When Relationships Go Wrong

Counting the cost of family failure
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When Relationships Go Wrong: Counting the cost of family failure and its flipside, When Relationships Go Right: Enabling thriving lives, have to be read from both ends of this document – seriously! We present our material in such a way because our aim is to confront the extent of failure whilst suggesting how to move towards solutions. We are not in the business of spreading doom and gloom, but neither are we naive. There is a cost to relationship breakdown and it is large – £37 billion. Only when the cost is taken seriously will people recognise how important relationships are to wellbeing and happiness. In light of this we suggest that policy-makers and implementers can, and should, make informed choices in terms of public motivation, opportunity and support which will lead to more thriving lives and reduce the costs of failure. You can begin at either end of this document but you need both views to see the whole picture.
## The direct costs of family breakdown (in £bn) *

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost (£bn)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tax and Benefits</strong></td>
<td></td>
</tr>
<tr>
<td>Tax credits</td>
<td>6.31</td>
</tr>
<tr>
<td>Lone parent benefit</td>
<td>4.34</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£10.65bn</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td></td>
</tr>
<tr>
<td>Housing and Council Tax Benefit</td>
<td>3.68</td>
</tr>
<tr>
<td>Emergency housing</td>
<td>0.11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£3.79bn</td>
</tr>
<tr>
<td><strong>Health and Social Care</strong></td>
<td></td>
</tr>
<tr>
<td>NHS</td>
<td>10.37</td>
</tr>
<tr>
<td>Children in care</td>
<td>2.04</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£12.41bn</td>
</tr>
<tr>
<td><strong>Civil and Criminal Justice</strong></td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td>3.94</td>
</tr>
<tr>
<td>Prisons</td>
<td>1.18</td>
</tr>
<tr>
<td>Court Service</td>
<td>0.50</td>
</tr>
<tr>
<td>Legal Aid</td>
<td>0.92</td>
</tr>
<tr>
<td>CSA (running costs)</td>
<td>0.52</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£7.06bn</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>£3.12bn</td>
</tr>
<tr>
<td><strong>Direct costs</strong></td>
<td>£37.03bn</td>
</tr>
</tbody>
</table>

* For detailed calculations see p 8ff
Introduction

At the heart of this pamphlet is a very large figure – £37 billion. It represents the financial cost of failure in our family and relational lives together as a nation. Our detailed calculations show how we have arrived at this figure, which is the cost to the government – ie the taxpayer – when relationships go wrong. Sadly it is a much higher figure than previously estimated and we fully recognise that it cannot take into account the often intense pain and suffering felt by those experiencing family failure.

Lone parents appear frequently throughout this booklet. The Relationships Foundation, however, is not in the blame game. Our intention is to highlight the scale of the economic problem. While we recognise that lone parents bear the brunt of the costs, it is also true that society as a whole foots the bill. In identifying the range of costs involved, we are seeking to highlight where relational support is needed. This pamphlet is part of a series urging politicians and policy-makers to take relationships more seriously and to work towards greater wellbeing. The flipside of this pamphlet describes the thriving lives seen when relationships go right – when people are motivated, have the opportunity to develop and are supported in their relationships. The benefits in financial terms alone can be substantial.

A further reason why this presentation of the cost of failure is most timely is that we need to guard against using the present economic downturn to focus solely on economic concerns at the expense of relationships. Reform is necessary but one model, the economic model, is not the only way. Broader change is necessary. As Daniel Finkelstein said recently in *The Times*, ‘we must allow outside organisations to question the fundamental ideas that shape health provision or welfare provision’ and allow these organisations, through innovation, to improve public services without costing more.1

Allowing economics to trump all else would be perverse. This is not the time to undermine families; they need support now more than
ever. Functioning families are key to learning, capacity building, acquiring skills and providing welfare. They provide social care and support worth £73 billion a year in the UK, and family businesses generate turnover in excess of £1 trillion. So we need to find ways to reduce the cost of failure while supporting the main engines of success.

This report deals with the unpopular truth that choices have consequences and costs, and that these are not always borne by the choice-maker. Breakdown reduces health, wealth and wellbeing – the three things people are most interested in. And reduced health, wealth and wellbeing all put pressure on relationships making the cycle of breakdown more likely to go on turning.

Some people will be wary of language which suggests that enabling good relationships is the business of the state. However, the state already is involved. Taxpayers pick up many of the costs when relationships fail. In our companion publication, which can be found at the other end of this text, we argue that it is proper and essential that the state enables thriving lives through motivating, encouraging and supporting productive relationships.

There is no easy or short-term solution to relationships breakdown, but this £37 billion spending burden can be reduced by supporting and encouraging relationships. Reducing pressure on relationships can ensure they work better and last longer. And prevention of breakdown is better than cure – relationships education can help.

Research has shown that relationships are an essential component of wellbeing. Despite the rise in individualism, every decision we make affects someone else, and therefore our relationship with them. Our choices affect our own wellbeing and the wellbeing of others around us. As the Zulu proverb says, ‘You are a person only because of other people.’

Michael Trend, Executive Director, Relationships Foundation
What is family failure?

In essence, family breakdown and dissolution occurs when family members can no longer agree sufficiently on the rules for their relationship. The structure becomes uncoupled and two separate family units result.²

This report seeks to count the costs when family relationships fail.³ It includes not only the structural failure defined in the quote above but also the many dysfunctional families where relationships are clearly fractured. It includes the costs of domestic violence as these costs are clearly associated with relationship failure, even though the ‘family’ may stay together, at least for a time. It will focus in particular on the relationships between couples, and also between parents and their children. When family failure occurs it is difficult for all those involved, including extended family and friends. Whilst there is often relief when children are not involved, the pain and trauma of any couple relationship ending should not be underestimated. When children are involved the situation is often more complex and fraught with tension. For many it is like a bereavement, bringing with it feelings of grief and loss.

This report includes those who become parents without any form of ongoing relationship. The initial relationship within which the child is conceived no longer exists and has therefore, by definition, failed. Solo parenthood is a growing family type in the UK accounting for 15% of all babies born.

