

# **Relative values**

Support for relationships  
and parenting

**Ed Straw**

# DEMOS

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## Summary

This paper proposes a comprehensive and sustained programme to improve people's relationship and parenting skills in Britain. To succeed, this will demand the vision and commitment that launched the National Health Service. Half a century on from the creation of the NHS, there is an overwhelming need for *a national relationship and parenting service*.

The need is apparent in our personal lives: most of us wish that our parents had been better equipped to bring us up, that we could be better parents or that our relationships could be more fulfilling. But the need goes far beyond this. It reaches every corner of society. Educational attainment, employability, health, income and future relationships are all affected significantly by the quality of parenting and our experience of other close relationships. We pick up the costs of poor parenting and poor relationships throughout the social service system – in the financial and social costs of benefits, insurance, criminal justice, and drug and alcohol abuse.

Public expenditure on benefit payments arising from broken homes approaches £4 billion annually. We already know a great deal about how to make a significant improvement in people's ability to forge good long-term relationships and become effective parents. *But government spends less than one thousandth of this sum on programmes to spread and apply this knowledge in order to prevent problems occurring in the first place.*

The programme proposed here is based on the conviction that we should invest more in preventing the social and economic costs we presently incur, and on an optimistic view of people. Given the right environment and skills, virtually all of us can be contented and can lead productive and fulfilling lives for ourselves and for the community as a whole; given a poor environment and poor skills, most of us will fail to thrive. The emphasis in the proposals below is on providing opportunities to learn, not on coercion or moral exhortation, neither of which will work or be acceptable in a democratic and plural society. It is challenging,

not least because it says we could all do better. This sentiment reaches into the most private areas of our lives and is a difficult message to accept.

One problem is that our collective knowledge of relationships and parenting is as rudimentary as our medical expertise was in the last century. Opening up debate on how to improve our quality of relationships may seem as unsettling as it was for the Victorians to open up their bodies to new medical techniques. But in fact we know much more than we imagine: the problem is that we have few means to apply our knowledge of what makes for satisfying relationships and parenting.

What holds us back? There are many obstacles to applying knowledge and learning new skills:

- Deep seated cultural norms limit us from seeing the need to take steps. For example, the view that a personality is fixed rather than being amenable to change; the view that divorce is a solution to a relationship problem rather than often an exchange of one set of problems for another; an assumption that parents are either ‘good’ or ‘bad’ rather than being on a continuum of skills and confidence; and a belief, widespread in the West, that success in marriage or other long-term adult relationships depends on romantic love, rather than on careful work, understanding and self-awareness.
- There is a lack of easily available and publicly accessible information on the existing sources of learning.
- People are reluctant to value and spend money on one’s own relationship and parenting skills by comparison with spending on holidays, gifts and entertainment.
- Public services are structured on rigid functional lines that do not match the dimensions of social problems, and find it hard to learn lessons from one another’s experience. For example, relationship education could be a feature of the school system: teachers could be trained for this with clear benefits and at little net additional cost but they are not.
- The supply side for relationship education, training and coun-

selling for prevention of relationship and family breakdown is weak, under-funded and fragmented and is largely in the charity sector. Public subsidy for agencies in the field is some £3 million annually, by comparison with the billions spent on picking up the pieces of family failure.

- The counselling and psychotherapy profession, despite much fine work, has a poor public image and has yet to succeed in developing comprehensive ways in which to evaluate practice and institutionalise good practice, accreditation and learning systems.
- Governments and other agencies tend to be reluctant to engage with issues of ‘character’ and personal morality where there is a risk of public resistance and a media backlash, as was the case with the Major Government’s ill fated ‘Back to Basics’ campaign. ‘Character forming’ is an area in which all governments must have an interest, just as parents do, but fears of counterproductive paternalism and of unacceptable coercion in a liberal democracy inhibit discussion about this issue.
- Public policy in this field has been restricted by short-termism, incremental budgeting and no apparent method for assessing the comparative costs and benefits of social investments.

To overcome these problems, an ambitious programme is required. It needs to have the same commitment to social improvement as the Victorian drive for universal schooling, to be as sustained as the 30 year campaign against drink-driving and to aim for a shift in social attitudes and behaviour over the long run that will improve our quality of life.

To motivate people, this programme should be based on explanation, reason and emotion, not on appeals to guilty conscience, moral pronouncements or coercive policies. Its proposed mechanisms range from soap opera wisdom to classroom education to counselling and psychotherapy. All can have a valuable impact.

To deliver on the ground, an institutional structure is needed. A nine point programme for this is outlined below, drawing on analo-

gous experience with the professions, the voluntary sector and government. The details of each stage are set out in the rest of the text.

1. Persuade people to act: the objectives here are to shift cultural norms on relationships and parenting, and to upgrade our knowledge on being successful in these areas of our lives. This is to be achieved through:

- sustained public education and advertising based on existing and new research
- using existing contact points –schools, GP surgeries, clinics and so on – to convey the same messages
- providing insights and a deeper awareness to TV and radio scriptwriters to allow them to reflect new models of understanding in drama series
- incorporating minimum programme hours for relationship and parenting education into regulations for TV and radio services.

2. Set up a Relationship and Parenting Information Service: this network should be independent, objective and confidential in operation, providing information on all methods and sources of learning and development, and make referrals where appropriate. It would open the door for the public on a world of deeper knowledge about improving the quality of their family lives and other relationships.

3. Make universal existing isolated sources of learning and training: parenting education would become a core element of all pre- and post-natal courses, and all those receiving Child Benefit would be given information on learning opportunities; all children would receive relationship education before leaving school; relationship and parenting preparation sessions could be offered to all those planning marriage; GP surgeries would all offer counselling services; the information session, mediation and counselling provided at divorce and evaluated as successful under the Family Law Act would be made universal; and so on.

4. Set up a Relationship and Parenting Skills Evaluation Agency: this body would aim to stimulate evidence based development of services and thus to avoid the hit-and-miss approach that has characterised the development of too many other professions. It would have the remit to ensure that each service evaluates its work independently, summarises and publicises the results, disseminates findings to training and regulation bodies, promotes the consequent changes to practice and holds public hearings.

5. Establish effective regulation of the psychotherapy professions: this is already happening, albeit slowly. It needs a substantial push but without creating the monolithic and restrictive structures seen in other professions.

6. Strengthen and develop organisations providing relationship and parenting skills: in order to expand effective services, the existing successful organisations in the charity sector need business plans, development funding and skilled managers.

7. Introduce remedy sentencing for all forms of abuse: in all cases where abuse (domestic violence, sex, alcohol, drugs and child abuse) comes before the courts, at least part of the sentence should comprise an appropriate programme aimed at dealing with the causes of the abuse. In some cases police could have powers to hold people for counselling, rather than simply keeping them in custody. Family therapy should be used more as an alternative to care in young persons' homes and in the case of persistent offenders.

8. Government should support, fund and initiate where required, becoming proactive in identifying social investments and their net present values and payback periods and redirecting resources for investment in the activities proposed above. The analysis required would include:

- Identifying the public and other costs of family breakdown and the savings resulting from extending the life of the family, and comparing these with the cost and impact of preventive services.

