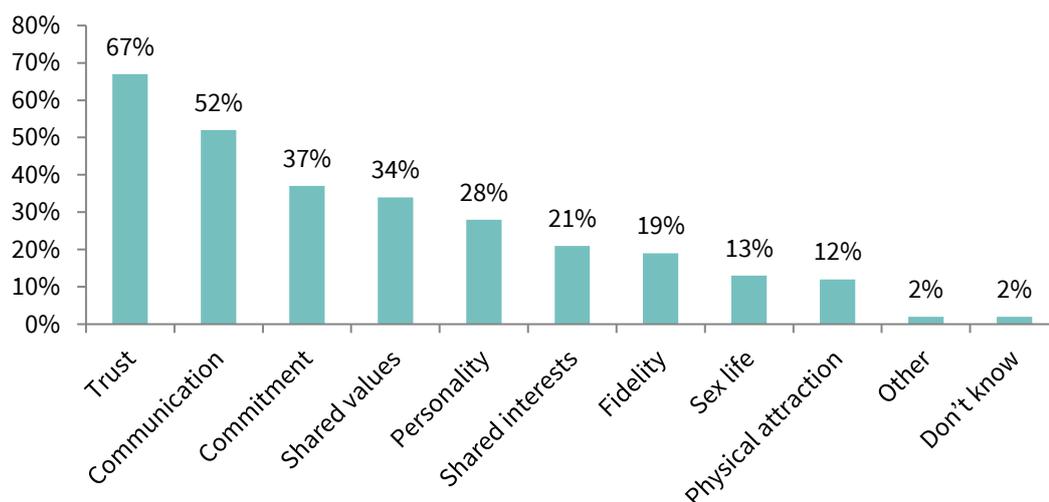
This all goes a long way to demonstrate the growing need to examine the UK's couple relationships. In this report we explore the quality of our couple relationships today, and discuss the many different factors contributing to the quality of our romantic partnerships, and the challenges they face.

UK couple relationships today

What matters in a good relationship?

We asked respondents about the most important factors, in their view, for a good relationship (each respondent was asked to select three). **Top of the list and out in front by some distance was trust (67%), followed by communication (52%), commitment (37%), shared values (34%) and personality (28%).**

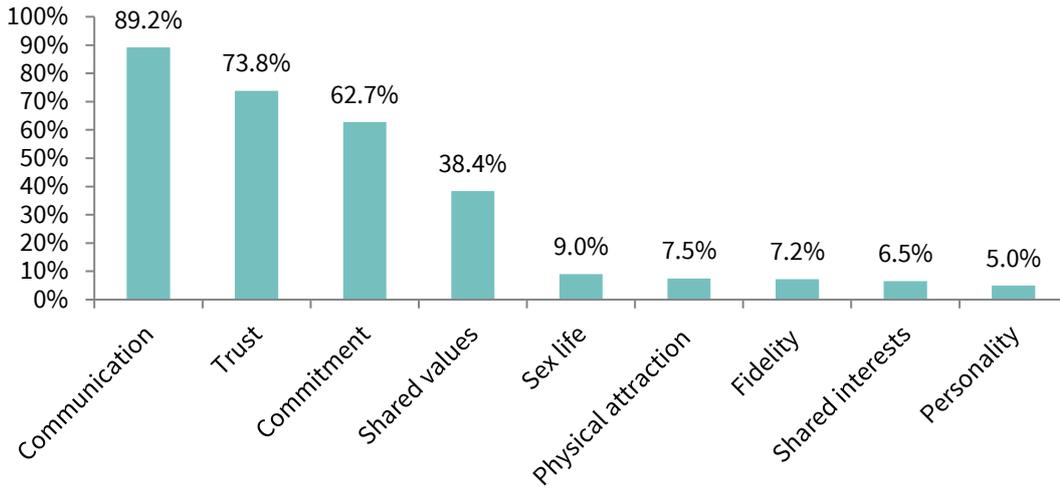
Figure 1: Factors in a good quality relationship



There was some interesting variation within groups, however. For example, **women were more likely than men to identify trust (70%) and communication (57%) as important factors (62% and 48% of men respectively selected these).** Unsurprisingly, the importance attributed to commitment was also higher for married (or civil-partnered) partners, with 42% (41%) choosing this, compared to 29% of cohabiting partners and 27% of partners not living together. Similarly, **the importance assigned to commitment increased with the length of the relationship:** among partners who had been together less than two years, 28% selected commitment as one of the top three relationship factors, whereas 35% of those who had been together for 15-19 years did so and 47% of those whose relationship had lasted more than 35 years did.

We also asked 300 of our relationship support practitioners at Relate, Relationships Scotland and Marriage Care (counsellors/therapists and relationship education practitioners) about what they think the top relationship factors are. There was a considerable amount of overlap here with the general public's views, with communication (89%), trust (74%) and commitment (63%) again being the top three, and shared values (38%) coming fourth. Interestingly, however, **personality was rated much more highly by the public than by relationship support practitioners** – only five per cent of whom identified this as one of the top three most important factors in a good relationship.

Figure 2: Relationship support practitioners' factors in a good relationship

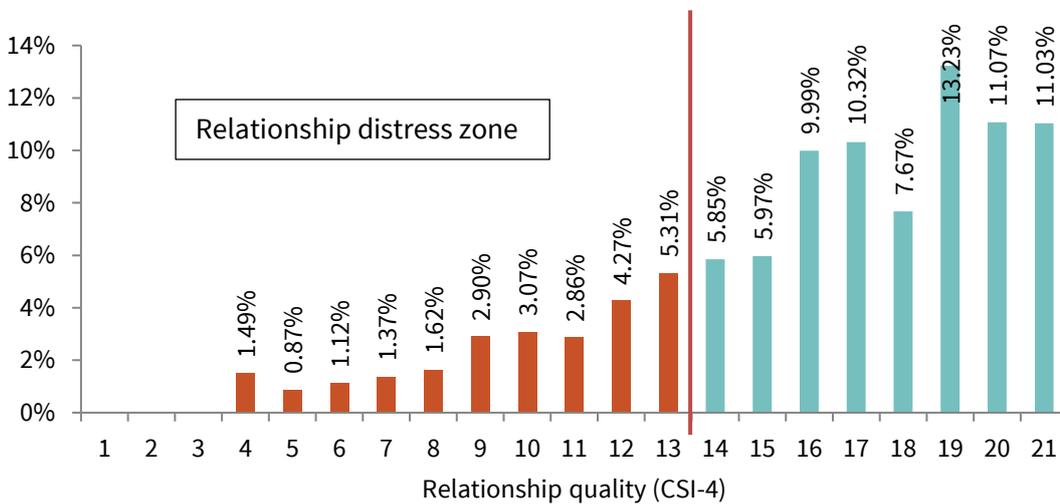


Relationship quality and distress

We measured respondents' relationship quality using a scientifically-validated instrument called the Couple Satisfaction Index²⁸ (the four-item version, CSI-4), which consists of four questions. Questions are scored and added together, giving a maximum score of 21.

Figure 3 below illustrates the distribution of relationship quality across the sample (i.e. the percentage of the sample who scored each possible score out of a maximum score of 21 on the CSI-4; higher scores indicate higher relationship quality). The mean relationship quality score was 15.97 out of 21.

Figure 3: Relationship quality (distribution)



The graph above shows that, thankfully, most people are enjoying good quality relationships – more than a third (35%) of people scored 19, 20 or 21 out of a possible 21 for relationship quality according to the CSI-4. And looking at the individual questions which together comprise the CSI-4, we can see what this means. Nearly four in five (78%) people said that they felt happy with their relationship (including ‘happy’, ‘very happy’, ‘extremely happy’, and ‘perfect’) (Figure 4). Additionally, almost three in five (59%) people said that their relationship with their partner was ‘completely’ or ‘almost completely’

warm and comfortable (Figure 5). Nearly three-fifths (57%) also said that their relationship was completely or almost completely rewarding (Figure 6). Similarly, 60% said that they are completely or almost completely satisfied with their relationship (Figure 7).

Figure 4: ‘All things considered, how happy or unhappy have you felt about your relationship with your partner in the last month?’

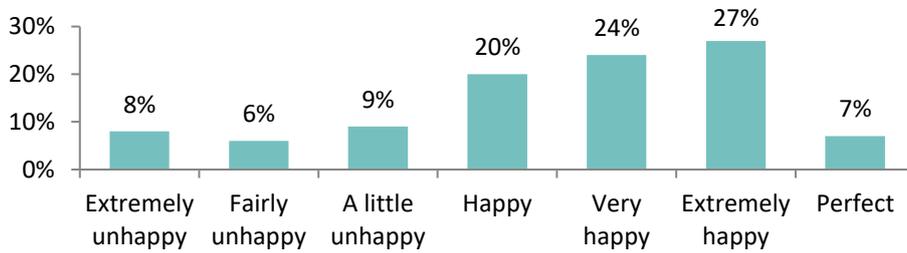


Figure 5: ‘I have a warm and comfortable relationship with my partner’

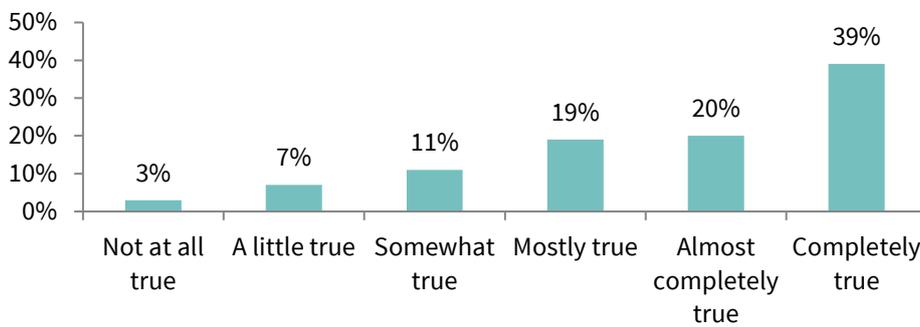


Figure 6: ‘How rewarding, if at all, is your relationship with your partner?’

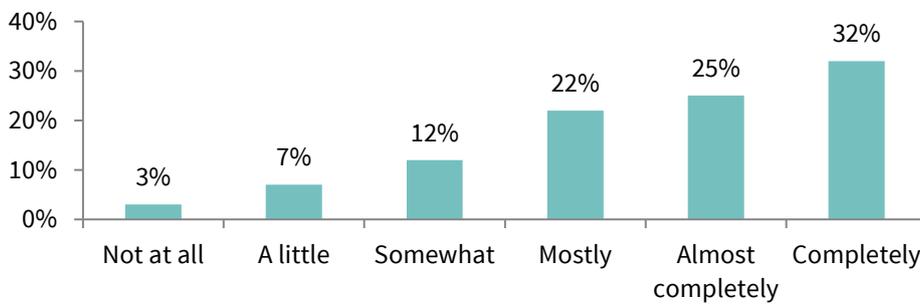
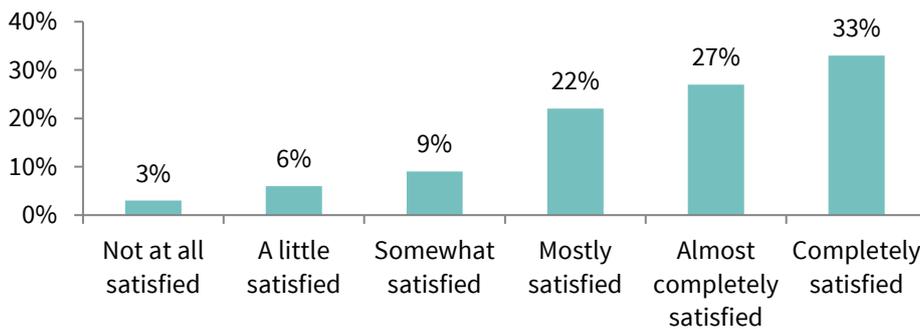


Figure 7: ‘Generally speaking, how satisfied, if at all, are you with your relationship with your partner?’