The wider costs of failure to our society

The direct costs of family breakdown borne by the taxpayer paint a stark picture. But there are also a set of broader losses suffered by
society as a whole which cannot be expressed in financial terms. Family breakdown is a raw and painful experience for all those involved. People, and their relationships with others, are affected in different ways. Some carry the losses with them the rest of their lives, others are able to move on and rebuild more quickly. Relationships cost a great deal more than money, but the escalating financial and broader emotional costs should motivate policy-makers to increase their support for relationships.

When relationships break down the full costs are incalculable. As Relate has noted:

*Family breakdown is a private tragedy but on a wider scale is also a matter for public concern. Looking at social and family policy questions across government shows that family breakdown contributes to a wide variety of social problems causing distress for individuals, families and communities.*

We have estimated that the failure of family relationships costs the taxpayer almost £37 billion each year. However, the broader costs to society, and the human and emotional costs can, clearly, not be included in this figure. As relationships continue to fracture and the consequences multiply, the costs will continue to grow. Beyond the weakness of dependence and the loneliness of isolation comes the mature interdependence of people in relationship. Freedom and choice are vital. Equality and fairness are essential. But they must be held together by productive relationships.

**How do you measure the cost of relationship breakdown?**

This is of course an inexact science, but previous research offers some guidance. In his book *The Rising Price of Love: The True Cost of the Sexual Revolution*, Dr Patrick Dixon estimated that the financial cost of family breakdown to the Exchequer would be £110 billion over 10 years at 1995 prices.
The Hart Report in 1999 noted that, ‘Marital breakdown inflicts enormous damage on many of the people involved – not only the couples, but their children, and others – and on society. In 1994 the costs of family breakdown to the public purse were estimated at between £3.7bn and £4.4bn a year . . . . It is likely that today public spending caused by family breakdown is running at about £5 billion a year. There are also indirect costs, such as those arising from damage to children’s education, from subsequent criminal behaviour and from the impact of breakdown on the use of housing stock. Nor is it simply a question of financial costs. The human misery resulting from marital conflict and breakdown is immense.’

In 2004, the government’s Women & Equality Unit commissioned a report into the cost of domestic violence by Sylvia Walby. It found that domestic violence costs the state £3.1 billion in terms of the criminal justice system, the health system, social services, social housing and legal aid bills. It costs employers a further £1.3 billion in lost economic output. The cost to the victims is significantly higher in terms of human and emotional costs. As we noted earlier, domestic violence is a small but significant subset of all family relationship failure, and is included in this report.

The Breakthrough Britain report produced by the Centre for Social Justice, suggested that the cost of family breakdown was £22-24 billion annually. This figure relied heavily on research by Family Matters produced in 2000, which estimated the direct costs of family breakdown at a conservative £15 billion. Given the continued rise in the number of lone parents and the increase in the level of income support they receive this figure would now exceed £25 billion at today’s prices.

This body of work shows that estimating the costs of breakdown is possible. Our report will build on previous efforts, updating the figures as appropriate. It will address the costs in five broad areas – tax and benefits, housing, health and social care, criminal justice, and education.
When relationships go wrong, the tax and benefit system often picks up part of the bill. Few of those involved in divorce or separation become financially better off as a result. Women generally have custody of the children, meaning they bear most of the former household costs, whilst their ability to earn is reduced by their care responsibilities. In fact, 60% of women who divorce go onto social security benefits immediately. The cost of running two households means it is extremely rare for all parties to be better off financially after separating, even if no children are involved.

1.1 Tax credits

Tax credits were introduced as a form of means-tested social security benefit. Those responsible for at least one child or young person may qualify for a Child Tax Credit. Those who are in work, but earn low wages, may qualify for Working Tax Credit.

The government estimates that it paid £17.9bn to tax credit claimants in 2006-07. A further £467 million was spent administering these payments. There are 6 million families receiving tax credits of which 2.2 million are families with a single adult plus children. A quarter of all couple families are on benefits. Assuming that a quarter of the lone parent families would be on benefits even if they were in a couple relationship, we can use the remaining 75% to find the basic cost of lone parents due to breakdown. On a pro rata basis the amount spent on lone parents was £5.05bn ($17.9 + 0.467 x [2.2x 0.75]/6).

However, Jill Kirby has noted that lone parents receive more child-contingent support (in tax credits and benefits) than an equivalent couple household. Lone parent households are five times more likely than couples to be receiving welfare payments and more than twice as likely to be receiving tax credits. Lone parents receive average tax credit and benefit payments five times larger than couples.
Around half of all lone parent households are workless, mainly due to childcare duties, compared to 7% of couple households. A 2001 survey found that 60% of married mothers were in full or part-time work, compared to 46% of lone mothers. The 2001 census found that just 21.4% of lone mothers work full-time. The childcare element of tax credits is paid to 161,700 couple families and 287,100 lone parents. Of the in-work families receiving WTC and CTC, 785,700 are couples and 929,600 are lone parents. There are 228,300 couples as against 745,800 lone parents receiving the maximum out-of-work families award.

It is clear that lone parent households receive more than a pro rata share. Three times as many lone parents receive the maximum out-of-work award as couples, though there are three times as many couples on tax credits as lone parents. We conservatively estimate that lone parents receive 25% more than the basic ‘share’ \((5.05 + 25\%) = 6.31\)

**Tax credits**

£6.31bn

### 1.2 Lone parent benefits

Many lone parents do an excellent job in difficult circumstances. However, the failure, for whatever reason, of a previous relationship imposes costs on the benefit system. Currently, lone parents with children under the age of 16 can claim benefits by virtue of being a single parent. The government is in the process of changing this benefit. By October 2010, only those with a child under 7 will be able automatically to claim the higher rate. As these changes have not yet taken effect it is not possible to include their impact in this research.

The Department of Work and Pensions have reported that the total amount of income claimed by singles with children in 2005-06 was £4.66bn; in 2006-07 it was £4.34bn. The 2006-07 figure is made up of 890,000 lone parents claiming on average £93.90 per week.