- Identifying the costs and benefits of private relationship counselling becoming tax deductible.
  - Examining the hypothesis that secure families are ‘tax positive’ – a source of net income for the state – and that insecure families are ‘tax negative’, that is, their experience generates net costs for the state as well as pain and damage for the individuals concerned.
  - Comparing the costs and outcomes of some of the existing hard working public services geared to coping with and picking up the pieces after breakdown with the costs and benefits of the programme proposed here.
9. Provide leadership for the full programme: Government has a key role arising from its social investment responsibility to set up new organisations and to redirect resources. Its role cannot be too public, particularly in persuading people to act – in this respect arm’s length organisations and existing charities and other institutions should work together to provide leadership. Quality of individual leadership in all of these organisations will be critical in providing the vision, drive and learning required for the overall programme to be effective.

## Introduction

This paper puts forward an outline for a comprehensive and sustained programme to improve the quality of parenting and adult relationships. The results of such a programme are intended to be more contented and more fulfilled children, parents and adults; families more at ease with themselves; less dysfunction, breakdown and in some cases, mental and physical harm. This is a very ambitious agenda but its scale and ambition are warranted by the need. The measures by which we would judge the success of such a programme include lower divorce rates, longer adult couple relationships, greater mental health, reduced illness, lower crime rates, less drug and alcohol abuse and dependency, less child abuse, lower absenteeism from work, and higher educational

attainment. The largest savings would accrue to Government in relation to benefits, health and crime costs, and to gains in tax revenue from a higher proportion of secure households with good employment prospects.

The programme can be justified by such an analysis of costs and benefits. But a longer view of our social evolution also indicates why its time has come. Pre-modern societies concentrated on the basics of survival – food, drink, shelter and warmth. Scientific discovery provided the basis for the Industrial Revolution. Science and technology generated new forms of medicine which more people could afford as industrial prosperity gradually spread. Nutrition improved, lifespans were extended and, at the end of the twentieth century in the developed world, most people are well-fed and well-provided for economically and have a long life expectancy. Little wonder that, with these needs satisfied, we should begin to turn from concentration on material needs towards more concern with the prosperity of the psyche, or to use everyday words, with contentment, happiness and fulfilling lives.

The design of the programme would also be heavily influenced by the following considerations:

- The means to improve parenting and adult relationships are well-established and have been practised, usually in small ways, for many years. In other words, contained within our society is much of the knowledge of what to do to make these fundamental aspects of our quality of life more satisfying and beneficial for all.
- To make a major difference, the programme has to spread this knowledge of parenting and relationships skills to most people, so that it becomes part of mainstream values and beliefs.
- There is no more personal and sensitive a subject for public policy. A programme must be very carefully designed and communicated if it is to avoid alienating citizens and giving the impression of coercion or moralising from ‘on high’.
- It makes more sense to focus on the *prevention* of problems

rather than on cure and learning from failures. The programme would be about making relationships easier, not making divorce harder; about self-awareness and self-discipline first, and about wider social controls second; and about education for better personal decision making, not about imposing ideas on people.

- The programme would target parenting and relationship skills *together*. The single most important determinant of successful child rearing is the lack of conflict between the parents. Relationship skills learned between adults are as applicable to relationships between adults and children – and also between adults at work, and children and schoolteachers. Successful parenting requires specific skills but is also dependent on wider relationship skills. These two areas overlap and the skills needed for each reinforce each other.
- Investment in the ‘social infrastructure’ of our society is essential.

## The context for new policies

### ***Learning about relationships***

How do we learn now about parenting and relationships? In general, we learn for better or worse from these sources:

- parents as role models, or other immediate ‘caretakers’
- our wider or extended family
- friends
- workplaces
- school
- membership of clubs and other associations
- soap operas, other TV or film programmes, and magazines.

Other sources, less commonly used and more limited in influence, are:

- books, videos, TV, other media

- the personal and social education element of the National Curriculum, which has very limited minimum requirements even for basic sex education
- separate programmes of relationship education in schools
- training for staff, especially in larger organisations, which incorporates aspects of psychology and self-awareness
- informal advice and counselling from the clergy, GPs, lawyers and other advisors
- relationship counselling for couples and individuals
- mediation, conciliation and reconciliation sessions
- individual counselling and psychotherapy
- development and support in the home for specific categories of family through voluntary organisations, for example, Homestart
- marriage preparation and enrichment courses.

There is thus a wide range of learning opportunities and sources of insight and positive development. But there are many obstacles to greater learning and more rapid absorption of good practice. Most fundamentally, there is the fact that a dominant social norm – whether in response to misbehaving children, relationship difficulties, divorce or drug abuse – is a reflex reaction to the immediate and visible symptoms. Suggestions, demands, instructions and sometimes coercion through punishment for better behaviour: these are the usual outcomes. We all do it. The solution to bad behaviour in adults as well as children is seen to be discipline, punishment and sanction, rather than unravelling the causes, finding a route to a solution to the problem, dealing with the driving emotions and providing love and support. A new norm is needed that leads us to concentrate on tackling the problems, preventing them worsening or recurring, and finding a basis for better outcomes. Seeking to control symptoms and deal with the effects of bad behaviour is very costly, wasteful, short-termist and largely ineffective. Focusing on prevention and solutions is also costly, but produces long-term benefits and savings.

Other common blockages to learning are as follows:

- A view that a personality, once formed, is fixed, rather than being shaped continuously by the interaction of biological inheritance and social environment.
- A presumption that all of us enter long-term relationships and family formation with the capacity to be successful and know what we are doing without any training; in fact we enter them ill-equipped and we learn mainly through failure.
- Recourse to counselling is commonly seen as a sign of inadequacy and social stigma.
- The common view that romantic love is the major ingredient in a happy long-term relationship. But in reality careful work on 'emotional intelligence', understanding, self-awareness and other forms of loving are essential to marriage and other adult relationships that are meant to last.
- Sex and sexuality are the staples of mass media, but still we often do not discuss them seriously and confidently in schools, in the media and within families and relationships.
- Children have moved from being seen as empty vessels to be filled with knowledge and good manners to being viewed (in the post-Dr. Spock world) as individuals with their own needs. But often our society does not celebrate, cherish and welcome children or take account of the demands that meeting their needs can make on parents and on their relationships.
- Divorce is often seen as a solution to a relationship problem. In reality it often means exchanging one set of problems for another, and the new set may turn out to be worse than the old one. Divorce can mean that individuals side-step the need to consider the causes of a relationship's breakdown.
- There is a common notion that some parents are 'good' and others 'bad', and that some are 'good' at relationships while others are doomed to incompetence in this regard. In reality there is a continuum in parenting and relationships along which we move. Everyone can move towards the more fulfilling and contented end of the continuum: we should reject fatalism both at the collective and individual levels.

- Parenting is work, but it is not valued as much as *paid* work.
- More generally, our culture does not promote the concept of *learning about relationships*. This is underlined by the disappointing take-up to date of services piloted with funding from the Lord Chancellor's Office to help people prepare for marriage and for parenting. Young couples appear to be reluctant to take up services which might seem to anticipate problems, or they feel confident of their ability to negotiate problems without external help. A common experience of counsellors is that couples seek help only when troubles have reached a point of crisis, when it may be too late to retrieve the situation.

All of these barriers limit us in taking steps to learn how to improve our parenting and relationships. The demand side of the equation – personal recognition of the need to develop new and better skills – suffers from significant constraints.