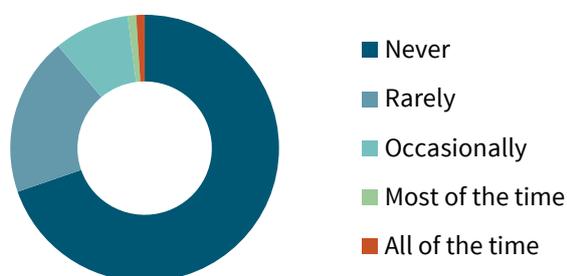


However, while it is good to see that most people enjoy good quality relationships, it is clear that this is not the case for everyone. In Figure 4 above, for instance, we can see that eight per cent of respondents said they were extremely unhappy, and 14% were either extremely or fairly unhappy. In addition, therefore, to looking at overall relationship quality, we also looked at relationship distress levels. The CSI also provides a clinical threshold for distinguishing distressed from non-distressed relationships. Scores below 13.5 are in the distressed range, and 25% of responses fell below this cut-off.²⁹ Thus, **one in four (25%) partners in our sample were in distressed relationships.**

This presents a similar picture to our analysis last year of data from the *Understanding Society* longitudinal survey to estimate prevalence of relationship distress nationally using a sample of almost 21,000 people, which estimated that 18% of people in relationships – 2.87 million people in the UK – were in clinically distressed relationships.³⁰ These findings also mirror the picture presented by OnePlusOne’s review of the literature, which reported from a number of smaller-scale studies at different periods that relationship distress ranged from 20-25% of the population.³¹

As further indications of the quality of couple relationships, we also asked respondents about the frequency with which they think about divorce or separation or terminating their relationship. We found that **16% of** (married/civil-partnered and unmarried cohabiting) **partners think about getting divorced/separated or ending their relationship at least occasionally** (including ‘occasionally’, ‘most of the time’ and ‘all of the time’). This echoes (although it is two percentage points higher than) our findings from analysis of 2015 data from almost 21,000 respondents to the *Understanding Society* survey last year in the *Relationship Distress Monitor*, where we found that nine per cent of partners over 2013-15 said they at least occasionally considered divorce or separation.³²

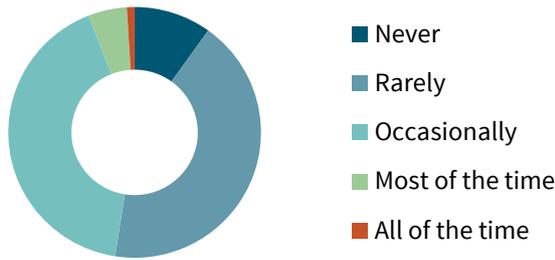
Figure 8: Thoughts of divorce/separation/terminating the relationship



Similarly, we asked about partners’ levels of conflict, finding that **six per cent argue all or most of the time, and 42% argue occasionally.** This largely mirrors our *Relationship Distress Monitor*, where we found that seven per cent of partners said they quarrelled with their partner either all or most of the time, although in that study we found higher reporting of quarrelling at least occasionally (49% compared to the 42% here).

Clearly, all relationships encounter conflict from time to time and a certain level of arguments are to be expected even in good relationships. However, this consistent finding that six-to-seven per cent of UK partners report more severe levels of conflict is more worrying.

Figure 9: Frequency of arguments



We also found that **13% of married or civil-partnered partners regret getting married or getting the civil partnership at least occasionally**. This was slightly higher than in our analysis of the 2013-15 Understanding Society data last year, where we found that ten per cent of married partners said they regretted getting married at least occasionally.³³ Similarly, 13% of people in relationships who lived together said that they regretted moving in together.

Figure 10: Regrets of getting married

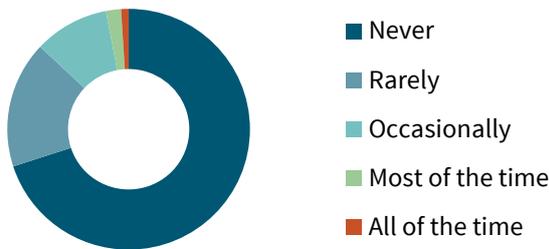
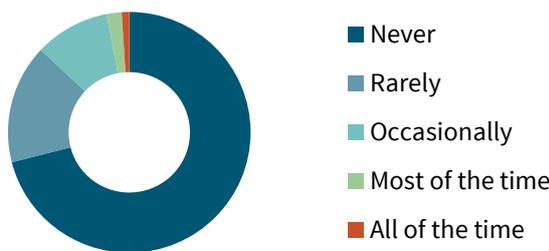


Figure 11: Regrets of living together



Marital status, sexuality, age and relationship length

We did not observe any notable difference between married (or civil-partnered) people and unmarried people in relationships in terms of the prevalence of relationship distress: 25.06% of married people or people in civil partnerships were in distressed relationships compared to 24.44% of unmarried people.

Within this latter group, however, we did observe a statistically significant difference in terms of whether people lived together, with the **relationship distress levels appearing considerably higher for cohabiters (27.9%) than for people who are in relationships but don't live together (19.30%)**. This difference is relatively unsurprising: we might expect cohabiting partners to have more 'invested' in their relationship, meaning that

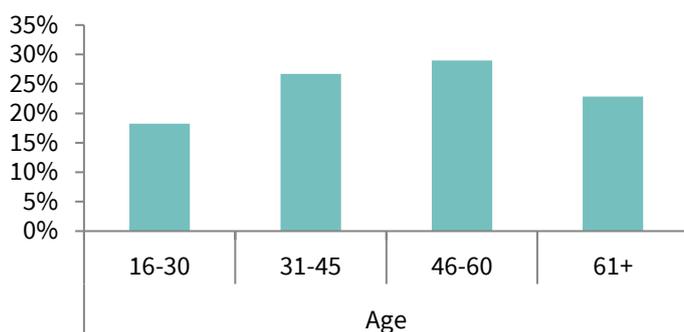
ending the relationship might be more challenging, so we might expect such couples to experience a higher level of endured relationship distress – partners who do not live together may, perhaps, find it easier to call things off. Similarly, relationship quality declines over time (see below), and people who have been together longer are more likely to live together.

We also did not observe any substantial differences in terms of average (mean) relationship quality between married people (CSI-4 score 15.94) and cohabiters (15.6), although, interestingly, and consonant with the distress data above, **respondents who were in a relationship but not living together reported marginally higher relationship quality** with a mean score of 16.57 out of 21. This again may not be surprising – we might expect a higher rate of relationship breakdown among lower-quality relationships between partners who do not live together, whereas for partners who live together, exiting a poor quality relationship can be a more difficult business, and this may contribute to non-cohabiting relationships scoring higher on quality. The other big factor here, of course, is likely to be length of relationship: partners who are not yet married and/or living together will likely have been in their relationships on average for less time than partners who cohabit, so the ‘honeymoon effect’ of new relationships may also lift the relationship quality scores of partners who do not live together.

Neither did we observe any notable difference by sexuality: among heterosexual partners the mean relationship quality score was 15.97 and for lesbian, gay, bisexual and people of other sexualities the mean score was very marginally higher at 16.03. Our data here is in contrast to other studies which have found non-heterosexual partners to report higher-quality relationships than heterosexual partners. The Open University’s *Enduring Love?* study, for instance, found that non-heterosexual participants reported higher relationship quality than heterosexual participants.³⁴

We did, however, see some differences by ages. Relationship distress appears to increase over middle age – but then it also seems to fall again in later life. We found that **18% of partners aged 16-30 were distressed, rising to 27% of those aged 31-45 and 29% of those aged 46-60 – but falling again to below-average for the over-60s to 23%.**

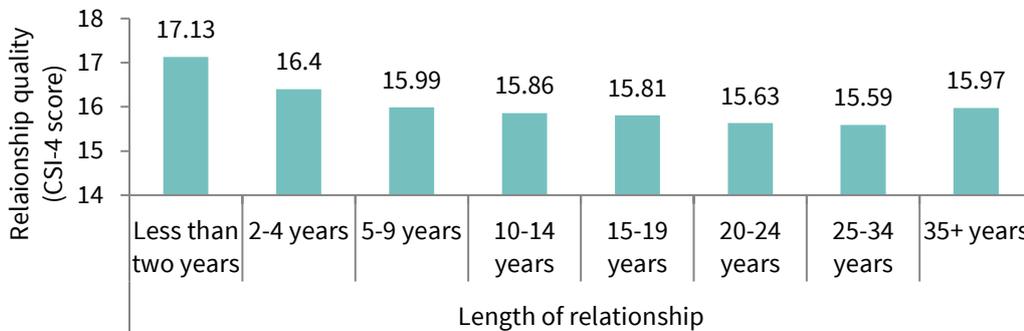
Figure 12: Relationship distress levels by age



This supports the aforementioned *Enduring Love?* study’s finding that men’s relationship quality and reported happiness with partner dipped in middle age (those aged 35-55), recovering for those aged 55 and over.³⁵ Interestingly, however, this study also found that for women, while happiness with life increased with age, relationship quality and happiness with partners decreased with age.

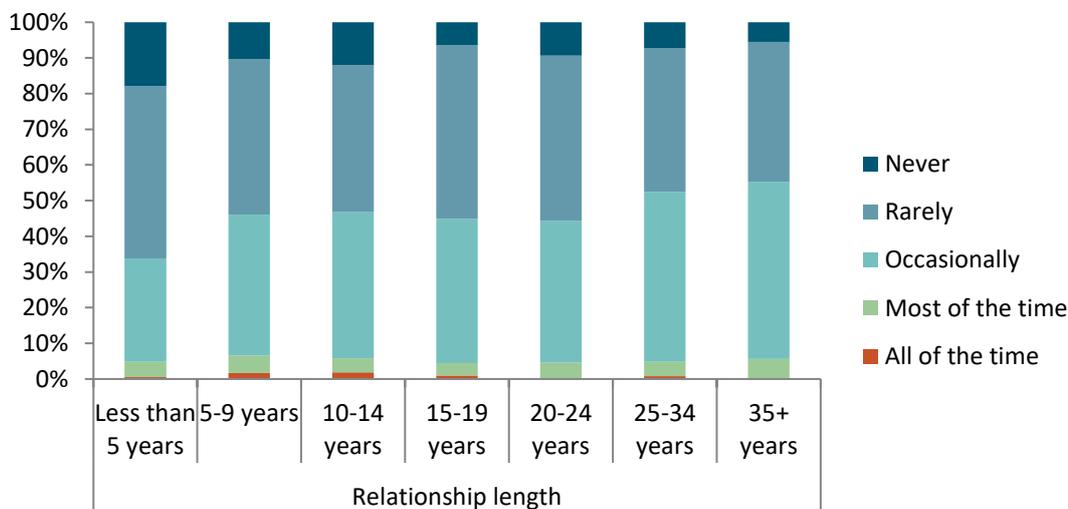
Another factor which may be at play here is relationship duration – older people are more likely to have been with their partner for longer – and we also examined relationship quality by relationship length. The data show a similar pattern, of **newest relationships (under two years) enjoying the highest relationship quality, which then steadily decreases over time but then appears to go through a resurgence after 35 years** – although it does not return to the ‘honeymoon period’ peak.

Figure 13: Relationship quality by relationship duration



Arguing with one’s partner also seems to increase slightly with relationship length, with **just 34% of partners who have been together less than five years saying that they argue at least occasionally, compared to 55% of those who have been together over 35 years.**

Figure 14: Frequency of arguing by relationship duration



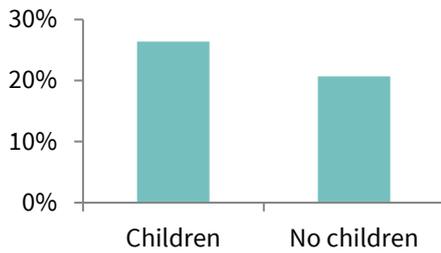
Parenthood

One of the most significant differences in our data in terms of relationship distress levels was observed between those with children and those without: **whereas just over one in five (21%) people without children were in distressed relationships, among those with children this rose to over one in four (26%).**

This again confirms the picture we found in our *Relationship Distress Monitor* based on data from 2013-15, where we found that whereas 18% partners were in distressed relationships, among parents this rose to 22% for parents with a child under 16.³⁶ Both

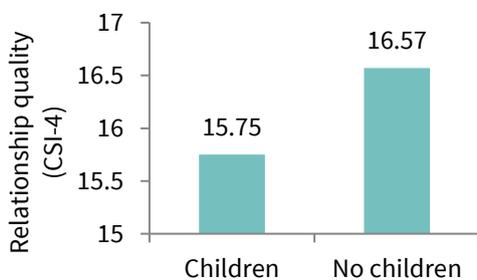
sets of data thus show a similar difference (of four-to-five percentage points) in terms of relationship distress levels between parents and non-parents.