**Lone parent benefits**

£4.34bn

**Total (Tax and Benefits)**

£10.65bn
2 Housing

2.1 Housing Benefit and Council Tax Benefit

Housing Benefit (HB) and Council Tax Benefit (CTB) totalled £16.6 billion in 06/07.\(^{21}\) This represents approximately 13% of the entire cost of benefits. 890,000 lone parents claimed HB at an average weekly rate of £75.40. The total amount claimed was £3.49 billion.\(^{22}\) The same number of lone parents claimed CTB at an average weekly rate of £14.20. The total amount claimed was £660 million.\(^{23}\)

44% of lone parents were receiving HB compared to 5% of couples.\(^{24}\) 55% of lone parents received CTB compared to 7% of couples.\(^{25}\) Therefore, we conclude that a large percentage of the HB and CTB claimed by lone parents would not be paid if they were in a couple relationship. We have reduced the total amount claimed by lone parents by 10% to reflect the amount that would still be claimed even if they were in a couple relationship.

\[
HB + CBT = (3.49 + .66) \times 90\% = 3.68
\]

**Housing Benefit and Council Tax Benefit**

\[ \text{£3.68bn} \]

2.2 Emergency housing following domestic violence

The *Cost of Domestic Violence* report estimates the state spent £130 million on providing much needed emergency housing following domestic violence in 2001.\(^{26}\) The £37m spent on Housing Benefit has been deducted as it is accounted for in the previous section. The remaining £93 million has been updated to take account of the rising costs since 2001.

**Emergency Housing Total**

\[ \text{£0.11bn} \]

**Total (Housing)**

\[ \text{£3.79bn} \]
3 Health and social care

Table showing Age Standardised Patient Consulting Ratios (SCPR) for people aged 16-64 by Legal Marital Status and Sex (Study Population=100). Adapted from Morbidity Table 30, Statistics from General Practice, 4th National Study 91/92, series MB5, No 3, OPCS, HMSO.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Gender</th>
<th>Married</th>
<th>Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of blood and blood forming organs</td>
<td>M</td>
<td>97</td>
<td>135</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>104</td>
<td>98</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>M</td>
<td>83</td>
<td>190</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>91</td>
<td>151</td>
</tr>
<tr>
<td>Diseases of the circulatory system</td>
<td>M</td>
<td>98</td>
<td>115</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>100</td>
<td>106</td>
</tr>
<tr>
<td>Diseases of the respiratory system</td>
<td>M</td>
<td>100</td>
<td>115</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>98</td>
<td>118</td>
</tr>
<tr>
<td>Symptoms, signs and ill-defined conditions</td>
<td>M</td>
<td>97</td>
<td>129</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>98</td>
<td>120</td>
</tr>
<tr>
<td>Injury and poisoning</td>
<td>M</td>
<td>100</td>
<td>124</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>97</td>
<td>119</td>
</tr>
</tbody>
</table>

Those who are divorced are consistently more likely to suffer from a range of diseases and conditions which place a burden on the NHS.

3.1 Physical health

*Marital Breakdown and the Health of the Nation* noted that divorced and married men and women are about 35% more likely to consult their GPs than those who are married, which fits with the information in the table above.  

Children of divorced parents are 50% more likely to be admitted to hospital or to suffer accidental injury or poisoning than children whose parents are not divorced. The *Exeter Family Study* compared seventy-six intact families with seventy-six families re-ordered by separation or divorce matching them for age and gender and socio-
economic background. There were twenty-seven children with three or more current health problems in the re-ordered families compared with only nine for those in intact families. Those who had experienced multiple family disruption reported the most problems.\textsuperscript{30}

The total cost of GPs was approximately £8 billion in 2004/05.\textsuperscript{31} Excluding the other costs listed below it is estimated that 10-15\% of all GP visits are directly related to family breakdown. This would equate to a cost of approximately \textbf{£1 billion}.

‘The Cost of Domestic Violence’ report produced for the Women & Equality Unit estimated the cost to the NHS of physical injuries from domestic violence to be £1.2 billion based on 2001 figures.\textsuperscript{32} NHS spending has been rising well above inflation, giving a current cost of approximately \textbf{£1.4 billion}.

There is a strong correlation between marital breakdown and premature death, particularly amongst men. Divorcees of both sexes are more likely to smoke than married people. Over three times as many divorced men as married men report drinking in excess of 50 units of alcohol per week.\textsuperscript{33} This is a factor in the increased rate of accidents experienced by divorced people. Marital breakdown very often leads to an impaired ability to concentrate, tiredness and lowered performance, all factors associated with increased risk of accidental injury.\textsuperscript{34} In 2004 the Government estimated that alcohol misuse costs the health service in England between £1.4 and £1.7 billion per year. Taking the UK as a whole the current costs are likely to be closer to £2 billion.

Divorced men report the highest rate of ‘unsafe sex’, as measured by multiple partnerships and lack of condom use. It is widely acknowledged that married people engage in less risky behaviour in general. The annual cost of treating STIs in 2004 was estimated to be in excess of £700 million, little of which relates to those in stable couple relationships.\textsuperscript{35}

The cost to the NHS of risky behaviour, smoking, alcohol misuse and treating sexual diseases associated with family breakdown is at least \textbf{£1 billion}. 

12
The cost of prescriptions in England in 2006 was £8.2 billion\(^36\) (88% were dispensed free).\(^37\) A significant number were for conditions related to, or exacerbated by, relationship breakdown. Lone parents who suffer from a greater range of medical conditions are more likely to receive free prescriptions. Given that those who have suffered breakdown are more likely to need medication and less likely to pay, we have included 15% of the total cost (8.2 x 15%) – **£1.23 billion**.

**Physical health (1.0 + 1.4 + 1.0 + 1.23)**  
£4.63bn

3.2 Social Services

The cost of social services relating to domestic violence in 2001 was **£0.25 billion**.\(^38\)

The amount spent on social care services for adults and children by local authorities in 2006/7 was £20.1 billion in England alone, equating to a UK-wide figure of approximately £24 billion.\(^39\) 25% or £6 billion of the social care budget was spent on children and families. The £1.53 billion spent on children in care is dealt with later. Much of the remainder arises due to family breakdown. Children are referred to social services if the family has broken down. We have included two thirds of the remaining £4.47 billion – **£2.95 billion**.

A further 43%, or £10.32 billion, is spent on services for older people who require more care from the state, as families play a lesser role in their lives. Older people are mainly cared for by their spouse or their children. Children of divorced parents are less likely to have close relationships as adults with their fathers and are less likely to give financial assistance to them.\(^40\) They are also less willing to let a sick or aging father live with them.\(^41\) We conservatively estimate that 10% of the cost arises from such relationship breakdown – **£1 billion**.