On the supply side, by contrast, much of what is needed is already in place and would be greatly stimulated by increased demand. However, there are two notable obstacles. Firstly, although counselling and psychotherapy have built up much good practice and expertise, they are as yet under-developed as professions. Regulation of qualification and licence to practise is just emerging; evaluation of effectiveness of method and approach is developing but is almost universally unused in adapting, refining and excluding methods; accessing the services with any reliability is difficult; and faddism and quackery are far from rare in the industry and in popular literature of 'self-help' and personal development.

Secondly, the supply side is under-resourced. Government spends vast sums dealing with the results of dysfunctional parenting and relationship breakdown but next to nothing on prevention programmes of social education, pump-priming new models of supply, especially new forms of outreach service, or providing free services for those in need on low incomes. The contrast is even starker when we consider the drive behind public funding for preventive family planning which secured universal

free contraception by the late 1960s.

### **Successful programmes of social change**

The history of programmes for improving the quality of adult relationships and parenting is very limited. However, there have been major programmes of social change which can provide useful references point and elements of good practice:

- *The drink-drive campaigns, running now for three decades.* The number of people killed or seriously injured in drink related motor accidents fell from 1,643 in 1979 to 510 in 1994. Not all the improvement can be attributed to the campaigns, but there can be no doubt that they have played a significant role, changing attitudes such that drink-driving is now seen as socially irresponsible. Behaviour has largely followed the shift in attitudes, although with a time lag.
- *The anti-smoking lobby.* A campaign to highlight the dangers of tobacco and its effect on health has been led by medical research, opinion and by voluntary organisations. Its effect has been to reduce the numbers of smokers in the UK from half the adult population in 1972 to one third by 1997, although with less impact on the sixteen to 24 group than might be hoped.
- *Universal education.* The Victorian drive, based on a variety of Christian and philanthropic motivations, to provide schooling for all.
- *Roosevelt's New Deal.* A programme of similar ambition, based on dynamic leadership and energy.
- *Thailand's birth control programme.* The result has been a reduction in birth rates: its success has been attributed, amongst other factors, to the head of the family planning organisation tapping into Thai humour, using it to associate condoms with laughter and making birth control acceptable and indeed desirable.

The lessons from this experience are fivefold. The first is that

major ambitions for shifting expectations and attitudes are *achievable*; the converse is also true – without great ambitions, worthy outcomes will be limited in scope and reach, ultimately disappointing. Secondly, social changes *take a long time to feed through* from campaigns of public education and motivation. Short-term programmes based on gimmicks, headline fodder and platitudes are ineffective and wasteful. Thirdly, *behaviour changes follow attitude shifts*. Creating new norms and influencing attitudes are the essential groundwork that must be done, far ahead of probably ill-starred attempts to control or specify desirable behaviour *ex cathedra*. Fourthly, *moralising does not work*: moral decisions and efforts to change the ‘content of our character’ are not made on the basis of exhortation, especially when it does not go with the grain of social change or is essentially nostalgic (as in the case of ‘Back to Basics’). Changes in personal morality will flow from many sources – public and private debate, perceived self-interest, information, education, role models and so on. Finally, *improvements are possible* in the daunting area of parenting and relationship building. Fragmentation of families and relationship breakdown are not inevitable side effects of modern life, nor is their rise something we are powerless to counter.

### **A programme of change**

To have a chance of success, a programme for supporting good relationships and parenting needs to be:

- ambitious
- sustained
- aimed at changing attitudes over the long term
- based on explanation, reason and experience, not on appeals to guilt, nostalgia or rigid moral codes
- evaluated, adapted and changed as the effectiveness of its component parts becomes evident
- targeted through assessment of which communication and

education channels are most useful.

The programme would be based on a set of core convictions. Firstly, that individuals' physical, emotional and spiritual well-being depends on their connection to solid and fulfilling relationships with others. Secondly, that children thrive best in general when they have dependable and loving contact with their whole family, rather than with one parent alone. Thirdly, that families are settings in which adults and children can and should flourish. Finally, that individuals can gain from a better understanding of their sexuality, their relationships and their skills in developing them. The programme would comprise the following elements.

- It would seek to persuade people to take steps to learn about how to improve their relationships and parenting skills.
- It would provide information about where and how support is made available.
- It would make universally accessible the currently isolated sources of learning and training at all key stages of life.
- It would provide for the rapid development of services on the evidence of effectiveness of different educational, informational, counselling and therapeutic approaches.
- It would strengthen the institutions providing support and outreach services for parenting and relationship skills.
- It would be integrated with public programmes aimed at help for those individuals and communities suffering from aspects of 'social exclusion', especially long-term unemployment, and involved in crime or other forms of 'falling out' with society.
- It would be able to call on Government funding and support where needed.
- It would be led by effective and respected managers and other leaders at all levels.

### ***The art of persuasion***

A key part of the proposed programme is creating a climate in

which more people will wish to extend their learning about adult relationships and better parenting. The aim is to stimulate demand for knowledge, skills and opportunities for personal development, with a view to achieving a long-term shift in social norms in favour of a new understanding of the need for learning about sustained relationships and parenting and to spread and improve knowledge of how relationships work and how to avoid family breakdowns as far as possible.

The programme would need to include a sustained and well designed set of campaigns of education and information about 'emotional intelligence', based on existing and new research and using many points of contact for citizens of all ages. This would seek to cover the following themes:

- Romantic love as an insufficient basis for fostering long-term relationships and successful parenting as a complex and skilled job, requiring us to learn new skills and approaches to living with others.
- The 'pinch points' or critical transitions to be negotiated in long-term relationships, such as the arrival of the first child, the departure of children from the parental home and retirement.
- The consequences of poor parenting, relationship breakdown and divorce for children and adults, and the reasons why divorce needs to be seen as a last resort rather than a 'solution'.
- The ways in which parents can unwittingly hand on harmful emotional 'baggage' to children and how to minimise this.
- The complexity of being a parent and the ways in which the skill demands of parenting match those of highly valued paid jobs.
- What research tells us of the ways in which people select potential lifelong partners and how those chosen often have some of the most undesired traits of both our childhood 'care-takers'.
- How men and women tend to approach relationship issues in

different ways and how to manage these different perspectives.

- How counselling is in some respects a process of discussion and learning vital skills in emotional intelligence, rather than being a process of ‘treatment’.
- How even badly weakened relationships can be revived and made fulfilling again.
- The complex and potentially conflict-prone world of stepfamilies (also now known as ‘blended families’) and the feelings and tensions they can generate.
- Links between emotional development and capacities to learn and thrive in education and work.

These themes and messages add up to a challenging ‘curriculum’ in emotional intelligence. They convey an underlying and essential set of ideas: that we all need understanding and perhaps also help at times in relationships, that our well-being is intimately bound up with that of others, and that we should thus develop our capacity to make and maintain good relationships.

The programme would need to make use of a diverse array of contact points, using existing networks and centres (such as schools, GP surgeries, clinics) and practitioners currently advising couples and parents, and providing powerful and comprehensive learning materials. For example, GPs are the group who most often first encounter the symptoms of a difficult family relationship. Many GPs are aware of the causes of the problems and ways to tackle them, but most would benefit from further insight and ability to spend more time on consultations so that individuals could receive better assistance and referral where necessary. GPs could become a powerful part of the wider programme. Other contact points could include employers making staff redundant, and public agencies and other bodies involved in the delivery of Government programmes to tackle social exclusion – welfare-to-work, the diverse Local Action Zones, and so on. Part of a holistic approach to ‘re-including’ those suffering from the effects of long-term unemployment and other aspects of inclusion may

need to be relationship guidance and support of various kinds given the well-known damage inflicted on families and couples by joblessness.