Figure 15: Relationship distress levels by presence of children



Similarly, we observed this pattern also in terms of partner’s relationship quality scores as well as distress levels. **Mean relationship quality for childless couples was 0.8 points higher than that for couples with children (16.57 compared to 15.75).**

Figure 16: Relationship quality by presence of children

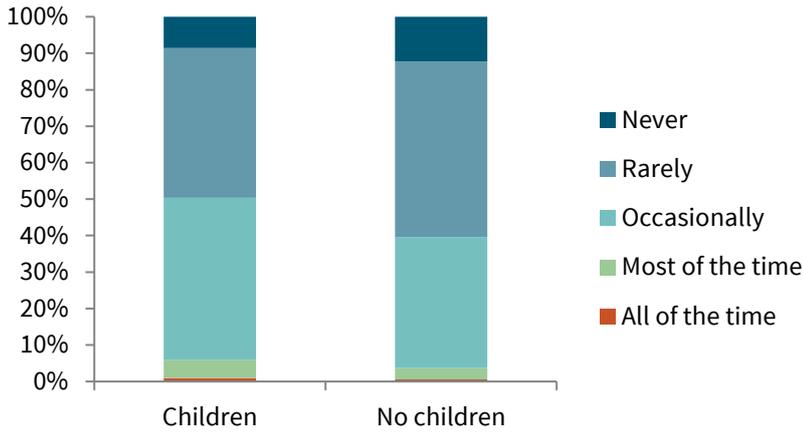


These findings corroborate those of wider research. The Open University’s 2013 *Enduring Love?* research, for instance, found that parenting status was the main divider in terms of couple relationship quality and ‘relationship maintenance’ – i.e. what couples ‘do’ to be there for each other, to make ‘couple time’, to talk to each other and pursue shared interests.³⁷ Parents scored lower on these measures, and both married/civil partnership and unmarried people without children were found to be happier with their partner than parents.

Similarly, there is now a plethora of studies which have shown that first parenthood in particular can be a particularly stressful time, ranking alongside bereavement and moving house as one of the most stressful life events,³⁸ which therefore can be a significant challenge for the couple relationships, leading to a reduction in relationship quality and satisfaction.³⁹ It has been estimated that between 40% and 70% of couples experience a decline in relationship quality in the first year after the birth of their first child,⁴⁰ and a summary of 20 years’ research in this field concluded that first-time parents are at increased risk of experiencing personal and marital distress, which can continue well after the baby reaches the age of two.⁴¹

New parents typically spend less time together, engage in less positive interactions, and argue more.⁴² Our data supported this, with **half (50%) of people with children saying that they argue with their partner at least occasionally (and six per cent most of the time or all of the time), compared to 39% of those without children arguing at least occasionally (and four per cent arguing most or all the time).**

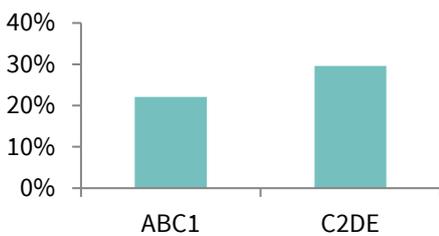
Figure 17: Frequency of arguing by presence of children



Socio-economic class

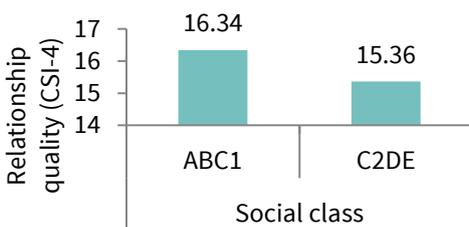
We observed a significant difference in relationship quality and distress levels by partners’ socio-economic class (as classified by the National Readership Survey (NRS) social grades).⁴³ **Partners classified in lower social grades were more likely to be in distressed relationships than their higher-social-grade counterparts, with a difference of eight percentage points.** We found that 30% of skilled manual workers (classified as ‘C2’), semi- and unskilled manual workers (D) and casual and lowest-grade workers, those on state pensions, or unemployed with state benefits only (E) (these are grouped together and characterised by demographers as ‘C2DEs’) were in distressed relationships, compared to 22% of partners in higher managerial, administrative or professional occupations (grade A), intermediate managerial, administrative or professional occupations (B) and either junior managerial, administrative or professional or clerical/supervisory occupations (C1) (known as ‘ABC1s’).

Figure 18: Relationship distress levels by social grade



Similarly, this held also for relationship quality, with the mean relationship quality score for partners in social grades A, B, or C1 being higher than for those in grades C2, D, and E.

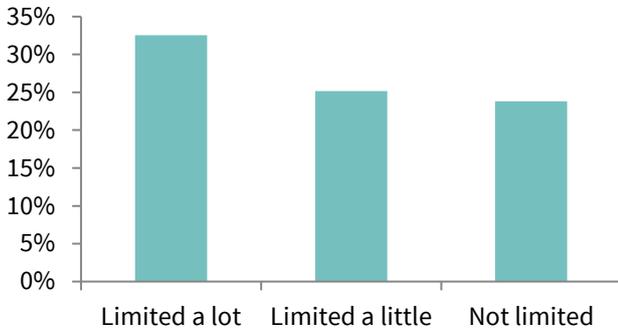
Figure 19: Relationship quality by social grade



Health/disability

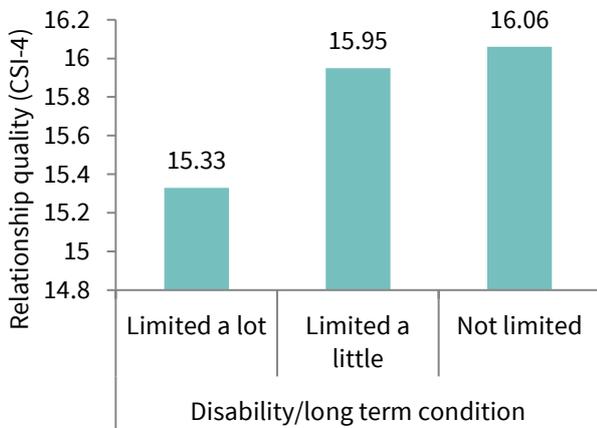
There were also notable differences between people who were disabled or living with a long-term health condition and those who had good health. **People who were limited a lot by disability or a long-term condition were more likely to be in distressed relationships (33%) compared to people who were not limited in this way (24%).**

Figure 20: Relationship distress levels by disability/long-term condition



Again, this pattern was also observed for mean relationship quality scores as well as for distress levels. **People who were limited a lot by disability of a long-term condition had a mean relationship quality score of 15.33, compared to 16.06 for people who were not limited in these ways.**

Figure 21: Relationship quality by disability/long-term condition



Relationship quality and wellbeing

We examined possible correlations between relationship quality and indicators of wellbeing, and found that relationship quality was positively correlated with feeling good about oneself,ⁱ feeling optimistic,ⁱⁱ and (unsurprisingly) feeling loved.ⁱⁱⁱ It was also

ⁱ $r = 0.2533$. While the coefficients show relatively weak correlations, the p-values are 0.000, meaning these mild correlations are nonetheless reliable.

ⁱⁱ $r = 0.2749$; $p = 0.000$

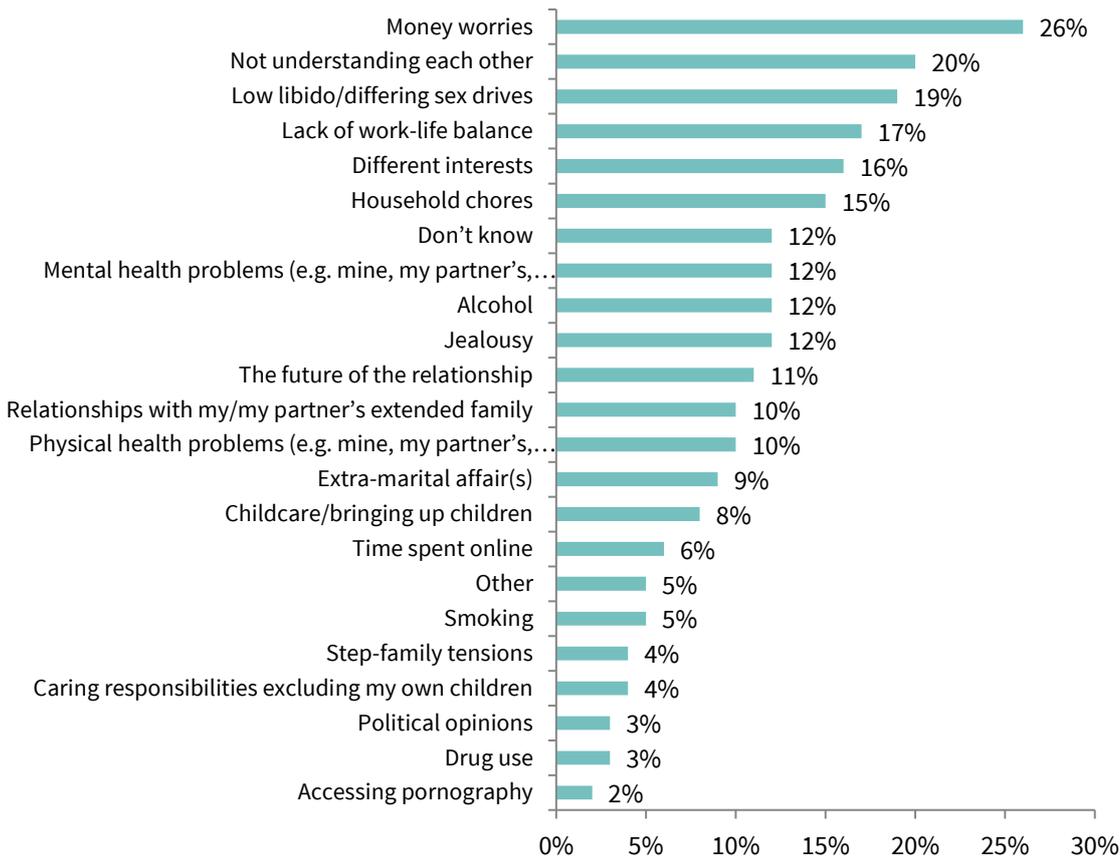
ⁱⁱⁱ $r = 0.5525$; $p = 0.000$

negatively correlated with feeling lonely^{iv} and feeling down, depressed, or hopeless.^v

The pressures on our relationships

We also looked at the pressures and stressors on our relationships. We asked respondents about what things put strain on their current or past relationships, asking them to select up to eight out of a possible 23 or list their own. **Top of the list and out in front by six percentage points was money worries, with a quarter (26%) identifying this as a strain on their relationships.**

Figure 22: Relationship strains



This finding supports our earlier observation of the difference in relationship quality by socio-economic grade: if money worries are the top relationship strain then it is not surprising that partners on lower incomes might experience lower relationship quality. It also confirms the findings of other studies. Our 2015 *The Way We Are Now* research, for example, found that money worries were the biggest strain on relationships, with 55% of respondents ranking money worries in the top three relationship strains.⁴⁴ Many academic studies also find that financial pressure increases the risk of relationship breakdown, while financial improvements decrease it.⁴⁵ Accordingly, economic recessions are associated with increased conflict and marital tension,⁴⁶ and Relate's own research in 2014 into people's economic conditions following the 2008-9 'Great Recession' and how their relationships were affected found that people who were disadvantaged economically were considerably more likely to experience relationship deterioration and