The remainder of the social care budget is £7.68 billion. This is spent on adults in a variety of circumstances. We assume only 5% of this relates to adults dealing with family breakdown – **£0.38 billion**.

**Social care (0.25 + 2.95 + 1.0 + 0.38)**  
£4.58bn
3.3 Mental health

The NHS spends £7.7 billion each year on mental health issues. The Children’s Society’s ‘Good Childhood Inquiry’ found the primary cause of mental health problems in children to be family breakdown. Even taking demographic factors into account, children from single parent households are twice as likely to be unhappy, have low self-esteem or mental health problems.\(^{42}\) A survey for the ONS carried out in 1999 found that children of lone parents are approximately twice as likely to have a mental disorder as the children of married or cohabiting parents: 16% and 8% respectively.\(^{43}\)

The morbidity study shown in the table on page 11 shows that, compared to the general population, divorced and widowed men are nearly twice as likely to consult their doctor for mental disorders and divorced/widowed women are one and a half times as likely. A Canadian study found that single mothers had almost double the rate of depression of married mothers.\(^{44}\)

The table below shows the number of admissions to mental hospitals and admission rates by sex/marital status for England and Wales.\(^{45}\)

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Male rates per 100,000</th>
<th>Female rates per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>663</td>
<td>623</td>
</tr>
<tr>
<td>Married</td>
<td>257</td>
<td>433</td>
</tr>
<tr>
<td>Widowed</td>
<td>752</td>
<td>720</td>
</tr>
<tr>
<td>Divorced</td>
<td>1,959</td>
<td>1,596</td>
</tr>
</tbody>
</table>

The impact of family breakdown on the mental health of children and adults is one of the most significant health costs. Though those who have been directly involved in family breakdown represent between 20% and 25% of the total population they are almost twice as likely to see their mental health suffer. We have included 15% of all mental health costs.

**Mental health**  
£1.16bn

**NHS Subtotal**  
£10.37bn
3.4 Children living in care

The majority of children are taken into care due to family breakdown in the form of abuse or neglect (62%), family dysfunction (10%), or absent parents (8%). Only 3% are taken in for socially unacceptable behaviour. Baroness Seccombe noted, ‘Of the 60,000 children living in care 98% are there due to family breakdown’. As of March 31, 2005 there were 60,900 Looked After Children in England, and a total of 80,105 in the UK as a whole.

According to The Cost of Domestic Violence it cost £500pw to keep a child in care. Handle with Care, a report for the Centre for Young Policy Studies, noted that in 2005 the government spent £2.5 billion on Looked After Children. This is estimated to be increasing by approximately 10% per annum. We have used the 2001 weekly rate and applied it to 98% of the 80,105 Looked After Children in the UK.

\[
\text{Children living in care} \times 0.98 \times 26,000 [500x52] = 2.04bn
\]

The total figure below represents the costs incurred by social workers, GPs and other healthcare professionals in dealing with the consequences of family breakdown. These consequences include stress and depression, physical problems, sexual diseases, alcoholism, foster care, bed blocking as there are no relatives to offer help, and a variety of other increased care costs incurred by the taxpayer because the family cannot offer normal support. There are undoubtedly other costs it is simply not possible to identify and the total below includes only the particular costs identified above. Given that the total expenditure on Health and Social services for the UK is £119bn, our estimate for the amount related to breakdown equates to just over 10% of total spending.

| Total (Health and Social costs) | £12.41bn |
4 Civil and Criminal Justice

4.1 Police and Prisons

The total expenditure on Police Services in 2007-08 was £15.75 billion. The National Offender Management Service budget for 2007-08 was £4.7 billion. The Centre for Social Justice noted in Fractured Families that 70% of young offenders are from single parent families. The Prison Reform Trust found that half of under-18s in prison have a history of being in care or social service involvement. The same report found that 27% of all prisoners were taken into care as a child. We have attributed a quarter of all criminal justice costs to family breakdown. When we add to this the amount of police and court time required to deal with domestic disputes or other family breakdown incidents, this quarter figure appears conservative. The Cost of Domestic Violence report estimated that domestic violence alone cost the criminal justice system around £1 billion in 2001.

\[
\begin{align*}
\text{Police (1/4 x 15.75)} & \quad £3.94bn \\
\text{Prisons (1/4 x 4.7)} & \quad £1.18bn
\end{align*}
\]

4.2 Court Service and Legal Aid

The total cost of Her Majesty’s Court Service for 2007-08 was approximately £2 billion. As noted above a quarter of all criminal justice costs have been attributed to family breakdown.

The total amount spent by the Community Legal Service Fund in 2007-08 was £795 million. £531 million of this was spent on family cases. £1.15 billion was spent on the Criminal Defence Service in 2007-08. As noted above a quarter of all criminal justice costs have been attributed to family breakdown. These figures are only for England and Wales, therefore 12.7% has been added for a UK total.

\[
\begin{align*}
\text{Court budget (1/4 x 2.0)} & \quad £0.50bn \\
\text{Legal Aid (0.53 + [1/4 x 1.15]) + 12.7%} & \quad £0.92bn
\end{align*}
\]
4.3 Child Support Agency (running costs)

The Child Support Agency (CSA) was set up in 1993 in response to growing concern that the increasing cost of raising children in one-parent households was placing an unfair burden on the tax-payer. Since every child has two parents, it was argued, why should the state be obliged to direct more resources towards the parents who ceased to live together, than to those who continued under one roof? The CSA cost £520m to run in 2007. The Child Maintenance and Enforcement Commission began operating in October 2008, but the CSA will continue to function for the foreseeable future and the running costs for both organisations are not expected to fall.

CSA £0.52bn

**Total (Civil and Criminal Justice)** £7.06bn

5. Education

In broken homes, parents are often not available to assist with homework and to encourage learning and basic skills. In 2004, David Hart, the general secretary of the National Union of Head Teachers, complained that teachers had to spend time giving children the social skills that should have been given by the family. He also noted that parents weren’t feeding their children properly and ensuring they got a good night’s sleep. Delegates at the annual conference of the Association of Teachers and Lecturers in 2008 said chaotic home lives and poverty made children unable to learn. Research consistently shows that optimal school outcome is significantly associated with increased parental education, child-rearing by two parents and stability in family composition and geographic residence.