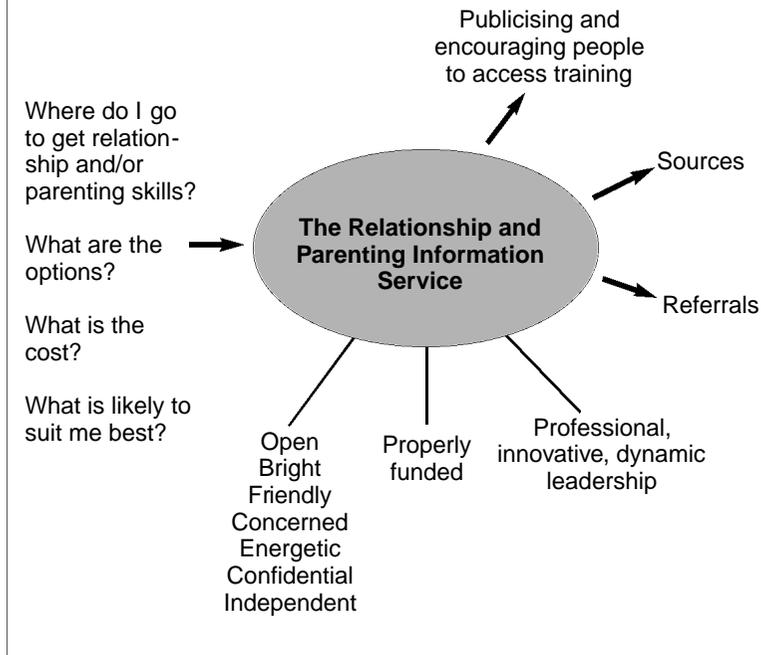
Other key reference points for the citizen could be new approaches to covering these issues in TV and radio programmes, especially in the soap operas which have such large audiences and for which relationship troubles are a staple theme. Script writers could be offered opportunities to deepen their awareness of relationship breakdown and its impacts and of the ways in which people can recover and maintain good relationships. (This has been done already to a very limited extent through scriptwriters observing role-playing in relationship counselling). More generally, regulation for free-to-air television and radio could include a requirement for a minimum range of programme hours devoted to relationship and parenting education and information.

#### Providing information

At a time when contraception was as seldom discussed openly as counselling is now, the Family Planning Information Service was established within the Family Planning Association, funded by Government and with direct links to the Health Education Authority. It still provides, as it did then, factual material in writing and by telephone to anyone seeking it; advice on the suitability of each form of contraception; and information about where to obtain contraceptives (the FPA also supplied them directly). It established itself as an independent, objective and confidential source of expertise and advice which people came to trust. If an individual knew where the local family planning clinic was and was happy with the service or could find a cooperative GP, that was fine; if not, the FPIS represented a single, well-publicised point of contact and referral.

A similar service, albeit one with a far more complex and far-reaching remit, is needed for relationships and parenting – independent, objective, confidential and well-publicised, contracted and funded by government and clearly separate from it. Its manner would be open, friendly, bright, concerned and energetic. Such a Relationship and Parenting Information Service is illus-

**Figure 1. Providing information about where and how to learn**



trated in Figure 1 overleaf. It would:

- provide information on all of the methods of learning and development (including on the Internet)
- provide information on their sources
- make referrals where appropriate, and
- have a major publicity role in encouraging people to gain access to training at all key life stages.

### **Creating a national network of resources**

It is essential that the supply of the means to learn, develop and grow is available. There will be many opportunities for the market to respond to demand, as it has via books, programmes and

private counselling, but to wait for the market will take too long and the families suffering problems with the highest long-term cost to themselves and to society are, in general, those least able to gain access to market provision.

Much of what is needed in terms of learning ‘How To Be A Successful Parent’ and ‘How To Run An Enriching Relationship’ is *known and available*. It is accessible via wide ranging services: mind opening videos and TV programmes; charities providing relationship counselling, psychosexual therapy, counselling for teenagers experiencing their parents’ divorce, and teacher training to provide relationship education for school pupils; marriage enrichment workshops which provide couples with a structured opportunity to unblock their relationships and offload the daily minutiae which form barriers; general counselling in GPs’ surgeries; professional groups, for example, the British Association of Psychotherapists, which act as access points to individuals seeking psychotherapy which is then provided privately by its members; diagnostic questionnaires which provide couples with a better understanding of why and how they fit together; niche charities, such as The New Bridge, working with prisoners to help them maintain their relationships as spouses or parents; intensive psychotherapy in mental institutions; schools which operate pupil-run anti-bullying programmes; charities like The Step-Family Association which educate and support people when entering ‘blended’ families; encouragement to domestic violence offenders and victims to seek counselling; John Peel’s *Offspring* and *Home Truths* BBC radio programmes; popular ‘self-help’ books on emotional intelligence and relationship issues; schemes such as the Sheffield Initiative, offering courses in dealing with children’s behavioural problems; divorce recovery workshops.

The above list shows that we already have much of the materials and practitioner knowledge to make a difference. But provision is patchy at best, service variable and public funding next to nothing. The task is to make that which is known and that which is provided, universally accessible.

**Figure 2. Universal education at all key life stages**

Life stage	Main universal contact point	Proposals for universal education
<b>Developing child</b>	School	Developing an understanding of family life. Provided at schools. Training for teachers.
<b>Adolescence</b>	School	Relationship education in schools. Comprehensive sex education including birth education. NVQ in relationship education.
<b>Further and higher education</b>	College/ university	Train lecturers in relationship education and recognising underachievement. Strengthen student counselling.
<b>Stress related illness</b>	GP	Universal provision of counselling in GPs' surgeries. Incorporate the use and effectiveness of counselling as a treatment in GP training and continuing professional education.
<b>Marriage</b>	Minister/ registrar	Mandatory information on preparation and parenting skills courses as part of planning for marriage.
<b>Long-term relationship forming</b>	-	-
<b>Birth of child</b>	GP, midwife, pre- and post-natal classes	Comprehensive emotional parenting skills at pre- and post-natal classes. Employers provide statutory time off for fathers and mothers to attend these.
<b>Children leaving home</b>	-	-
<b>Becoming a grandparent</b>	-	Incorporate the role and value of grandparents in parenting skills at pre- and post-natal classes.
<b>Retirement</b>	Employer	Extend retirement classes to incorporate spouses and to deal with the impact of retirement on the relationship.
<b>Relationship problems</b>	-	Provide for universal access to relationship agencies for those who cannot afford it. Strengthen these agencies to provide easy and effective access for everyone.
<b>Forming a stepfamily</b>	-	Provide for universal access to stepfamily agencies for those who cannot afford it. Strengthen these agencies to provide easy and effective access for everyone.
<b>Redundancy</b>	Employer	Provide training in dealing with the emotional impact of redundancy on oneself and one's relationship.
<b>Divorce</b>	Solicitor, info. provider, mediator (if chosen)	Limit divorce to solicitors who are qualified for this. Implement the Family Law Act quickly. Evaluate pilot approaches and make universal those which are effective.
<b>All stages</b>	Television and radio	Potential minimum requirements for coverage of relationship and parenting skills on television and radio. Develop a Relationship Open College.