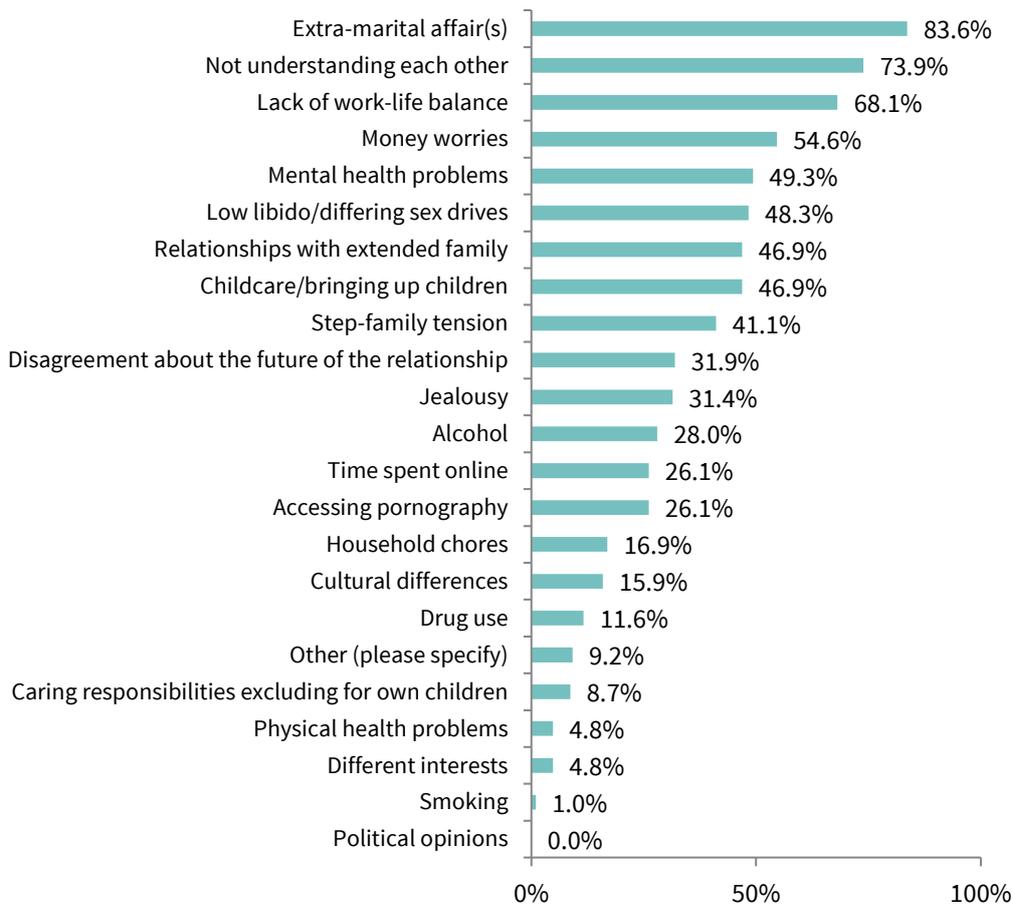
^{iv} $r = 0.2963$; $p = 0.000$

^v $r = 0.2603$; $p = 0.000$

breakdown: those who were worst affected during recession were up to eight times as likely to have experienced relationship breakdown.⁴⁷ Studies repeatedly find that financial worries are the most frequent or problematic source of conflict in relationships, and arguments over money are typically more pervasive, problematic, recurrent, and remain unresolved than other arguments.⁴⁸ Research also shows that lower-income households are most likely to experience lower relationship satisfaction⁴⁹ – as our data here also testify.

We also asked our practitioners the same question from their experience in the counselling room which are the most common strains they see on relationships in their practice. There were some clear overlaps with the public’s views here, with ‘not understanding each other’ again coming second, and ‘lack of work-life balance’ again in the top four. The practitioners’ answers also revealed some interesting differences from the public’s views, however. While practitioners did identify money worries as a key strain, they rated this fourth whereas the public put it number one. One of the biggest differences was that **practitioners put affairs top of the list with 84% identifying this as a top strain they see in their daily practice**, whereas this came much lower down for the public. This is likely because many people who come for counselling have been prompted to do so due to an affair. Another notable difference was seen with regard to the importance assigned to different interests, with the nationally representative sample listing this fifth, whereas this appeared very close to the bottom of counsellors’ list.

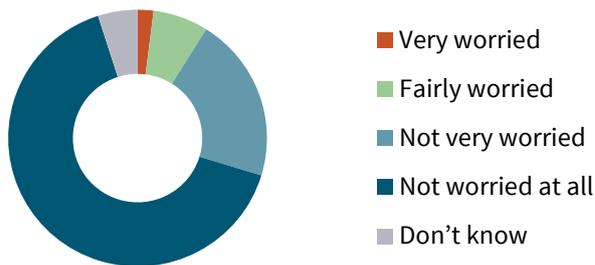
Figure 23: Counsellor-identified relationship strains



‘Commitment asymmetry’

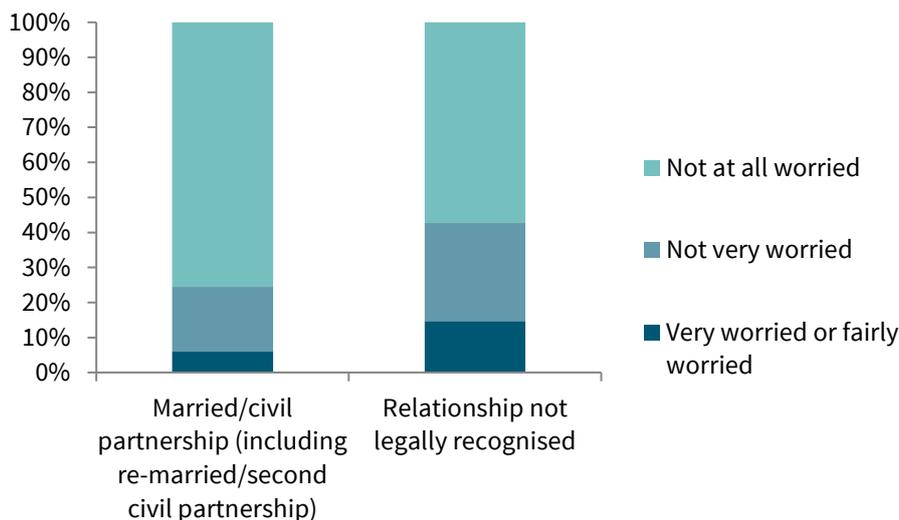
As we saw when we looked at the most important factors in a good relationship, commitment was identified by men and women alike as the third most important factor for a good relationship. However, we also asked respondents about the extent to which they worry that their partner does not share the same level of commitment as them. We found, happily, that 87% were not worried about this (and two-thirds said they were not worried at all), but **nine per cent of partners (eight per cent of men and ten per cent of women) did worry about this** (two per cent said they were ‘very worried’ and seven per cent ‘fairly worried’).

Figure 24: Worries about commitment asymmetry



Unsurprisingly, this was less the case for married (and civil-partnership) couples than it was for those living together or in a relationship but not living together: **six per cent of partners in marriages or civil partnerships said they were worried about their partner’s commitment to the relationship not being the same as their own, compared to 15% of cohabiting partners and those in relationships but not living together.**

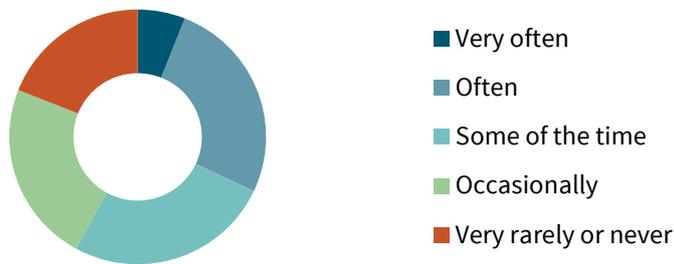
Figure 25: Commitment asymmetry worries by relationship status



When we asked our counsellors/therapists about the extent to which they come across this issue of concerns around asymmetrical commitment in their practice, 95% said that, in the past year, they had worked with clients for whom this had been an issue. Marriage Care’s relationship education practitioners, who work with clients who are just about to

begin married life, similarly reported seeing clients in their work who have not always talked fully yet about what commitment means: a quarter (26%) of relationship education practitioners said that they often encounter couples in their marriage preparation work who had not previously talked about what commitment meant to them.

Figure 26: How often relationship education practitioners' work with clients who had not previously talked about what commitment meant



Communication about the future

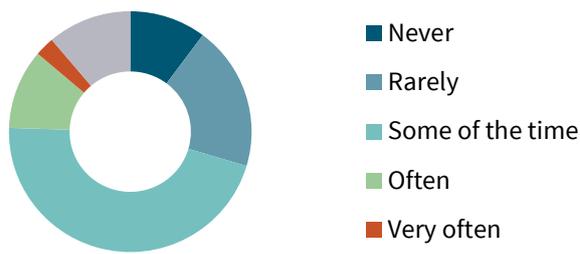
In light of the difference we observed earlier in relationship quality between partners who live or do not live together, and the commitment asymmetry findings above, it is also worth looking at whether failure to communicate fully about the future of the relationship leads to relationship problems. After all, more than one in ten (11%) of partners in our survey identified 'the future of the relationship' as a relationship strain above. How often, for example, do relationship counsellors encounter clients who moved in to live with each other without having communicated about what this means for their relationship, for instance?

Over the past 20 years, there has been a substantial rise in the number of cohabiting adults in the UK, which doubled between 1996 and 2016 from 1.5 million to 3.3 million.⁵⁰ Similarly, cultural attitudes towards cohabitation have also changed, with living together prior to marriage increasingly the norm: the 2006 British Social Attitudes survey found two-thirds thought there was 'little difference socially between being married and living together as a couple.'⁵¹ Indeed, the cohabiting couple family (including both opposite and same sex couples with and without dependent children) continues to be the fastest growing family type in the UK.⁵² And research shows that for many couples today, moving in together signifies a seriousness, and a significant stage in the relationship – an important and public transition when the couple gains formal recognition as a unit.⁵³

However, other research from the US highlights that lack of a clear relationship pathway can result in some couples 'sliding' into living together without necessarily making an intentional and thought-out decision to undertake a long-term commitment or to take the relationship to the 'next level'.⁵⁴ UK research has also shown that a third of partners indicated it would have been useful to receive information and advice before getting into committed relationships, when thinking about and soon after moving in together.⁵⁵

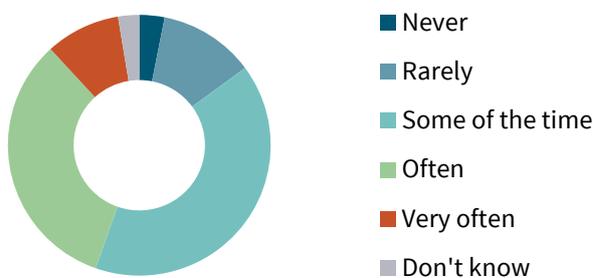
We therefore also asked relationship counsellors about how often they encounter clients who have moved in to live together before they had communicated fully about what it meant, or earlier than they were ready for, and where this led to problems in the relationship. Despite most saying this was not a particularly big issue in counselling, **13% said they see this often/very often while 46% see it some of the time.**

Figure 27: How often counsellors encounter clients who moved in together too early, leading to relationship problems



Similarly, a third (33%) of counsellors said that they often see clients who have not previously discussed in detail their future major life decisions (such as having children, careers, where they will live, finances, etc.) and for whom this has led to problems in their relationship.