Children in care are the lowest achieving social group with only 11% attaining 5 or more A*-Cs at GCSE. They are also more likely to be disruptive and to be excluded from school. During 2005/06 there were 9,170 permanent exclusions; during 2006/07 425,600 pupils
were given a fixed period of exclusion. Those from dysfunctional families are more likely to exhibit behaviour difficulties and are therefore more likely to face exclusion.

The range of educational costs associated with family breakdown include:

- Employing special needs teachers
- Sick leave for teachers: estimates suggest as much as 60% of stress among teachers is caused by family breakdown
- Training teachers to cope with specific behavioural problems
- Special education units
- Paperwork and administration related to temporary and permanent exclusions
- Damage to buildings and equipment due to vandalism
- Free school meals to children of lone parents

Individual costings for each of the areas outlined above are not readily available. In 2002, 27% of all children lived in lone parent families. This figure is rising as 43% of children are now born outside marriage. This growing group of children do less well at school, have more mental illness issues, and are more disruptive. They are also 75% more likely to suffer educational failure. We have chosen a very modest percentage of the entire education budget (which was approximately £78 billion for 2007/08) to reflect the extra time and resources these children require.

**Education costs £78bn x 4%**

£3.12bn

**Education Total**

£3.12bn

**Total Direct Costs***

£37.03bn

* See table of total costs on p 2
References

3 The costs, however, do not include widowed parents, who make up less than 1% of all parents.
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When Relationships Go Right

Enabling thriving lives
When Relationships Go Right
Enabling thriving lives

When Relationships Go Right: Enabling thriving lives and its flipside, When Relationships Go Wrong: Counting the cost of family failure, have to be read from both ends of this document – seriously! We present our material in such a way because our aim is to confront the extent of failure whilst suggesting how to move towards solutions. We are not in the business of spreading doom and gloom, but neither are we naive. There is a cost to relationship breakdown and it is large – £37 billion. Only when the cost is taken seriously will people recognise how important relationships are to wellbeing and happiness. In light of this we suggest that policy-makers and implementers can, and should, make informed choices in terms of public motivation, opportunity and support which will lead to more thriving lives and reduce the costs of failure. You can begin at either end of this document but you need both views to see the whole picture.
The benefits of wellbeing

The value of unpaid support that carers provide has now reached £87 billion a year.

Valuing Carers, Carers UK, 2007

Relationships are the missing piece of the political puzzle. As we struggle to adapt to the domination of the bottom line, the factor invariably omitted from the equation is human relationships.

The Hon Lindsay Tanner MP, Minister of Finance, Australia

The UK has 3 million family businesses, which employ 9.5 million and turnover in excess of £1 trillion. They contribute £73 billion in tax.

The UK Family Business Sector, Institute for Family Business, 2008

The quality of people’s social relationships is crucial to their wellbeing. People need supportive, positive relationships and social belonging to sustain wellbeing. Evidence [shows] that the need to belong, to have close and long-term social relationships, is a fundamental human need, and that wellbeing depends on this need being well met. People need social bonds in committed relationships . . . to experience wellbeing.

Diener and Seligman

Britons have loans to family members of £25 billion.

Skipton Building Society, 2006

So what really does affect us? Seven factors stand out: family relationships, our financial situation, our work, our community and friends, our health, our personal freedom and our personal values. Except for health and income, they are all concerned with quality of relationships.

Richard Layard
Introduction

The substantial benefits of economic growth are undisputed, especially, as now, during a period of economic downturn. But for some time there has been a growing realisation that economic prosperity raises as many questions as it answers and that our nation needs a better direction overall.

Over recent years there has been a re-evaluation of priorities. Sociologists introduced the concept of social capital to recognise the value of social networks for a range of economic and social outcomes. Social justice has hit the headlines through campaigns like Make Poverty History and the growth of Fairtrade industries. And into this highly receptive context comes the challenge to focus on the widespread concern about the state of our society and the quality of our own lives. Driving the debate is the belief that the true goal of life is wellbeing, or more technically, ‘subjective happiness’.

The language of ‘wellbeing’ resonates with the public and politicians as it describes the goals for every individual human life. It used to be a term reserved for marketing copywriters to sell anything from herbal teas to luxury spa holidays. Now it’s become a serious term in political discourse. For the most part, this reflects a growing concern and a sense of responsibility for the welfare of people and the quality of their lives. There is a dawning recognition that while the pursuit of economic prosperity has delivered better lives in some respects it has also created a range of new social problems and has come with the high costs outlined in the companion publication which can be found at the other end of this text. These costs need to be addressed and reduced.

But a full definition of wellbeing includes not only subjective and objective dimensions of happiness and flourishing mental health but also a third dimension which includes pro-social motivation and the ability to make positive contributions to the lives of others. Combining these, we define wellbeing as Thriving Lives, the condition of lives that are good for both the individual and for society.
Responsibility for wellbeing lies in many areas: individuals, communities, companies, professions and both local and national government all have important roles to play. The relationships that make for wellbeing cannot simply be legislated into existence nor should government seek to act in an authoritarian manner. But we must also acknowledge that policy shapes the social environment in ways that either foster or undermine such relationships. We look here at three different ways policy can enable relationships and how these might translate into specific policy options:

- **Motivation** – encouraging a culture that values relationships
- **Opportunity** – providing the foundations for relationships
- **Support** – strengthening existing relationships and building relationships for the excluded

Promoting the concept of thriving lives has both attractions and challenges. A focus on relationships as the key to wellbeing allows for a more positive, less authoritarian, role for government of encouraging, enabling and supporting. Political leadership must look at where we are heading, put forward a vision for the future, and help us to get there.

*MICHAEL TREND, EXECUTIVE DIRECTOR, RELATIONSHIPS FOUNDATION*
What is happiness?

For some, happiness means hedonic pleasure, a single dimension of feeling good. The hedonic view believes the goal of life to be the experience of pleasure or feeling happy, and that happiness overall is simply the sum total of all one’s hedonic moments – both physical and mental pleasures. This is what Jeremy Bentham, the English philosopher and reformer, meant by happiness. The majority of wellbeing research is based on measures of hedonic happiness through single questions about general happiness or life satisfaction. But promoting this kind of happiness as a national goal runs the risk of simply reinforcing cultural values of individualism, selfishness and damaging short-termism.