The key stages of life at which education and guidance could be provided and the existing contact points are set out in Figure 2 (overleaf), together with proposals for provision through these contact points.

Some items are worth adding to this array of proposals. Firstly, schools spend virtually all of their time with pupils on subject learning and very little on learning how to learn, learning to manage work and finances, and learning to relate to others. Most of what is learned at school in terms of subject content is forgotten or is irrelevant to work (particularly in a world of work that is changing so fast). The curriculum needs a major rebalancing. Pupils who have learnt how to learn and who have understood relationships and their impact will subject learn more quickly and more effectively, as well as being more effective employees.

Secondly, for several of the key stages of life there are no existing, universal contact points: long-term relationship formation without getting married, children leaving home, becoming a grandparent, relationship problems and forming a stepfamily. For most of these life stages, the public education campaign described above should prompt people to access the appropriate services. But, for forming a stepfamily, for example, a more formal process is probably needed which will ensure the appropriate support is provided.

Thirdly, GPs' surgeries provide an ideal setting for community outreach, allow people to gain access to counselling services without feeling stigmatised. As noted earlier, GPs are frequently in contact with individuals and families presenting problems stemming from relationship troubles, and many would welcome the capacity to work more in this area of care and preventive action.

Fourthly, regulated television presently has minimum hours requirements at certain slots for particular types of programming (for example, news and current affairs, arts, regional programmes). It is proposed that this requirement should be extended to cover relationship and parenting skills.

Fifthly, although mandatory information sessions for married

people wishing to divorce or separate are now enshrined in law, requiring people to take marriage *preparation* courses is a difficult issue. As noted earlier, pilot schemes have not had an enthusiastic take-up. Making marriage preparation sessions *mandatory* would seem to many to be unduly coercive and intrusive upon a private matter; and it is also a proposal that would be extremely difficult to enforce and might not have the desired effect. More realistically, we could introduce a requirement that anyone wishing to get married should be offered *information* on marriage preparation services from a recognised provider. The key point at stake here is that, by contrast to its policy on divorce, Britain treats the act of marriage lightly. It takes, at a minimum, a wait of three days and a ceremony of twenty minutes to become married. Wittingly or not, our laws make retrieving a towed away car a more demanding act than marriage. Is this as it should be? Should we not, as a society, ask for a little more thought and a little more preparation, at least symbolically – and particularly so when effective preparation courses will enhance and extend the relationship for the individuals involved?

### ***Development of services***

Medicine went through a long period of experimentation before it became established as a profession which, by and large, knew how to ‘change a wheel’ and could be trusted to do it. Huge amounts of time and money have gone into research and clinical trials to bring medicine to where it is today – a service on which developed nations spend around 10 per cent of their entire productive output. Prioritisation on this scale is not surprising, since there is nothing more important than our physical health.

By comparison, the professions contributing to providing relationship and parenting skills base what they do on clinically developed theories – some with observable effect and some with none; good practice – some of which is effective and some of which is not; hit and miss application with sudden development and change and often long fallow periods in between; very limited systematic evaluation of what does and does not work and

almost no long-term evaluation; and limited application of the lessons learned in the evaluations.

It does not have to be this way. Trial and error is an essential approach. Experimentation is vital. But thorough and deep evaluation of methods and practice followed by the rapid application of the lessons learnt will hasten the development of the services and the rate of improvement in our relationships and our parenting.

Experience in other fields and professions provide some lessons for this programme. In the health service, medical research and epidemiological studies result in published papers and change in practice, albeit at very variable rates. A prevailing ethic of continuous improvement aids this rate of change, together with some continuing professional education and some professional institute pressure. Development and experience outside the prevailing expertise of the service – for example, in the so-called complementary treatments – is extremely slow in its admittance and deployment. The separation of purchasers and providers could lead to faster adoption of more effective treatments but only where these are less costly, as the purchasers do not have a remit to focus on longer-term treatments and assessment of their wider effectiveness.

The same poorly thought through, sporadic evaluation processes can be seen in many areas of education, in the field of food production methods (where the same organisation attempts and inevitably fails to carry out successfully the roles of expanding food production and of regulating the safety of food production methods), and in the evaluation of the effectiveness of government policies across-the-board. Only the Audit Commission has a clear remit and a single purpose – the evaluation of value for money in local authorities – and it has had success through innovative research, audit, publication and education. But it has very limited powers to secure deployment except in extreme cases. It is much to be hoped that new developments – such as the Government’s recent establishment of a Food Standards Agency and the discussion of new ‘holistic’ approaches to assessing the

outcomes of policy in many areas – will change the culture of policy making and evaluation.

In the light of this, I propose the establishment of an independent and properly resourced Relationships and Parenting Skills Evaluation Agency with the remit to:

- ensure that each significant service evaluates its outcomes through an independent process and publishes the results.
- summarise and publicise existing evaluations of methods
- commission, fund and publish evaluations itself
- disseminate the findings to the institutions training and conferring professional status on counsellors, psychotherapists and others in the field
- require the incorporation of the results of these evaluations in training, qualification and continuing professional education
- provide all the results to the national service to use in publicising services and in referrals
- hold public hearings with agencies which decide not to deploy the results of the evaluations.

To help drive the programme along, the Evaluation Agency would also keep and publish details of the numbers of people being reached by the programme. For example, the numbers of:

- teachers trained in relationship education
- newlyweds completing marriage preparation
- couples using relationship counselling.

In addition, part of the development of really effective services must be appropriate regulation of the training and qualification of the counselling and psychotherapy professions (which has started). A monolithic structure is not needed. Too often, in other professions, this has restricted the supply of practitioners, limited their thinking and development and spread its remit too wide to the exclusion of able people. At one level, the very aim of this proposal is to enable *everyone* to be able to acquire some basic counselling skills, since some understanding of these techniques

is central to successful relationships and parenting. Neither should access to these new professions be based solely on traditional teaching and examination – intuition and a wider emotional intelligence cultivated through careful practice and reflection are at the heart of successful counselling and psychotherapy.

### ***Providing relationship and parenting skills***

Developing an understanding of relationship and parenting skills and educating people in them has been, mainly, the preserve of the charity sector, and of individual psychotherapists/counsellors. If the supply-side is to be extended significantly, then the existing agencies need to be capable of providing a greater volume of work, in much more accessible and flexible ways (as well as the private and statutory sectors being stimulated, as described above).

A typical relationship or parenting skills agency today is run on a shoestring with a mix of paid and unpaid service deliverers, managers and other staff; waiting lists of up to four months for counselling, which means that couples and families in crisis may not be given a timely service; located in a wide variety of premises from the bright and welcoming to the shabby and forbidding; limited financial stability and little money for investment; and limited evaluation of services. Improvement, in part, is in the hands of the agencies themselves. But, to make the step change needed, these agencies need business plans, development funding and skilled implementation managers. Even to meet today's demand properly they would need to double their output. With the programme outlined here, they may need to be ten times the size or more.