Figure 28: Counsellors' encounters with clients who have not discussed major life decisions

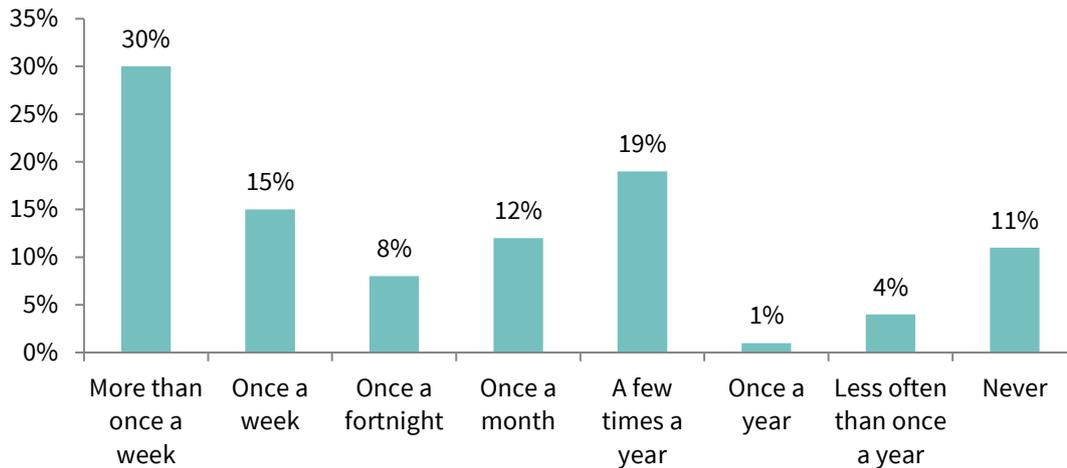


These findings would appear to suggest a possible need for more preventative and educative information targeted at people in the earlier stages of relationships, with the aim of aiding partners to communicate about the future, think about their relationship pathway, and assess whether partners are right for each other. It also suggests a need for more of a focus on communication, expectations, informed decisions etc. in relationships education at school, for instance, to encourage communication about this earlier, which may reduce the likelihood of disagreements about these issues leading to relationship difficulties further down the line. Similarly, relationship education can help to develop communication techniques, awareness about common strains and how to deal with them, and learn positive behaviours⁵⁶ and therefore support continuing development of relational capability and happier relationships.

Partners' time for 'date nights' together

We also asked partners how often they can make time specifically to spend together as a couple – for example 'date nights'. The good news is that **almost a third (30%) of partners find dedicated time to specifically spend together in this way more than once a week**, and 15% do so once a week. However, we also found **11% of partners say they never do this**, and a further five per cent do this once a year or less.

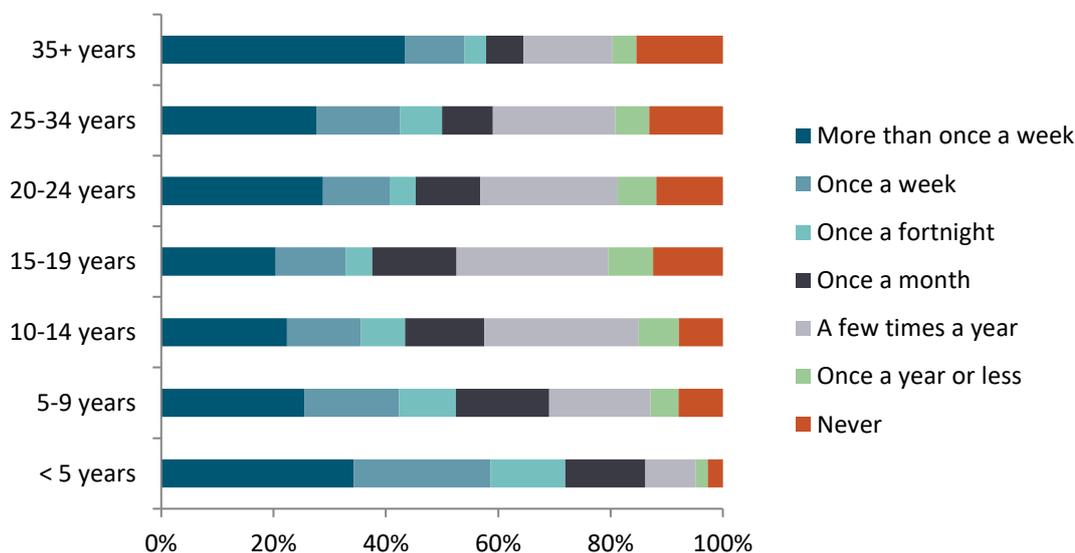
Figure 29: Partners' dedicated time to spend together (e.g. 'date nights')



We observed some interesting patterns in terms of frequency of these 'date nights' for relationships of different lengths, with partners who had been together for more than 35 years being the most likely of all groups both to say they do this more than once a week (43%) *and* to say they never do so (15%).

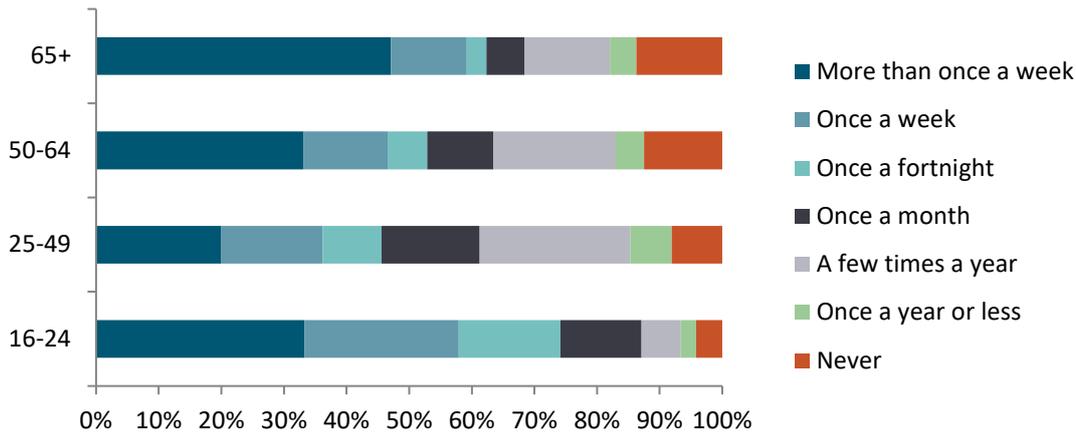
Looking at the graph below, it seems that couples' time to spend dedicated together in this way decreases steadily until around their 19th year together, after which it then increases again. A likely factor here could be the presence of children: looking after younger children decreases the time partners can spend together, but as children grow up partners can rediscover such time for each other.

Figure 30: Partners' time for 'date nights' by relationship duration



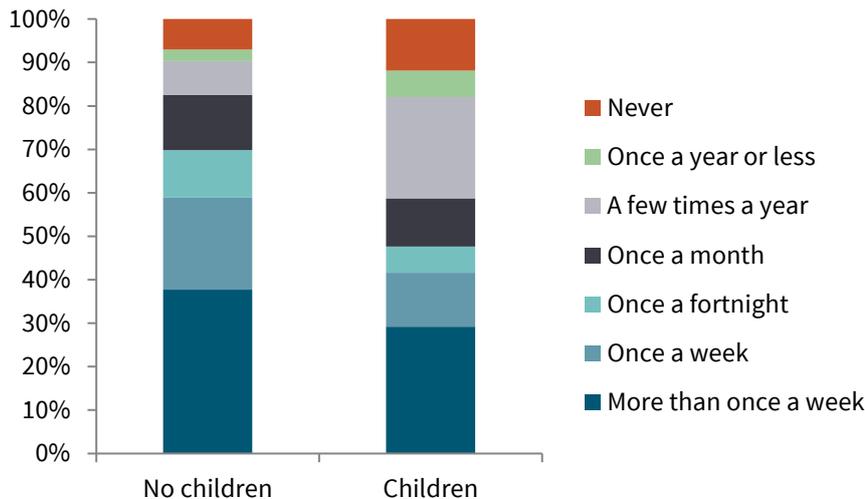
This pattern was mirrored when we looked at partner's age: those aged 25-49 were the least likely to find time to spend together, with the frequency steadily increasing again thereafter – and with the over-65s most likely to find time for this more than once a week.

Figure 31: Partners' time for 'date nights' by age



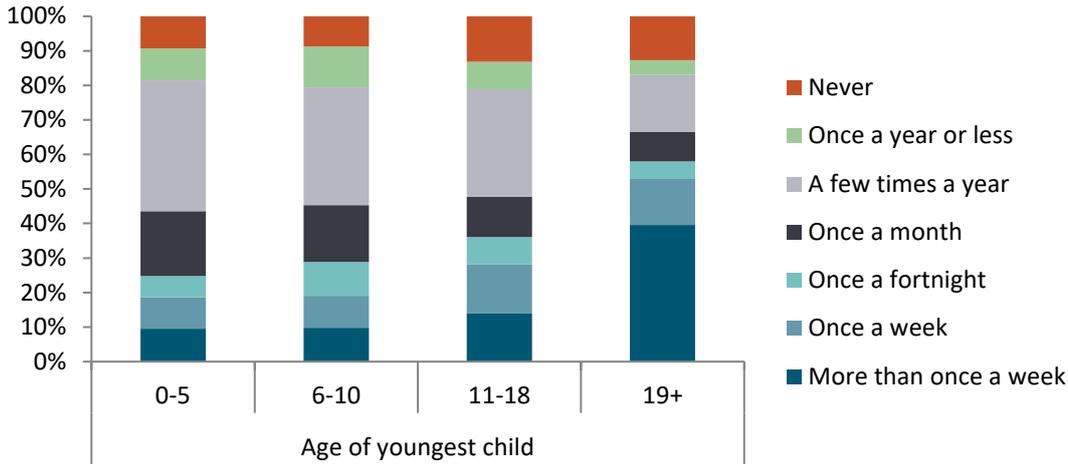
Supporting this notion that looking after children may be a significant factor in these patterns, we observed that **partners with children were considerably less likely to find time to spend together**. Among those with children, 12% said they never find this time, and 29% said they do so once or a few times a year, compared to only seven per cent of partners without children who never do so and 10% who do so once or a few times a year.

Figure 32: Partners' time for 'date nights' by presence of children



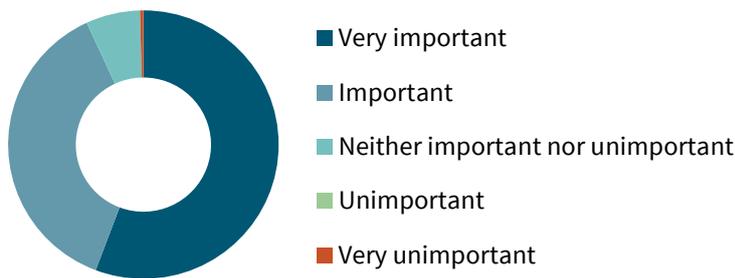
Similarly, when we look at the age of the youngest child, the data tell a clear story of time for 'date nights' increasing with the age of the children – particularly for those who find this time more than once a week. Perhaps concerning, however, was the finding that even when children are grown up and parents are therefore freer to spend more time together, **13% of those whose youngest was over 19 nonetheless never find dedicated time to spend together**.

Figure 33: ‘Date nights’ by age of youngest child



We asked our relationship support practitioners about how important they feel it is, from their experience, that couples find this dedicated time to spend together – whether that involves a ‘date night’ out or simply setting aside time to spend together as a couple, with a meal at home, for instance. The vast majority of practitioners (93%) said that this was important, with 56% saying it is ‘very important’, and 37% saying ‘important’.

Figure 34: Relationship support practitioners’ perception of the importance of ‘date nights’



We also looked for correlations between relationship quality and the frequency of date nights, finding **that time spent together in this way was linearly associated with better relationship quality**.^{vi} What we could not tell, however, was whether there was any causal link here, and if so, in which direction it lies – i.e. whether finding more time for ‘date nights’ is the *effect* of a better-quality relationship or whether it *contributes towards* that better relationship quality.

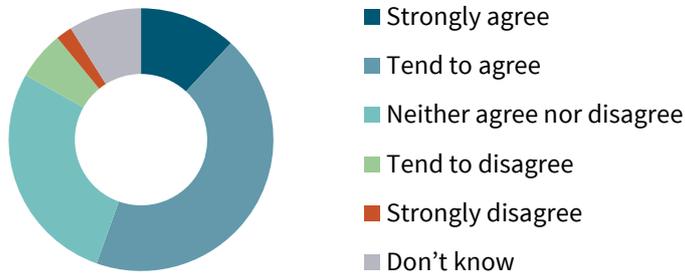
Attitudes to relationships and relationship support

We also looked at respondents’ beliefs and attitudes about relationships and relationship support. When we asked respondents the extent to which they agreed or disagreed with the statement ‘All relationships come under pressure from time to time, and everyone could benefit from support with their relationships’, we found that more than half agreed

^{vi} $r = 0.4047$; $p = 0.000$

(44% tended to agree and 12% strongly agreed), and only eight per cent disagreed. We did observe a bit of a difference here in terms of gender, however, with women being more likely to agree than men (60% compared to 51%).