Others endorse eudaimonic happiness – positive experiences associated with healthy functioning, achieving personal potential and living a good and meaningful life. Eudaimonia is attributed largely to Aristotle (eg, *Nicomachean Ethics*) who thought that true happiness was found in pursuing a life of virtue. Similarly, John Stuart Mill rejected the simple single-dimensioned hedonism of Bentham, insisting on different kinds of pleasure, higher and lower, and that what matters is quality rather than simply quantity. Rather than looking at pleasure alone, the eudaimonic view focuses on the positive experiences associated with healthy functioning, achieving personal potential and living a good and meaningful life.

From happiness to wellbeing

To these two views of happiness we would argue that a third, pro-social, dimension needs to be added. The subjective wellbeing approach by definition focuses on the individual’s positive experiences. Choices that do not benefit one’s own subjective
experience, either in the short or long-term, are implicitly less valuable in this view. However, we do not exist as isolated individuals. Our experience of wellbeing is deeply influenced by our connections with other people, both directly and indirectly.

It is certainly in the individual’s long-term interest to invest in direct relationships, though there may be a short-term cost. Individuals also have a range of indirect relationships as part of social systems. The family, friendship network, local community, workplace and even the nation are all examples of social systems where individuals are interconnected so that the actions of any one individual can have multiple knock-on effects on others.

If we are to ensure the social sustainability of wellbeing, it is vital that individuals are able to act in ways that make a positive contribution to society, whether or not their actions create a personal sense of wellbeing, either immediately or long-term. Therefore, what is ‘good’ in terms of wellbeing is not just that which is experienced as good, but also the motivation and ability to do what is good with regard to the subjective wellbeing of others. As well as the hedonic and eudaimonic, there must be a third pro-social dimension comprising values such as compassion, justice and morality, and qualities like emotional and social intelligence that allow us to make a positive contribution as persons-in-relationship.

Taking these dimensions together, we have defined wellbeing as *thriving lives*. We use ‘thriving’ because wellbeing is not simply about happiness, but about the condition of lives that are good for both the individual and for society. And we use ‘lives’ in the plural because wellbeing needs to be considered at a social, not just an individual, level, and we all need to work together if we are all to thrive.
It’s relationships, stupid!

There is widespread agreement amongst academics and politicians that relationships are the key to wellbeing (see p 2). If we are to promote wellbeing, however, it is not enough simply to know that certain forms of relationship correlate with increased levels of life satisfaction or subjective wellbeing. The more we know about how relationships contribute, the more certain we can be that the choices we make and the policies we implement will be likely to promote wellbeing. The literature and evidence base is now extensive, drawing on neurobiological processes associated with relationships, psychologists’ understanding of the interplay between self and relationship, and robust statistical correlations between a wide range of outcomes (health, educational achievement, future earnings, life expectancy) and relationship experience. Below we describe how relationships contribute to wellbeing.

**Direct effects of how relationships contribute to wellbeing**

Positive relationships are so fundamental to wellbeing that many accounts include an aspect such as ‘relatedness’ as a distinct component of wellbeing. As Diener and Seligman note (see p 2), the experience of having close personal relationships can be considered a fundamental human need. It provides feelings of connectedness and belonging, intimacy and support. The sense of giving these through a relationship can be just as important as receiving them.

In addition to the intrinsic experience, positive relationships result in a range of beneficial outcomes for wellbeing, including:

*Practical support*

This can be manifested in a variety of different ways – borrowing a tool from a neighbour, money from a relative, or providing care when it is needed. Practical support provides a gateway to other sources of wellbeing and acts as a buffer against negative impacts on wellbeing.
Some forms of support require physical presence, or higher levels of trust and commitment, and so the nature and quality of relationships influence their support-giving potential.

**Developing self**

Who we are is influenced by nature and by nurture through personal relationships. This is particularly the case in children, although it may often be true in adult life as well. It is in the context of relationships that we learn, develop interests that inspire growth and create the opportunities that allow for growth.

**Physical health**

Physical health is often equated with wellbeing, though it is just one factor. Good health boosts feelings of happiness. The poor health of a partner can significantly undermine the wellbeing of family carers, particularly when they receive limited support or respite care. Positive relationships are linked to improved immune responses, improved buffering of stress, and faster recovery from strokes and cancer.

**Opportunity and access**

As well as the benefits of close relationships, there are also benefits from ‘weak ties’.

In social capital terms this refers to the benefits of ‘bridging capital’ over ‘bonding capital’. Weaker bridging ties may not be experienced as regularly but can be valuable in passing information and for matching up a need (eg, for a job) with a person who can meet that need.

**Social development**

Social skills and an understanding of appropriate and moral behaviour towards others are central both for personal access to the wellbeing benefits from relationships and for contributing to the wellbeing of others. These can be taught to an extent, but are best developed in childhood when relationship skills are modelled and a moral framework is moulded and reinforced. Wider community
relationships are also important, for example with neighbours and in school.\textsuperscript{12}

**Indirect effects of how relationships contribute to wellbeing**

Our wellbeing is also influenced by the outcomes of relationships that we are not directly party to, as well as by highly mediated and indirect relationships. Examples include the ability of others to provide care resulting from their own inter-professional and inter-agency relationships, experiencing the negative consequences such as increased anti-social behaviour that may result from other broken relationships, or whether other people have, over time, created a community which new arrivals can join.

The degree of distance from these relationships can vary. Caring for an elderly relative or disabled child can place a strain on a couple relationship. Wellbeing may also be affected by more distant relationships such as with an investment manager who influences investment decisions that have significant consequences for employees and their families.

The easy route for academics and policy makers is to compartmentalise different areas of life, and focus only on improving direct relationships. A more social view of wellbeing requires a much broader approach.

**Which relationships?**

*Extended family*

Research by the Young Foundation points to the continuing resilience of the extended family, its important role as a support for other family relationships, but also the threats to its future through a range of policies such as housing allocation or restricted grandparental access to children.\textsuperscript{13} Policy that focuses on smaller family units risks weakening the protective context for these units.
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Peer and friendship

Pahl’s qualitative studies on friendship have shown that adult friendships are vital forms of support for many people. Loneliness is the most significant predictor of life satisfaction, yet 20% of people have neither a ‘satisfactory friendship network’ nor a ‘satisfactory relatives network’. Peer relationships are of particular importance for children’s learning and socialisation. The 2007 UNICEF report on children’s wellbeing highlighted poor peer relationships for UK schoolchildren.