To deal with the scale of guidance, education and counselling that is evidently demanded, agencies may need to consider a wider and more flexible range of approaches to their service. More use of 'brief' or 'solution focused' therapies, for example, could be highly beneficial. Such techniques, largely developed by family therapists in the USA, are designed to concentrate on *solving a problem* by focusing on positive and effective action

that can be taken by the client, rather than on engaging in lengthy psychotherapeutic investigations of where the problem comes from in a person's make-up and history. These techniques appear to have numerous benefits: the intervention is relatively short and thus less of a drain on resources on all sides; it seems to have a good record of effectiveness in helping people deal with and overcome their problems; and it is adaptable to many social and personal circumstances, including alcohol abuse, adult relationship troubles and problems between parents and children.

### **Services for the socially excluded**

This section considers those who have 'fallen out' with society in various ways, for example:

- offenders and victims of domestic violence
- alcoholics and other drug dependants
- child abusers and children in care.

The present approach to people who come into these categories comprises, variously, punishment, deterrence, institutionalisation, separation and sometimes treatment and rehabilitation. In the case of alcoholics, there is a strong focus on recovery through attacking the fundamental causes of the problem when people volunteer for such programmes.

The approach proposed here is, in all cases, to deal with fundamental causes and to seek solutions. This would occur in conjunction with punishment where society deems it necessary for the wider good and in conjunction with separation in the more extreme cases.

The fundamental cause of abuse in its various forms is experience of abuse as a child – physical, sexual, mental – sometimes explicit and deliberate, sometimes unwitting and unintentional. The average drug abuser may never have experienced physical or sexual abuse – the lack of self-esteem may stem from being rejected in various ways and from the absence of love.

Four proposals are made here. Firstly, in all cases where

abusers of any type come before the courts (including, for example, drug related theft), part of the sentence (and in many cases, all of the sentence) should comprise an appropriate programme aimed at dealing with the fundamental causes arising in childhood – *remedy sentencing*. In developing these programmes there is some experience on which to draw: for example, with counselling domestic violence offenders and victims in Australia and with the voluntary, twelve step programmes for chemical dependency rehabilitation. The continuing evaluation of the effectiveness of such programmes in reducing recurrence rates will be essential in this mainly new approach to sentencing. Wherever possible, victims as well as offenders should be incorporated into the programmes.

Secondly, the police should be encouraged to make much greater use of counselling services as a contribution to preventive work. Presently, the police are able only to pick up the pieces of abuse. This is a somewhat thankless task and another demonstration that our expectations of the capacity of traditional approaches to policing are beyond that which is achievable in practice. Much of policing needs 're-engineering'. In the case of abuse, for example, the police often know problems exist or have strong suspicions but can act only when a family member is willing to give evidence or clear-cut physical evidence is available. Being held for questioning sometimes has an impact; being 'held for counselling', not necessarily or even normally on police premises, is likely to have more in many cases. Obviously this suggestion is controversial and will need very sensitive implementation. This is a far from easy concept to apply in practice and will take experimentation to become effective. But the present situation is not at all helpful. The objective of the proposal is to enable the police to intervene more effectively at an earlier stage and not to have to wait for the bones to be broken or skin burnt.

Thirdly, in using separation (putting young persons in care or evicting a violent spouse), society and the family is faced with a 'Stoner' dilemma: is it better to break up the family with all the downside associated with that, or is it better to allow intermittent

abuse to continue? Neither is desirable, nor even one better than the other. The long-term consequences of punishing the victim by placing children in homes have, too often, been worse than leaving them where they are, for all the sense of helplessness that that implies. Separation must be a real last resort (and if young persons' homes are to continue, then they, too, should be regularly evaluated and made to work consistently for the long-term development of the child and not simply as a refuge). As an alternative, mandatory family therapy powers are proposed to work with families and couples earlier and 'in-situ'. In the case of persistent young offenders, a new parental responsibility order is proposed, requiring the family to participate in family therapy and to learn the basics of parenting and relationship skills.

Finally, New Bridge and similar programmes for offenders in prison and people on remand should be integrated into prison regimes as a matter of course.

### ***The role of government***

This programme is about developing a healthier and happier society, one that is richer in many ways. Happiness is good economics. But the payback is not always fast. At the extreme, to chase fully through the consequences of poor parenting takes three generations.

In terms of government spending, much of what is proposed here has little or no impact except to redirect spending from courts, prisons, institutional care and traditional policing to different forms of service. In time, government spending in this whole should decline as family breakdowns and various forms of abuse decrease. Domestic costs, in terms of insurance and home security should also show savings. In schools, relationship education requires a redirection of funds rather than extra resources once the programme is established. For many couples and parents, once greater demand is stimulated, the take-up of services can be paid for by them.

However, in some areas, we will need to spend more now in order to have a chance of making significant savings over the

long run as the shift towards a more preventive and holistic approach to policy proceeds. Initial Government investment will be essential, for example, in the Relationship and Parenting Information Service and in the Evaluation Agency, in strengthening and developing the service delivery agencies, in training teachers and others in relationship education, in expanding pre- and post-natal classes, and in funding relationship counselling for those who cannot afford it.

Government, the Treasury and the public will rightly want to know that the *prima facie* investment case promoted in this paper has substance. Indeed, the clearer the case for the investment, the more powerful and sustained will be the government's and the public's commitment to maximising the effect of the programme. There are several ways in which these investment cases can be examined in the detail required:

- Identifying the costs of family break-up and thus the savings resulting from extending the life of a family; identifying the cost and impact of relationship counselling and other interventions on the life of families; proposing investment in effective interventions targeted at particular socioeconomic groups.
- Understanding the 'eye test' effect in relationship counselling and similar preventative services, that is, to what extent does full pricing for those who can afford them discourage the use of these services and, thus, to what extent is government subsidy cost-effective, particularly in the early stages of this programme to encourage and promote wider use of a service?
- Identifying the costs of integrating relationship education in teacher training and in the school timetable.
- Evaluating the impact on examination results and other performance indicators of schools adopting full relationship education programmes and, in the longer term, on tertiary education success and on employability.
- Identifying the costs and benefits of some forms of private relationship counselling being tax deductible.
- Testing the hypothesis that secure families are tax positive and

insecure families are tax negative; identifying how the measures proposed here can reduce insecurity and increase security.

- Comparing the costs and outcomes of some of the existing, hard working and well-run, socially orientated institutions geared to coping with and picking up the pieces of breakdown with a range of potential costs and outcomes of the services proposed in this programme.
- Estimating full lifetime costings of all the public services involved associated with specific types of repetitive demand from individuals and families – for example, drug abuse, physical abuse, general breakdown – and comparing these costs with those arising from the different approaches implied by this programme. Process analysis of existing approaches would illuminate and may demonstrate their high cost and limited effectiveness.
- Identifying the full financial costs to society of the various types of abuse; specifying the new processes of remedy proposed here; costing these processes and those they would replace; and calculating the improvement necessary to justify the new process.
- Conducting a *one town experiment*, whereby all of the services in existence and most of the methods proposed here are applied with full funding to a single town and the outcomes monitored in terms of divorce rates, relationship longevity, relevant crime rates, health standards, GP visits, educational attainment, unemployment rates, new business formation, average incomes and mental health measures over five, ten year and longer periods; and standardising these statistically for other influencing factors.

Most of these investment cases could be assessed in a matter of months. They would best be undertaken by the Treasury along with some of the relationship and parenting agencies and independent economists.

### ***Leading the way***

A programme on the scale proposed in this paper requires very able and energetic leadership. In some respects, the task is akin to the establishment of the National Health Service in terms of the scale of need in cohering and developing existing service providers and in establishing new organisations. The Relationship and Parenting Information Service and the Evaluation Agency have major leadership roles to perform. It is essential that they are resourced with people of the highest quality.