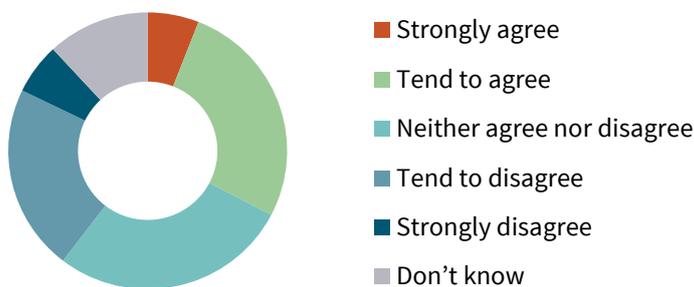
Figure 35: ‘All relationships come under pressure from time to time, and everyone could benefit from support with their relationships’



Beliefs about the normalcy (or not) of relationships coming under pressure from time to time and the universality of support needs or benefits correlate with people’s help-seeking patterns. A study by OnePlusOne has shown that people with more ‘developmental’ perspectives on relationships (that is, who believe all relationships change over time and conceive of themselves as active agents who have overcome difficulties and put in ‘work’ to make their relationships stronger) are more likely to be motivated to maintain and improve their relationships, including seeking out relationship support, than people with less developmental views (who believed relationships to be unchanging and conceived of themselves more passively). Those who did not view relationships from a developmental perspective were found not to invest heavily in ‘work’ to strengthen their relationships.⁵⁷ **It is therefore encouraging that a majority (56%) of people in our research agreed that all relationships come under pressure and that everyone can benefit from support with their relationships.**

People were more split, however, when we asked whether they thought that ‘relationship support is only for couples with problems’, with a third of respondents indicating that they think relationship support is only for those with problems, and less than a third (28%) indicating disagreement with this.

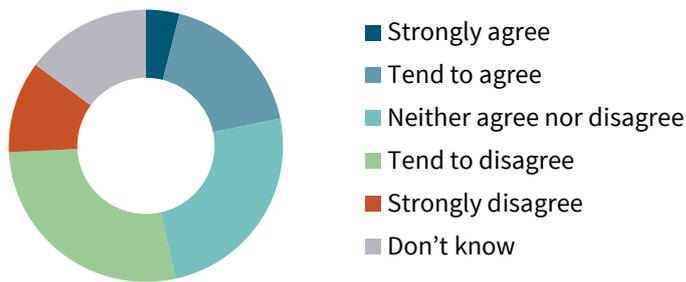
Figure 36: ‘Relationship support is only for couples with problems’



Given the positive response to the question about whether ‘all relationships come under pressure from time to time, and everyone could benefit from support with their relationships’, we might have expected people in our sample to have been quite open to using professional relationship support if they were to encounter relationship difficulties.

However, **only one in five (22%) said that if their relationship was under strain they would seek professional support.**

Figure 37: ‘If my relationship was under strain, I would seek professional support’



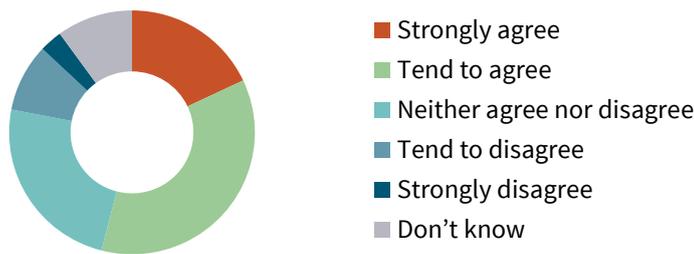
There was also a slight gender divide here: a quarter of women said that if their relationship was under strain they would seek professional support, whereas less than a fifth (19%) of men did. This confirms the picture of other research which finds men are less likely to access counselling services generally, as well as being less likely to access general health services. Men are in a minority of those who use telephone advice and help lines provided by healthcare charities,⁵⁸ and the Open University's *Enduring Love?* research, for example, found that the most commonly-chosen response option among men when asked about what they would do when facing relationship difficulties was not to consult anyone, with 23% of men selecting this.⁵⁹

A possible reason for this mis-match between perspectives on the universality of benefits from support for relationships and the lower positivity towards use of professional relationship support may be stigma around accessing formal relationship support services: we found that **more than half (54%) of respondents said that ‘If I accessed professional relationship support (e.g. seeing a counsellor), I would not want anyone to know about it’.**

This finding confirms the picture presented by other studies which have highlighted how people can feel expected to address any issues themselves without accessing help,⁶⁰ and how talking about relationship difficulties is often not seen as the ‘done thing’,⁶¹ and can even be held to signify failure and disloyalty to one’s partner.⁶²

This cultural barrier to relationship support may be in part explained by the wider stigma around therapeutic support: the British Social Attitudes survey found that just below 60% of people would feel comfortable talking to a GP if they felt worried, stressed, or down, while only 38% would feel comfortable talking to a therapist or counsellor,⁶³ and 43% would not want anyone to know if they had seen a counsellor or therapist.⁶⁴ It is important to challenge this stigma around therapeutic support and relationship help-seeking: relationships are such vital pillars of health and wellbeing, and support for relationships therefore has to be normalised by broadening the conversation about what constitutes a healthy relationship and why this matters.

Figure 38: 'If I accessed professional relationship support (e.g. going to a counsellor), I would not want anyone to know about it'



We also asked people where they would go if they were looking for relationship support. Worryingly the most-selected option was 'don't know', with 40% of respondents selecting this. **Given the importance of relationships to our health and wellbeing, it is concerning that four in ten people would not know where to go for support.** This could be a contributing factor to the fact that people who do access professional relationship support such as counselling tend to do so as a last resort.⁶⁵

The second most-selected option was searching online (20%), followed by talking to the GP or other health professional (15%), and then contacting Relate/Relationships Scotland/Marriage Care (10%). The tendency to go to GPs ahead of relationship support services also reflects previous research finding people are more likely to talk to their GP about relationship problems than to a counsellor.⁶⁶ Previous research has shown that 30-40% of people have approached their GP about relationship issues,⁶⁷ and that personal relationship problems are the biggest driver of non-health demand on GPs' time, with 92% of GPs reporting patients had raised issues about personal relationship problems with them over the last month.⁶⁸

This growing trend also highlights the increasing importance of health professionals' knowledge about the support available and of referrals. However, health professionals are not widely supported to talk to patients about their relationships, and given increasing pressures on time as well as the lack of profile relationships have in health policy, relationships are not prioritised.⁶⁹ Many health professionals do not know what services are available or who to refer people to, and GPs' responses have been found to vary between signposting to counselling services and simply prescribing medication.⁷⁰

Figure 39: Which one of the following would be your first go-to place for finding local relationship support?



Recommendations

Given the centrality of couple relationships to our health and wellbeing, it is essential that policy-makers focus on how policy can foster and support the formation and maintenance of good quality relationships. Doing so will deliver benefits not only for individuals' own health but also for children's outcomes (where couples have children) and also benefits for the public purse, as the costs of responding to relationship distress and its effects are reduced.

The good news is that although the levels of relationship distress and the inequalities of relationship quality between particular groups are alarming, support is out there, and it is effective. For example:

- The evaluation commissioned by the government in 2014 found Relate and Marriage Care's relationship counselling resulted in statistically significant positive changes in individuals' relationship quality, wellbeing and communication, according to validated measures, with the effect size particularly large for wellbeing;⁷¹
- The evaluation also modelled cost-effectiveness of counselling, with an indicative calculation that it could save £11.40 for every £1 spent;⁷²
- The same evaluation demonstrated that Marriage Care's adult relationship education was associated with statistically significant positive change in relationship quality and positive changes in wellbeing; and
- A large number of other studies have found relationship counselling or therapy improves relationship,⁷³ and relationship satisfaction.⁷⁴

Yet it is clear that barriers to support remain, and many more people would benefit than currently access relationship support.

The wealth of evidence demonstrating the foundational importance of personal relationships for health and wellbeing therefore demands attention from policy makers right across government, at all levels.

Relate, Relationships Scotland and Marriage Care are calling on policy-makers to:

1. Coordinate relationship support and mainstream family support services – for example in Family and Relationship Centres/Hubs

We are calling on government to develop a strategic vision for joined-up support services for families, including looking at how relationship support, mental health services and wider family support services could be brought together to increase access by bringing relationship support into part of a wider continuum of support, with smoother and more consistent cross-referral pathways.

The strong evidence on the links between couple relationships and both adults' and children's wellbeing presents a compelling case for joining-up services, coordinating family and relationship support from Family and Relationship Centres or 'Family Hubs', for example. Coordination, co-location or integration of existing family support services into a single identifiable local centre in the heart of communities would help to make the

support landscape more navigable for families. In England and Wales,^{vii} governments could work with local authorities to pilot the coordinating services, bringing together a holistic, integrated, wraparound system of support within the community. This would provide an accessible, local and non-stigmatised hub for a range of support across a spectrum encompassing relationship education, counselling and therapy, and support for separated/separating families. Our data are clear that while people generally recognise that all relationships come under strain and are generally open to the concept of relationship support, many do not know where they would go to access it, and there is an enduring stigma around this. Coordinating relationship support with mainstream family support services would help to overcome these barriers and enable many more people who could benefit from support to access it.

In recent years a number of organisations have called for joining-up services in this way, with the Centre for Social Justice calling for family hubs which “should focus on the stability and quality of family relationships – including couple and parent-child relationship – to prevent breakdown or minimise the impact of instability, where it occurs, on children’s welfare.”⁷⁵ The All-Party Parliamentary Group for Children’s Centres also recommended renaming and rebranding centres as family hubs and broadening the range of services available to include mental health support, employment support, and relationship support – beyond parenting support, to include couples counselling, pre-marriage courses, post separation support, and help with parenting teenagers.⁷⁶

In particular, in light of our findings (which confirm those of a multitude of previous studies) demonstrating the extra strain parenthood can place on couple relationships, we recommend policy makers and commissioners embed parental relationship support within mainstream public services around the transition to parenthood (including antenatal provision, health visiting and postnatal provision etc.). New parents’ everyday interactions with mainstream public services present considerable opportunities for a more holistic support offer for families and present ‘touch points’ at a crucial life transition which can involve significant stress on relationships. We know that the demands of adjusting to caring for a new baby can often mean reduced relationship quality. Antenatal, maternity, postnatal and health visiting services, for example, could play a vital role in promoting good quality relationships as the basis of family wellbeing and child development. In South Wales, for instance, Relate Cymru are working on a two-year project funded through the tampon tax, targeting new parents to improve perinatal mental health. The partnership with Health Visitors identifies relationship problems early and offers support in a tiered approach from online videos about common problems to live-chat, through to webcam and online counselling. Relate are developing training courses for health visitors to help them be more confident in discussing common relationship problems. The next step must now be for policy-makers to build on these initiatives and roll out more widely and increase join-up between perinatal support and relationship support.

2. Extend training and guidance on family relationships and relationship support for frontline professionals

Our finding that the majority of people do not know where they would go if they wanted to access relationship support indicates that professionals in frontline services have an important role to play in facilitating access. Frontline practitioners in public services who are likely to come into contact with relationship issues and relationship distress (such as

^{vii} In Scotland, ‘family hubs’ already exist in certain forms

GPs, midwives, health visitors, etc.) should be given training about relationship distress and relationship support to help them to identify distressed relationships, talk appropriately and with confidence to service users about their relationships, sign-post or refer to relevant support services, as well as to screen for domestic violence and abuse.

It is now well-recognised that embedding relationship support in services which are already accessed and trusted by people can achieve more widespread delivery,⁷⁷ and training for frontline professionals has been shown to lead to improvements in couples being signposted to appropriate relationship support services and resources.⁷⁸

The Department of Health in particular should develop national guidance for healthcare professionals, building on the Department for Work and Pensions' perinatal pilots and training for health visitors, to support them to identify relationship distress, talk to patients about relationships, and make appropriate referrals. This would increase accessibility and navigability of support for users by smoothing referral pathways and supporting seamless journeys and access to a spectrum of support for relationships, delivered by a range of providers.