Neighbours and community

One in four adults speaks to their neighbours daily, while one in five speaks to them less than once a week. Neighbourliness and reciprocity increases with the length of time lived in the neighbourhood, is greater for older people than for those under 30, and is greater for homeowners and social renters than for private renters. Levels of trust, fear of crime and anti-social behaviour are important mechanisms through which neighbourhood and community relationships impact on wellbeing.

Between groups

Relationships between ethnic groups and between generations are two important examples. The extreme case of communal violence or systematic oppression is obviously detrimental to wellbeing. At a lower level, threats to a cherished sense of identity, and the burden of imposed identities can both be damaging.

Workplace

Workplace relationships with colleagues and clients are an important arena for social contact and basis of identity and esteem. Purposeful work, opportunities for personal development, job security, employee welfare, health and safety, as well as provision for old age, incapacity and unemployment are all important considerations for wellbeing.
Within and between service providers

Public services involve a complex set of relationships: between service users and providers, within and between providers (whether private, voluntary or public sector) and between professions. The recent Baby P case shows that failures in relationships were a key factor in this most tragic outcome. More positively, it is through accessing the contributions of other agencies and professions that it becomes possible to make a real difference to people’s lives.

Moving towards Thriving Lives

The focus of policy

Building relationships for wellbeing requires both direct support for specific relationships and a broader focus on creating a social environment that allows relationships across the population to flourish. We outline here a number of policy options for further discussion, development and evaluation. This is not intended to be a comprehensive policy response to wellbeing, but an illustration of how government might enable the positive relationships that are fundamental to wellbeing.

In framing a broad policy agenda, we believe it is helpful to focus on three distinct areas: influencing the motivation to invest in the relationships that make for thriving lives; ensuring that people have the opportunity to do this; enabling support for those who cannot achieve it themselves.

Motivation

Healthy relationships require personal responsibility, which itself requires an inherent motivation to invest in relationships.
Though relationships are a long-term source of wellbeing, there is evidence that people tend to opt for short-term gains, like a pay-rise, instead of the interests of long-term relationships when asked what will most affect their happiness. It is unclear whether this is a natural cognitive bias to select the immediate and certain gain over the long-term uncertainty, or whether it is culturally driven. But a culture which is fast-moving, individual-focused and anxious about an uncertain future can only reinforce such a bias.

Investment in relationships often comes at a personal cost. Whereas people may value the dividends of relationships, they do not always welcome the responsibility required to sustain them. As the size of social systems increases it becomes harder to trace the consequences of personal actions and to think that personal choices are important, whilst those affected by collective actions grow more distant and the effects on their wellbeing are unseen.

By way of example, in terms of framing the policy agenda, the Relationships Foundation has been exploring two different areas where relational incentives may be of important for wellbeing:

**Local taxation and funding of services**

There is an important role for central government in ensuring equity of provision, but many judgements about what needs to be done are better made at a local level. Local ownership of the costs and benefits of addressing, or failing to address, the issues that affect wellbeing can create a financial incentive to deal with them. If the costs of failure and the dividends of success are always redistributed nationally, local responsibility may be diminished. But if the failures to deal with problems, and to invest in prevention, are retained locally and impact on local tax and spending, then there is a real incentive for local residents to support measures to promote wellbeing.

**Encouraging marriage**

Lone parenthood is known to be detrimental to the wellbeing of both parent and child, particularly for those on lower incomes. In
Freedom’s Orphans the think tank IPPR accepted that children’s outcomes were better when parents were married than cohabiting, but it eschewed ‘the unachievable and unpalatable goal of promoting marriage.’ Promoting marriage is perceived by some as a judgment about other relationship choices; yet encouraging the making of a promise to another person, and putting a relationship in the public domain with a package of responsibilities and privileges, is surely not inherently unpalatable. Support for couple relationships has too often been neglected in favour of an emphasis on parenting. Recently a Treasury official suggested the ratio of public spending on parenting support to couple support was approximately 4000:1. Focusing only on the contribution of the parenting relationship to the wellbeing of children neglects the wellbeing of the parents themselves and their capacity to provide for the wellbeing of children.

Opportunity

Motivation is insufficient without the opportunities to build relationships. Four factors merit particular consideration:

Time

People need to have enough time for the relationships that are key to wellbeing both now and in the future. Time is the currency of relationships and is therefore key to wellbeing. Because our wellbeing depends upon other people we are also dependent on other people’s use of their time. People are often constrained in their time allocations. Three examples of this are:

- Working time. Both the number of hours worked and when those hours occur affect time availability. Long working hours can affect relationships both directly, eg parents arriving home after children are asleep, and indirectly, eg through stress or tiredness. Irregular hours may also be significant if they reduce the amount
of shared time off. Policy options include better protection for workers in terms of both number and timing of hours, especially with the growing prospect of business becoming increasingly 24/7.

- **Travel time.** Robert Putnam suggests that every ten minutes of commuting time cuts civic engagement by 10%. This illustrates how policy in a wide range of areas might impact on wellbeing through the mechanism of time. Policy should look at investment in transport infrastructure and planning decisions that influence the relative location of work and home.

- **Targets and regulation.** Time spent in front-line relationships, for example between a doctor and a patient contributes to wellbeing. Targets, reporting and accountability processes risk diverting time and energy from their most productive use. The time costs of organisational change are also often underestimated. Accountability processes should develop relationships rather than take time away from them.

**Place**

The opportunity for physical presence changes the boundaries of possibility for a relationship. It enables ‘higher bandwidth’ communication (touch, facial expression, body language, tone of voice) as well as practical support. The spatial context of relationships can be influenced in ways that either aid or undermine wellbeing. Where people are located or choose to locate, the extent of mobility and the frequency of moving all influence the development of family and community relationships. A recent survey by BT found that 60% of staff lived more than 100 miles from their place of origin. Distance from family can lead to reduced family support for parents of young children, as well as greater difficulty in caring for elderly relatives. Housing allocation is one way in which policy can support the extended family.
Social and relational skills

The exercise of relational skills will tend to open up opportunities. While school league tables have value, the over-focus on attainment in specific areas risks losing breadth of curriculum and educational vision. Some schools are already working on emotional literacy and seeing associated improvements in learning skills, which are increasingly valued by employers. The Relationships Foundation is interested to explore further how relational skills might best be developed and assessed within a school setting.