Government has a critical leadership role, deriving from responsibility for its social investment, in redirecting public services, helping to establish the new organisations and providing new legislation where necessary. Some of this activity has an impact on existing Ministries, some of it is new. Collective Cabinet commitment is needed as well as specific political and operational leadership. Specific responsibility might best be located in the Department of Health given the Government's long-term commitment towards more concern with public health strategies and preventive approaches to well-being; but there would also need to be a mechanism, centred perhaps in the Cabinet Office, to ensure that the DoH's prevailing largely medical objectives do not squeeze out the new agenda and that truly cross-departmental policy development can flourish. Government should act decisively and determinedly, without appearing to be glasshouse moralising. The historic experience here of the Family Planning Information Service, in being sufficiently and effectively resourced for its public education role and in being entirely independent, suggests that a partnership of the major relationship agencies should take on the lead campaigning role and the particular capabilities needed for these unusual roles.

A programme on the lines proposed will demand cross-Whitehall collaboration and good national-local coordination. Its implementation and rationale would be a clear demonstration of commitment to integrated 'holistic government' in the UK, focusing on good outcomes rather than outputs, and on investment in seeking ways of solving and preventing 'joined-up' problems rather than dealing expensively with their malign consequences

for individuals, families and communities.

## **Acknowledgements**

Thank you to the many individuals and organisations on whose experiences and ideas I have drawn in preparing this paper.

Ed Straw, April 1998

## Notes

1. A large amount of research has been conducted on the dynamics of relationships. A particularly good and accessible example which provides an understanding of what happens at a deeper level in a relationship is 'Why Marriages Succeed or Fail' by John Gottman, an American psychiatrist, which revives Mary Ainsworth's famous 'attachment theory' to explain the mechanics of conflict in a relationship and the solution. Gottman's research is based on over twenty years' study of couples in conflict observed, recorded and monitored in laboratory conditions.
2. Relate In Schools is for all teachers with pastoral or tutorial responsibilities. For more information, contact the local Relate Centre or Peter O'Mahoney, Head of Relationship Education and External Training, Relate, Herbert Gray College, Little Church Street, Rugby, Warwickshire, CV21 3AP, 01788 573241.
3. The National Curriculum requires that at secondary school level, pupils are taught the facts of human reproduction (in science/biology lessons) and the dangers of HIV/AIDs and other sexually transmitted diseases. Any other education on relationship skills is left to the discretion of individual schools and their governing bodies. Department of Education & Employment, 0171 925 5000. National Curriculum Board, 0171 229 1234.
4. Homestart UK are a voluntary organisation with local schemes throughout the UK, which provide support, friendship and practical help to parents at home with children under five years old. Contact at: 2 Salisbury Road, Leicester, LE1 7QR, 0116 233 9955.
5. See McCarthy P, 1997, *Mediation: the making and remaking of successful relationships*, Centre for Family Studies, University of Newcastle upon Tyne; 'Putting an end to trouble and strife', *Guardian*, 31 March 1998. Other factors involved in reluctance to approach counsellors may be financial. Many counsellors and therapists have experienced the difficulty of persuading people to pay an economic rate for counselling. Perhaps this is because it is an intangible service, without an instant benefit or result, unlike a television programme, a movie, a football match or a visit to a theme park. Perhaps, people value their relationships insufficiently to want to invest in them. British Social Attitudes research in 1992 suggests that only 2 per cent of couples would first seek help from a marriage guidance counsellor if their marriage was in trouble. Most people cite friends and relatives as their first contact points, using finance as one of the reasons.
6. The debate over the efficacy of counselling and psychotherapy seems to have subsided as it has lost its avant-garde, semi-supernatural tag and become an accepted and public part of some events (for example, bereavement counselling after The Herald of Free Enterprise sinking at the start of a cross-channel ferry journey). Its efficacy has been demonstrated by rigorous evaluation in specific circumstances. For example, 82 per cent of non-consummated couples consummate their relationship, and 66 per cent of impotent men achieve an erection by the end of psychosexual therapy (see McCarthy Pand Thoburn C, 1996, *Psychosexual therapy at relate*, Centre for Family Studies, University of Newcastle upon Tyne). David Howe's *On being a client* (Sage Publications, 1993) is perhaps the most comprehensive research summary showing where, how and why counselling and psychotherapy works and vice versa. Individual experiences, client testimonials and customer satisfaction evaluations show some quite remarkable outcomes. But criticism persists, for example, *Magic in the surgery – counselling and the NHS: a licensed state friendship service* by Myles Harris (The Social Affairs Unit, 1994), some from GPs picking up the pieces of poor counselling and some from conventional medical circles. The criticism of some of the medical establishment is ironic since in its infancy this profession faced much the same dismissal from 'threatened experts'. Undoubtedly, some of

the criticism is valid. And too many counsellors and psychotherapists allow some success, some of the time, to obscure the possibility of and need for dramatic professional development. Despite these issues, counselling and 'self-development' are obviously areas of spectacular growth. Commercially-produced books and videos and private counsellors and therapists represent the bulk of learning provided by the market for profit. No estimates of revenues are available. Some argue that, alongside media and entertainment, counselling is the developed world's fastest growing industry.

7. The Department of Health estimates that £170 million of public expenditure is presently spent annually on family planning (contraceptives, clinics, doctors).
8. The Government's drink-drive campaign has been hugely successful, reducing the number of drink-drive accidents by over two thirds since 1979. For more information contact the Department of the Environment, Transport and the Regions, Publicity Transport, 7/G6 Eland House, Bressenden Place, London SW1E 5DU, 0171 271 5765.
9. For more information on the anti-smoking lobby, contact ASH (Action on Smoking and Health) at 16 Fitzhardinge Street, London, W1H 9PL, 0171 224 0743.
10. The Forster Act of 1870 was the Victorian Reform Act which guaranteed elementary education for all.
11. Franklin D Roosevelt was inaugurated as President of the United States of America in 1932 at the height of the economic depression. He recognised that to turn the economic tide and restore mass employment required unparalleled boldness. His 'New Deal' of 1933 combined a massive programme of public works with a masterful grasp of public psychology.
12. Mechai Viravaidhya was responsible for the highly successful birth control programme in Thailand. He is an ex-Cabinet minister, formerly a member of Thailand's Senate and the founder and president of the Population and Community Development Association, the organisation he set up in 1974 to spearhead his drive to curb Thailand's escalating population. Mr Mechai introduced the condom to Thailand and is said to have revolutionised the NGO world in Thailand by looking at ways of making his organisation self-sufficient. In the early 1970s, the fertility rate was 6.4 per child bearing female, and the population was growing at 3.2 per cent. Fewer than 20 per cent of the population practised birth control. By 1979, Thailand had earned itself the reputation of having introduced one of the most successful programmes seen anywhere in the world, with a fertility rate of 2.2 and the growth rate slowed to 1.2 per cent. Mr Mechai now believes that the programme has been so successful that family planning is a topic in which no one is interested in any more – people are doing it as a matter of course. In 1994 he was awarded the prestigious Magsaysay Foundation Award for public service – Asia's version of the Nobel Prize and he has now turned his attention to anti-AIDS work. For detailed analysis see: Asian Development Bank (ADB), 1997, *Emerging Asia: changes and challenges*, ADB, Manila; Ong Tsui A, 1996, *Family planning programs in Asia: approaching a half-century of effort*, Asia Population Research Reports no 8, East-West Center Program on Population, Honolulu; World Bank, *The East Asian Miracle*, Oxford, Oxford University Press, 1993.
13. Between 1961 and 1993 divorces increased sevenfold. The UK has the highest rate of divorce in Europe and it is anticipated that over 3 million people will experience a broken marriage this decade. The rise in the divorce rate has plateaued in recent years. (Central Statistical Office, *Social Trends 25*, HMSO, London).
14. For example, the Fowler family's foster-parenting problems and counselling received in 'EastEnders' on BBC television.
15. Family Planning Association, 2-12 Pentonville Road, London N1 9FP, 0171 837 5432.