3. Support a public education and awareness campaign

There are many more people who could benefit from formal relationship support (e.g. counselling) than currently access it,⁷⁹ and barriers around help-seeking with relationships, such as stigma, as our findings suggest, continue to prevent access. If we are to realise the vision of strong and healthy relationships as the foundation of a strong and healthy society, we need to break down cultural barriers and normalise talking about relationships, the challenges we all face, and how we may cultivate good quality relationships. There is therefore an important role for government-backed public awareness campaigns in tackling attitudes and overcoming barriers.

In particular, our findings in this report about feared 'commitment asymmetry' and relationship support practitioner's encounters with clients who have lived together before they were ready to, or had who had not previously discussed important life decisions, suggests a need for information and universal preventative support targeted at people in the earlier stages of relationships to encourage positive communication. This may reduce the likelihood of disagreements about these issues leading to relationship difficulties further down the line.

A helpful additional focus for public education and awareness would be on attitudes towards relationships and relationship support – tackling fatalistic romanticism and cultivating 'developmental' beliefs. A universal approach to relationship support through instilling a 'developmental' perspective early on will likely prove fruitful.⁸⁰

4. Up-skill people who have conversations about relationships with clients

In addition to training professionals in public services (particularly health services), government should also explore ways of up-skilling people to whom people already talk about their relationships. Relationships Scotland, for example, together with Waverley Care and funded by the Big Lottery, have trained hairdressers as unofficial 'agony aunts' in a pioneering project focused on Edinburgh's African community to ensure that people with problems from relationship difficulties to family crises can find support. Salons have long been recognised as places where people chat about their relationships and daily life, and many conversations in the salon had centred around family – in particular children,

relationships, education, bereavement, illness, housing, religious and stress issues, and contrasts between Scottish and African culture. The project gives hairdressers listening skills to help them to build trust and offer support and signpost people to the dedicated counselling support available. In England, the Department of Health could support a similar initiative, building on the ‘Dementia Friends’ example, to increase awareness of relationship distress and the role of relationships in health and wellbeing, increase awareness of the support available, and up-skill people who already come into contact with relationship problems with listening skills and with knowledge of the support available.

5. Give the ‘Family Test’ a statutory footing

Finally, we would reiterate our call for the ‘Family Test’, which requires all new domestic policies across Whitehall to consider the impact they might have on family relationships,⁸¹ to be given a statutory footing. This initiative has been an important step forward for more joined-up, family-friendly policy, ensuring that potential impacts of policies on relationships are made explicit and recognised. However, a review of implementation of a year after its introduction by the Family and Childcare Trust, Relate, and the Relationships Foundation found that the response of government departments had been patchy and the majority had shown limited commitment so far to implementing this.⁸² In order to maximise the effect of the Family Test, transparency – i.e. routine publication by departments of impact assessments of policies against the Family Test – is needed, and government should give the Test teeth by putting it on a statutory footing, requiring all departments to publish records of assessments.

Methodology

The survey was carried out by YouGov Plc using an online interview survey administered to members of the YouGov UK panel of over 800,000 individuals who have agreed to take part in surveys. An email was sent to panellists selected at random from the base sample according to the sample definition, inviting them to take part in the survey and providing a link to the survey. YouGov normally achieves a response rate of around between 35% and 50% to surveys although this does vary according to the subject matter, complexity and length of the questionnaire.

In total we polled 5,071 UK adults (over 16) across England, Wales, Scotland, and Northern Ireland. Fieldwork was undertaken between 18th June and 7th July 2016. The figures have been weighted and are representative of all UK adults (aged 16+). YouGov is a member of the British Polling Council. All figures, unless otherwise stated, are from YouGov Plc.

The results of our poll were weighted to make the data more representative of the population in terms of age, gender, region and country, and an indicator of social class (based on census information). However, the results do come with some caveats around representativeness. While the results of our survey are weighted according to these criteria, our sample may still differ according to other unobserved factors, including those that are the subject of our survey, such as relationships and sexual behaviour.

These data were further analysed independently of YouGov on behalf of Relate using STATA 13 with individual weights attached to all sample members; direct replication of the statistics featured in this report using the tables published by YouGov may therefore be subject to rounding errors. Additional variables, such as relationship status, which were not available in the standard output provided by YouGov, were subsequently created and feature throughout the report. All of the bivariate analyses that we present represent statistically significant patterns and differences – these are patterns that we would not expect to see by chance. Throughout the report, unless specified otherwise, all data are statistically significant at the 95% confidence level.

Definitions of terms

Throughout this report, the following terms are used in the description of findings:

‘Relationship distress’ – A ‘distressed’ relationship is one with a severe level of relationship problems, which has a clinically significant negative impact on partner’s wellbeing. Research shows clear links between relationship distress and depression, anxiety, increased blood pressure and heightened risk of heart attacks, for example.

‘Good’ – including those who responded ‘very good’ and ‘fairly good’

‘Bad’ – including those who responded ‘very bad’ and ‘fairly bad’

‘Agree’ – including those who responded ‘strongly agree’ and ‘tend to agree’

‘Disagree’ – including those who responded ‘strongly disagree’ and ‘tend to disagree’

‘At least some of the time’ – including those who responded ‘some of the time’, ‘often’, or ‘all of the time’

‘At least occasionally’ – including those who responded ‘occasionally’, ‘most of the time’, or ‘all of the time’

‘People who are disabled or living with a long term health condition’ – including people who reported that their day-to-day activities are limited because of a health problem or disability which has lasted or is expected to last at least 12 months.

References

- ¹ Layard, R. (2011) *Happiness: Lessons from a New Science*, London: Penguin
- ² ONS (2011) Findings from the national well-being debate
- ³ Kiecolt-Glaser, J. and Newton, T., (2001) Marriage and health: his and hers. *Psychological Bulletin*, 27(4), 472-503.
- ⁴ Handley, S., Joy, I, Hestbaek, C. & Marjoribanks, D. (2015) *The Best Medicine? The importance of relationships for health and wellbeing*. London: Relate and NPC
- ⁵ Holt-Lunstad J., Birmingham, W., and Jones, B. (2008) Is there something unique about marriage? The relative impact of marital status, relationship quality, and network social support on ambulatory blood pressure and mental health. *Ann Behav Med.*, 35(2), 239-44; Grewen, K., Girdler, S., and Light, K. (2005) Relationship quality: effects on ambulatory blood pressure and negative affect in a biracial sample of men and women. *Clinical Methods and Pathophysiology* 10(3), 117-124
- ⁶ Orth-Gomer, L., Wamala, S., Horsten, M., Schenck-Gustafsson, K., Schneiderman, N. and Mittelman, M. (2000) Marital stress worsens prognosis in women with coronary heart disease: The Stockholm Female Coronary Risk Study. *Journal of the American Medical Association*, 284, 3008-3014
- ⁷ Coyne, J., Rohrbaugh, M., Shoham, V., Sonnega, J., Nicklas, J. and Cronford, J. (2001) Prognostic importance of marital quality for survival of congestive heart failure. *American Journal of Cardiology*, 88, 526-529
- ⁸ Whisman, M., Uebelacker, L., and Bruce, M., (2006) Longitudinal association between marital dissatisfaction and alcohol use disorders in a community sample. *Journal of Family Psychology*, 20(1), 164-167
- ⁹ Conger, R. D., & Elder Jr, G. H. (1994). *Families in troubled times: The Iowa youth and families project*. *Families in troubled times: Adapting to change in rural America*, 3-19
- ¹⁰ Coleman, L. & Glenn, F. (2009). *When Couples Part: Understanding the consequences for adults and children*. London: OnePlusOne
- ¹¹ Whisman M. (2001) The association between depression and marital distress. In Beach, S. *Marital and Family Processes in Depression: A Scientific Foundation for Clinical Practice*. Washington DC: American Psychological Association, 3-24; Conger, R. D., & Elder Jr, G. H. (1994) *Families in troubled times: The Iowa youth and families project*. *Families in troubled times: Adapting to change in rural America*, 3-19
- ¹² Whisman, M.A., Uebelacker, L. A. (2003) Comorbidity of Relationship Distress and Mental and Physical Health Problems. In Snyder, D. K., Whisman, M. A. (eds.) *Treating Difficult Couples*, Guilford Press
- ¹³ O'Leary, K., Riso, L. and beach, R. (1990) Attributions about the marital discord/depression link and therapy outcome, *Behaviour therapy*, 21(4), 413-422; Rounsaville, B., Weissman, M., Prusoff, B. and Herceg-Baron, R. (1979) Marital disputes and treatment outcomes in depressed women. *Comprehensive Psychiatry*, 20(5), 483-490
- ¹⁴ Whisman, M. A. & Bruce, M. L. (1999) Marital dissatisfaction and incidence of major depressive episode in a community sample. *Journal of Abnormal Psychology*, 108, 674-678
- ¹⁵ See, for example, Cowan P and Cowan C, 'Interventions as tests of family systems theories: Marital and family relationships in children's development and psychopathology', *Development and Psychology*, 14, 2002, 731-759
- ¹⁶ Petch J, Halford W, Creedy D, and Gamble J, 'Couple Relationship Education at the Transition to Parenthood: A Window of Opportunity to Reach High-Risk Couples', *Family Process*, 51, 2012, pp498-511
- ¹⁷ Grych, J. H. (2002) Marital Relationships and Parenting in *Handbook of Parenting, Volume 4, Social Conditions and Applied Parenting*. Ed. Bornstein. M. H. Lawrence Erlbaum Associates
- ¹⁸ Cowan, C., P. & Cowan, P. (2005) Two central roles for couple relationships: breaking negative intergenerational patterns and enhancing children's adaptation. *Sexual and Relationship Therapy* Vol 20, No. 3
- ¹⁹ Lindahl, K.M., Clements, M. & Markman, H. (1997). Predicting marital and parent functioning in dyads and triads: A longitudinal investigation of marital processes. *Journal of Family Psychology*, 11(2), 139 – 151
- ²⁰ Harold, G., Acquah, D., Sellers, R., & Chowdry, H. (2016) What works to enhance inter-parental relationships and improve outcomes for children. DWP ad hoc research report no. 32. London: DWP
- ²¹ Coleman, L. & Glenn, F. (2009) *When Couples Part: Understanding the consequences for adults and children*. London: One Plus One
- ²² Meltzer, H. Gatward, R., Goodman, R., & Ford, T. (2000) *Mental health of children and adolescents in Great Britain*. London: TSO
- ²³ Harold, G. T., Rice, F., Hay, D. F., Boivin, J., Van Den Bree, M., & Thapar, A. (2011) Familial transmission of depression and antisocial behavior symptoms: disentangling the contribution of inherited and environmental factors and testing the mediating role of parenting. *Psychological Medicine*, 41(6), 1175-85; Cowan, C. & Cowan, P. (2005) Two central roles for couple relationships: breaking negative intergenerational patterns and enhancing children's adaption. *Sexual and Relationship Therapy*, 20 (3), 275-288
- ²⁴ Harold, G. T., Aitken, J. J. & Shelton, K. H. (2007) Inter-parental conflict and children's academic attainment:

a longitudinal analysis. *Journal of Child Psychology and Psychiatry*, 48

²⁵ Coleman, L. & Glenn, F. (2009) *When Couples Part: Understanding the consequences for adults and children*. London: One Plus One

²⁶ Cummings E, and Davies P, *Children and marital conflict: The impact of family dispute and resolution*, New York: Guilford Press, 1994; Cummings E, and Davies P, 'Effects of marital conflict on children: Recent advances and emerging themes in process-oriented research', *Journal of Child Psychology and Psychiatry*, 43, 2002, pp31-63; Grych, J.H. and Fincham, F.D. (1990) Marital conflict and children's adjustment: a cognitive contextual framework, *Psychological Bulletin*, 2, 267-290

²⁷ Harold, G.T. & Leve, L.D. (2012) Parents and Partners: How the Parental Relationship affects Children's Psychological Development. In Balfour, A., Morgan, M., & Vincent, C. (Eds.) *How Couple Relationships Shape Our World: Clinical Practice, Research and Policy Perspectives*. London: Karnac; Grych, J. & Fincham, F. (1990) Marital conflict and children's adjustment: a cognitive contextual framework, *Psychological Bulletin*, 2, 267-290; Cummings, E., & Davies, P., (1994) *Children and marital conflict: The impact of family dispute and resolution*. New York: Guilford Press