Social mobility

Access to education, the creation of job opportunities and the capacity to take these opportunities are important for wellbeing. Despite sustained economic growth, pockets of high-level unemployment persist and large numbers of young people remain out of education, employment or training. As a result, their opportunities to participate in many of the relationships that enhance wellbeing are constrained. One solution pioneered by Citylife, set up by the Relationships Foundation, is the concept of employment bonds to generate local funds for job creation and supporting people back into work.

Support

Wellbeing is severely compromised by relationships that break down or are unhealthy. Education in how to prevent problems and how to support relationships which are under pressure both offer important contributions to wellbeing.

Relationships Education

The benefit of relationships education, for both couple and parenting relationships, has been supported by groups such as the Bristol
Community and Family Trust (BCFT) and ippr. In reviewing the literature Harry Benson of BCFT concludes that many of the factors present in couples headed for trouble are dynamic and changeable and that preventive education is an ideal intervention. There is sufficient evidence that appropriate programmes can deliver real preventative dividends. Given the known financial and wellbeing costs of relationship breakdown, and the importance of the couple relationship in supporting parenting, investment in increasing the capacity to provide support and education should be a priority. The Relationships Foundation is currently working on a project to make a thorough economic and social case to government for investing in relationships education programmes with detailed recommendations as to how any funding could be effectively allocated.

Relational support through public services

Issues at stake include the educational attainment of children, social care for the elderly and costs of youth justice and community safety. The provision of more relational support is thus not just an immediate contribution to wellbeing but also important for the future.

An existing example is the role of health visitors in providing support to new mothers’ relationships with their partners. Previously health visitors felt unqualified to offer support during this stressful time in a relationship. A short training course has been shown to enable them to give valued advice with significant health and relationship benefits. Other under-utilised contact points include community policing, extended schools, neighbourhood managers, district nurses and youth workers. Too often those who have been able to build relationships with people who need support lack the time, commissioning authority or effective partnership relationships to secure the support provision that is needed. We need to map more closely the opportunities to provide support and the constraints encountered, to enable more effective use of existing budgets.
Conclusion: Where next?

The Triple Test

The first pamphlet in our present wellbeing series calls for ‘The Triple Test’ – economic, environmental and social criteria – to be applied to all policy decisions. The economic crisis should cause us all to stop and think. It provides an opportunity to reassess our priorities.

Taking a relational perspective is not counter to economic growth, as some might think, but rather integrates economic, environmental and social concerns. The development of mature relationships will have a long-term positive economic impact, as well as reducing pressures on natural resources and public expenditure.

A lack of economic growth may seriously undermine wellbeing if it increases poverty and unemployment or limits the provision of social goods such as health and education which are derived from economic activity. But wellbeing isn’t affected so much by how much money you have as what you do with it. Robert Frank argues that money can indeed buy happiness if we use it in ways that boost wellbeing such as investing in the environment or buying a smaller house but with a shorter commute. He believes that the reason why life satisfaction levels haven’t grown with income is that there has been greater conspicuous consumption to which we easily adapt, but little net increase in ‘inconspicuous consumption’ (eg, freedom from traffic congestion or time with friends and family) which has a more enduring effect on wellbeing.

Our hope is that the wellbeing agenda can follow the same path as the increasingly successful environmental agenda. Some people have realised the importance of the environment for years and have been acting responsibly. Others are only now realising that the stakes are high and that the responsibility doesn’t just fall on government or business, but to every single individual.

The wellbeing agenda is in many ways a harder message to promote because it is much less tangible. We can’t measure a ‘social
footprint’ in the way that we can calculate a carbon footprint. But the effects are no less real, and the responsibility for our social environment lies with all of us.

**The attractiveness and challenge of thriving lives**

Happiness and wellbeing are attractive terms – they are difficult to oppose. However, the reality that we make choices that do not always maximise our wellbeing suggests that there are powerful competing attractions, or that the goal of thriving lives is elusive and hard to attain.

There is, however, one core message at the heart of our account of thriving lives that is a challenge for everyone – the obligation to seek the wellbeing of others, and that this may, at times, require us to hold loosely to our own wellbeing. If policy is to go beyond simply picking up the pieces which result from individuals’ decisions, and is to encourage the promotion of thriving lives as, at least in part, a collective task, then it will enter the difficult terrain of influencing choices in a pro-wellbeing direction.

The stakes are high and the responsibility doesn’t just fall on government or business, but on every single individual. There is certainly satisfaction in acting responsibly, though there is inconvenience too. Yet we willingly accept limits to our ‘freedom’ for the sake of a greater purpose, and as culture and expectations shift, the costs are increasingly accepted as part of life.

Millions of people make positive contributions to the lives of others every day as parents, carers, neighbours and friends. But there is clearly much more that needs to be done to ensure wellbeing now and safeguard it in the future.

**Motivation, Opportunity and Support**

We need to *motivate* individuals to make relational decisions that build good relationships. We need to create *opportunities* to
strengthen relationships, and finally, we need to support those whose relationships are vulnerable or under pressure.

Relationship breakdown has become all too common with devastating consequences for those involved and society at large, as our companion publication to this text demonstrates. Strong family and community relations can make people better off financially and socially, and can improve the quality of their lives. Failing relationships drain the resources of public and voluntary services. They cost employers and the wider economy.

Relationships are vital to our wellbeing – increasing health, happiness and life expectancy. But they are also fragile and too easily ignored with devastating consequences.

We are all part of a society that puts the relationships we say are important under intolerable pressure. But we can build a society that sustains relationships by encouraging people to value them, enabling better relationships and the exercise of responsibility within them, and supporting those with few or broken relationships.

In the long-term a society of isolated individuals is neither sustainable nor desirable. Freedom of choice is important. Equality of opportunity is crucial. But the agent that binds these two is the form of right relationships.

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Marks, *A wellbeing manifesto for a flourishing society*, NEF, 2004) have also raised the profile of the debate. The Office of National Statistics has made measuring societal wellbeing one of its current analytical priorities because, 'for an increasing number of public policy needs, and in political and public debate, there is more to life than GDP’ (see Social Trends No 38, xxvi, ONS 2008).


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