The Family Planning Information Service is contactable at the same address, 0171 923 5228.

16. Health Education Authority, Trevelyan House, 30 Great Peter Street, London, SW1P 2HW, 0171 222 5300.

17. British Association of Psychotherapists, 37 Mapesbury Road, London, NW2 4HJ, 0181 452 9823. BAP was founded in 1951 with the purpose of providing training and therapy in psychoanalytic Psychotherapy and Jungian Analytic Psychotherapy. In 1982, the Child and Adolescent Psychotherapy Course was established. The Modified Adult Psychoanalytic Psychotherapy Course is for child psychotherapists who want to treat adult patients. The BAP offers an extensive post-graduate programme and a variety of external courses. The Association has a clinical service dealing with referrals of children, adolescents and adults.

18. The New Bridge organises volunteers to visit and write to prisoners and provides relationship advice for released prisoners. Maintaining a family relationship whilst in prison can be particularly difficult; and a vital support once out. They can be contacted on 0171 976 0779 and are located at 27a Medway Street, London, SW1P2BD.

19. The Step Family Association, 3rd Floor, Chapel House, 18 Hatton Place, London, EC1N 8RU, 0171 209 2460. The NSA operates a helpline and provides support, information and advice for step-families and those working with them. It is launching a training programme, supported by a grant of £40,000 from the Lloyds TSB Foundation, to increase professional understanding of the step-family.

20. John Peel presents *Home Truths* on Saturday mornings at 9am on BBC Radio 4 92-95FM/198LW. The series, like its predecessor *Offspring*, includes a focus on everyday parenting life transformed by humour.

21. New guidance on legislation which requires local education authorities to prepare behaviour support plans to assist schools in improving pupil behaviour was launched by Schools Minister Estelle Morris on 19 March 1998. The guidance is based on existing successful services in this area, and the circular contains case studies highlighting good practice. Many of these are examples of agencies working together, such as the Sheffield Initiative in which social services, local GPs and the LEA have developed a common form to improve information sharing on these pupils. (For more information contact Sheffield Education Welfare, 0114 253 1742.)

22. For more information on divorce recovery workshops contact: Phoenix Divorce Recovery at 14 Andover Road, Twickenham, Middlesex TW2 6PD, 0181 893 9665. PDR is an agency assisting people to recover from the emotional trauma of separation and divorce.

23. The Family Law Act received Royal Assent on 4 July 1996. Parts I, 3 (mediation provisions) and 4 (domestic violence) are now in force. When the divorce provisions of the Act come into force, all married people wishing to divorce or separate will be required to attend an information meeting at least three months before starting proceedings. The meetings will offer information on a range of issues, such as how divorce may affect the family including any children, the process of divorce or separation, and various means of resolving disputes. Pilot information and mediation sessions are being run now, commissioned by the Lord Chancellor's Department, and undertaken by a range of service providers. These pilots are currently being evaluated and range from one-to-one and one-to-two talking to more high tech solutions based on CD-Roms. Some couples will welcome this assistance regarding the practicalities of divorce. However, for many experiencing the emotional trauma of separation, the information session will have to be of high impact to direct their attention to the future complexities of separate parenting and to the

needs of the children.

24. For more information on marriage preparation courses contact Peter O'Mahoney, Head of Relationship Education and External Training, Relate, Herbert Gray College, Little Church Street, Rugby, Warwickshire, CV21 3AP.

25. The Audit Commission has four main functions: to appoint auditors to all local government and NHS bodies in England and Wales; to set standards for those auditors through the Code of Audit Practice; to carry out national studies designed to promote economy, efficiency and effectiveness in the provision of local authority and NHS services; and to define comparative indicators of local authority performance that are published annually. Operating independently of government, the Commission is self-financing; its income derives largely from fees charged to local authority and NHS bodies for audit work. It receives no government subsidy. For more information contact the Audit Commission at 1 Vincent Square, London, SW1P2PN, 0171 828 1212.

26. See Perri 6, 1997, *Holistic government*, Demos, London.

27. Regulation of psychotherapeutic professions is still in an evolutionary state: two regulatory bodies are the UK Council for Psychotherapy (UKCP) at 167-169 Great Portland Street, London, W1N 5FB, 0171 436 3002, and the British Association for Counselling (BAC) at 1 Regent's Place, Rugby, CV21 2PJ, 01788 578328. Each maintain registers of psychotherapists (UKCP) or counsellors (BAC) who meet their training requirements. UKCP has in addition 76 member organisations representing the main traditions in the practice of psychotherapy. BAC and UKCP are closely associated but not linked. There are also other small professional groups with their own regulations and a UK register of counsellors in place. There are no statutory requirements regarding regulation.

28. Demand for counselling seems to be on the increase, although much of the evidence is anecdotal: the Department of Employment estimates that 2.5 million people use counselling (or counselling skills) as a major component of their job; 270,000 people provide counselling in the voluntary sector; and 30,000 people are earning a living from counselling. Membership of the British Association for Counselling (BAC) has risen in from 1,300 in 1977 to 14,344 in 1997. BAC receive 6,000 letters and approximately 400 telephone calls per month from people wanting counselling. Each year Relate works with roughly 70,000 people. Between 1991 and 1996, Relate's workload increased by 60 per cent while the counsellor workforce rose by 25 per cent.

29. 'Solution-focused brief therapy' has been pioneered by Steve de Shazer and Insoo Kim Berg at the Brief Family Therapy Center, Milwaukee, Wisconsin, and varieties of brief therapy are now widely practised. See Walter J Land Peller JE, 1992, *Becoming solution-focused in brief therapy*, Brunner/Mazel, New York; O'Hanlon Hudson P and Hudson O'Hanlon W, 1992, *Rewriting love stories: brief marital therapy*, WW Norton, New York; Hudson O'Hanlon W and Weiner-Davis M, 1989, *In search of solutions: a new direction in psychotherapy*, WW Norton, New York.

30. The Health Department of Western Australia (WA) has made a long-term commitment to ensuring that appropriate medical intervention, appropriate counselling and referral services are provided to those experiencing family and domestic violence. This commitment includes ensuring health service staff are trained and able to provide basic counselling skills to victims and offenders. For more information see the WA Policy and Implementation Plan to Address Family and Domestic Violence. Web site: <http://www.health.wa.gov.au/publications/dvpol.html>. Mailing address: Health Department of Western Australia, PO Box 8172, Stirling Street, Perth WA 6849, Australia, +61 8 9222 4222.

31. For examples of voluntary twelve step rehabilitation programmes or more information