²⁸ Funk, J.L., & Rogge, R.D. (2007) Testing the Ruler with Item Response Theory: Increasing Precision of Measurement for Relationship Satisfaction with the Couples Satisfaction Index, *Journal of Family Psychology*, 21, 572-583

²⁹ Funk, J.L., & Rogge, R.D. (2007) Testing the Ruler with Item Response Theory: Increasing Precision of Measurement for Relationship Satisfaction with the Couples Satisfaction Index. *Journal of Family Psychology*, 21, 572-583

³⁰ Sserwanja, I. & Marjoribanks, D. (2016) *Relationship Distress Monitor: Estimating levels of adult couple relationship distress across the UK*. London: Relate

³¹ Reynolds, J., Houlston, C. and Coleman, L. (2014) *Understanding Relationship Quality*, London: OnePlusOne

³² Sserwanja, I. & Marjoribanks, D. (2016) *Relationship Distress Monitor: Estimating levels of adult couple relationship distress across the UK*. London: Relate

³³ Sserwanja, I. & Marjoribanks, D. (2016) *Relationship Distress Monitor: Estimating levels of adult couple relationship distress across the UK*. London: Relate

³⁴ Gabb, J., Klett-Davies, M., Fink, J. & Thomae, M. (2013) *Enduring Love? Couple Relationships in the 21st Century*, Survey Findings Report. Open University

³⁵ Gabb, J., Klett-Davies, M., Fink, J. & Thomae, M. (2013) *Enduring Love? Couple Relationships in the 21st Century*, Survey Findings Report. Open University

³⁶ Sserwanja, I. & Marjoribanks, D. (2016) *Relationship Distress Monitor: Estimating levels of adult couple relationship distress across the UK*. London: Relate

³⁷ Gabb, J., Klett-Davies, M., Fink, J. & Thomae, M. (2013) *Enduring Love? Couple Relationships in the 21st Century*, Survey Findings Report. Open University

³⁸ Walker, J., Barrett, H., Wilson, G., & Chang, Y-S. (2010), *Relationships Matter: Understanding the Needs of Adults (Particularly Parents) Regarding Relationship Support*, London: Department for Children, Schools and Families

³⁹ Cowan, C., Cowan, P., Heming, G. and Miller, N. (1991) *Becoming a family: marriage, parenting and child development*. In Cowan P and Hetherington M (Eds.) *Family Transitions*, Hillsdale, NJ: LEA, 1991

⁴⁰ Shapiro, A. & Gottman, J. (2005) *Effects on Marriage of a Psycho-Communicative- Educational Intervention With Couples Undergoing the Transition to Parenthood*, Evaluation at 1-Year Post Intervention. *Journal of Family Communication*, 5, 1-24

⁴¹ Cowan, C., Cowan, P., Heming, G. and Miller, N. (1991) *Becoming a family: marriage, parenting and child development*. In Cowan P and Hetherington M (Eds.) *Family Transitions*, Hillsdale, NJ: LEA, 1991

⁴² Petch, J. & Halford, W. (2008) *Psycho-education to enhance couples' transition to parenthood*. *Clinical Psychology Review*, 28, 1125-1137

⁴³ <http://www.nrs.co.uk/nrs-print/lifestyle-and-classification-data/social-grade/>

⁴⁴ Relate, Relationships Scotland, and Marriage Care (2015) *The Way We Are Now: The State of the UK's Relationships 2015*

⁴⁵ Böheim, R., & Ermisch, J. (1999) *Breaking Up: financial surprises and partnership dissolution*. ESRC Research Centre on Micro-Social Change

⁴⁶ Dew, J.P., & Xiao, J.J. (2013) *Financial Declines, Financial Behaviors, and Relationship Satisfaction during the Recession*. *Journal of Financial Therapy*, 4(1)

⁴⁷ Kneale, D., Marjoribanks, D., and Sherwood, C. (2014) *Relationships, Recession and Recovery* The role of relationships in generating social recovery. London: Relate

⁴⁸ Papp, L. M., Cummings, E. M., & Goeke-Morey, M. C. (2009) *For richer, for poorer: Money as a topic of marital conflict in the home*. *Family Relations*, 58(1), 91-103

⁴⁹ Amato, P. R., Booth, A., Johnson, D. R., & Rogers, S. J. (2009) *Alone together: How marriage in America is changing*. Harvard University Press

⁵⁰ ONS (2016) *Families and Households in the UK*, 2016

⁵¹ ONS (2014) *Marriages in England and Wales 2012*

⁵² ONS (2016) *Families and Households in the UK*, 2016

-
- ⁵³ Walker, J., Barrett, H., Wilson, G. & Chang, Y-S. (2010) Relationships Matter: Understanding the Needs of Adults (Particularly Parents) Regarding Relationship Support. London: Department for Children, Schools and Families
- ⁵⁴ Stanley, S., Rhoades, G., & Whitton, S. (2010), 'Commitment: Functions, Formation, and the Securing of Romantic Attachment', *Journal of Family Theory & Review*, 2, pp243-257
- ⁵⁵ Walker, J., Barrett, H., Wilson, G. & Chang, Y-S. (2010) Relationships Matter: Understanding the Needs of Adults (Particularly Parents) Regarding Relationship Support. London: Department for Children, Schools and Families
- ⁵⁶ Hawkins, A. and Ooms, T. (2010) What Works in Marriage and Relationship Education? A Review of Lessons Learned with a Focus on Low-Income Couples. Research Report. Available at <http://www.healthymarriageinfo.org/resource-detail/index.aspx?rid=2861>
- ⁵⁷ Ramm, J., Coleman, L, Glenn, F. & Mansfield, P. (2010) Relationship difficulties and help-seeking behaviour: Secondary analysis of an existing data-set. London: Department for Education
- ⁵⁸ Wilkins, D. (2013) Try to see it my way: Improving relationship support for men. London: Relate and Men's Health Forum
- ⁵⁹ Gabb et al, (2013) Enduring Love: Couple relationships in the 21st century. Interim report.
- ⁶⁰ Chang, Y-S. & Barrett, H., (2009) Couple relationships: A review of the nature and effectiveness of support services, London: Family and Parenting Institute
- ⁶¹ Walker, J., Barrett, H., Wilson, G. & Chang, Y-S. (2010) Relationships Matter: Understanding the Needs of Adults (Particularly Parents) Regarding Relationship Support, London: Department for Children, Schools and Families
- ⁶² Chang, Y-S. & Barrett, H. (2009) Couple relationships: A review of the nature and effectiveness of support services, London: Family and Parenting Institute
- ⁶³ British Social Attitudes survey 2007, cited in Reynolds, J., Houlston, C. & Coleman, L. (2014) Understanding Relationship Quality. London: OnePlusOne
- ⁶⁴ British Social Attitudes survey 2007, cited in Reynolds, J., Houlston, C. & Coleman, L. (2014) Understanding Relationship Quality. London: OnePlusOne
- ⁶⁵ Walker, J., McCarthy, P., Stark, C., and Laing, K., (2004) Picking up the pieces: a marriage and divorce two years after information provision, London: Department for Constitutional Affairs
- ⁶⁶ Walker, J., Barrett, H., Wilson, G. and Chang, Y-S. (2010) Relationships Matter: Understanding the Needs of Adults (Particularly Parents) Regarding Relationship Support. London: Department for Children, Schools and Families
- ⁶⁷ Anderson, S., Brownlie, J. & Given, L. (2009) Therapy Culture: Attitudes towards emotional support in Britain, in Parks, A. (Ed.) British Social Attitudes Survey 25th Report. London: Sage
- ⁶⁸ Citizens Advice (2015) A Very General Practice: How much time do GPs spend on issues other than health? Citizens Advice, May 2015
- ⁶⁹ Handley, S., Joy, I., Hestbaek, C. And Marjoribanks, D. (2015) The Best Medicine? The importance of relationships for health and wellbeing. London: Relate and NPC
- ⁷⁰ Walker, J., Barrett, H., Wilson, G. and Chang, Y-S. (2010) Relationships Matter: Understanding the Needs of Adults (Particularly Parents) Regarding Relationship Support. London: Department for Children, Schools and Families
- ⁷¹ Spielhofer, T., Corlyon, J., Durbin, B., Smith, M., Stock, L. and Gieve, M. (2014) Relationship Support Interventions Evaluation: Department for Education
- ⁷² Spielhofer, T., Corlyon, J., Durbin, B., Smith, M., Stock, L. & Gieve, M. (2014) Relationship Support Interventions Evaluation. Department for Education
- ⁷³ Lundblad, A. and Hansson, K. (2006) Couples Therapy: effectiveness of treatment and long-term follow up. *Journal of Family Therapy*, 28, 136-152
- ⁷⁴ Doss, B. (2012) Couple therapy for military veterans: overall effectiveness and predictors of response. *Behaviour Therapy*, 43, 216-227
- ⁷⁵ Centre for Social Justice (2014). Fully Committed? How a Government could reverse family breakdown
- ⁷⁶ All Party Parliamentary Group on Children's Centres (2016) Family Hubs: The Future of Children's Centres: Strengthening family relationships to improve Life Chances for everyone. July 2016
- ⁷⁷ Halford, W., Markman, H., & Stanley, S., (2008) Strengthening couples' relationships with education: Social policy and public health perspectives. *Journal of Family Psychology* 22, 497-505
- ⁷⁸ Simons, J., Reynolds, J., & Morison, L., (2001) Randomised controlled trial of training health visitors to identify and help couples with relationship problems following a birth. *British Journal of General Practice* 53, 793-799
- ⁷⁹ Relationships Alliance (2014) The Relationships Manifesto: Strengthening Relationships. October, 2014
- ⁸⁰ Coleman, L. (2011) Improving Relationship Satisfaction – Qualitative Insights Derived From Individuals Currently Within a Couple Relationship. *The Family Journal: Counselling and Therapy for Couples and Families*, 19(4), 369-380
- ⁸¹ HM Government (2014) First ever 'families test' for government published. 31 October 2014. Accessed via: <https://www.gov.uk/government/news/first-ever-families-test-for-government-published>

⁸² Family and Childcare Trust, Relate, and Relationships Foundation (2016) Implementing the Family Test: A review of progress one year on

© Relate, Relationships Scotland and Marriage Care, March 2017

This report forms the fifth in a series of reports which together comprise our major study into the state of the UK's relationships, *The Way We Are Now*.

About Relate

Relate is the UK's leading relationship support organisation, serving more than one million people through information, support and counselling every year. Our vision is a future in which healthy relationships are actively promoted as the basis of a thriving society.

We aim to develop and support healthy relationships by:

- Delivering inclusive, high-quality services that are relevant at every stage of life
- Helping couples, families and individuals to make relationships work better
- Helping both the public and policy makers improve their understanding of relationships and what makes them flourish.

0300 100 1234 | enquiries@relate.org.uk | @Relate_Charity | www.relate.org.uk

About Relationships Scotland

Relationships Scotland supports a network of 22 member services across Scotland. We support family relationships, especially at times of crisis and key family transitions. We provide face-to-face support to over 15,000 people each year.

Our work focuses on prevention, early intervention and child protection. We provide relationship counselling, family mediation, child contact centres and other related forms of family support across all of Scotland.

Around 1,000 people are actively involved in the delivery of our services across Scotland, including around 600 volunteers.

0845 119 2020 | enquiries@relationships-scotland.org.uk | @RelScot | www.relationships-scotland.org.uk

About Marriage Care

Marriage Care is a national charity committed to helping couples build and sustain strong, fulfilling, healthy relationships. We provide marriage preparation and relationship counselling services for thousands of people each year, supporting couples and individuals in both the best and worst times in their relationships, and have been doing so for 70 years.

We're the largest faith-based relationship support charity in the UK delivering services through a network of 53 centres, more than a 100 counselling locations and the sheer dedication of over 700 professionally trained and accredited volunteers.

020 7371 1341 | admin@marriagecare.org.uk | @Marriage_Care | www.marriagecare.org.uk