



Transforming relationships and relationship
transitions with and for the next generation:
The Healthy Relationship Education (HeaRE) and
Healthy Relationship Transitions (HeaRT) Project

Report and Key Findings

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Key Findings Summary

Children and young people experience various relationships and relationship transitions as they develop. How well they navigate these can profoundly affect their mental health and well-being. Working with young people (and others), this study considered the role of relationship education (RE) in preparing them for transitions *into* partner relationships and coping with transitions *out of* relationships and intact families if parents separate. RE was found to be key to building healthy relationship skills and to understanding children's voices in parental separation processes, such as mediation. Young people's experiences of child-inclusive mediation were also explored, with positive attitudes and effects on their well-being identified.

Transitioning *into* relationships

- Both young people and relationship professionals recognised the link between relationships and mental health.
- Schools were agreed to be an important setting for learning about relationships.
- Young people felt that RE in schools could counteract the 'Disneyfied' media portrayal of relationships.
- RE should move away from 'clinical' teaching about sex towards more relational aspects.
- Young people want RE to focus more than at present on helping them develop the skills needed to enter and maintain relationships (and, especially for unhealthy relationships, how to leave a relationship well).
- Opinion on whether to introduce RE in primary schools was divided. Some young people recognised it might bring expectations too early; others agreed with the relationship professionals that early knowledge was important.
- RE and access to support is also needed outside formal lessons.
- A systematic review of RE programmes found no evidence young people were involved in RE development and evaluation. None of the evaluations were judged to be of a high quality.

Transitioning *out of* relationships

- Children wanted a voice in the decision-making process about arrangements when parents separate.
- Young people and professionals strongly supported the inclusion of children's rights when parents separate within the RE curriculum, given the large numbers affected.
- Young people feel they are more resilient than adults give them credit for in handling issues.
- Having your voice heard as a young person in a parental mediation is empowering and cathartic, bringing mental health and well-being benefits.
- Speaking to an empathetic third party was an opportunity to discuss things they felt unable to raise with their parents, reducing anxiety.
- Inclusion in mediation signalled parents cared about their opinion, helped them understand options and improved children's communication with parents.



Introduction

There is evidence of a significant link between well-being and the health of young people’s romantic relationships (Gómez-López et al., 2019). For young people whose parents separate, their well-being is also associated with the quality of family functioning post-separation (Harold et al., 2016). Young people’s family life forms a fundamental pillar of their well-being. Happiness with their family life is associated with happiness in their life overall and their mental health (Children’s Commissioner, 2021). Young people with probable mental health problems are more likely to report problems with family functioning and lower levels of family connectedness than those unlikely to have a mental health problem (Newlove-Delgado et al., 2021). Whilst Relationship and Sex Education (RSE) has in the past focused its teaching on the mechanics of sex and dangerous relationship issues, this study set out to look at wider relationship issues commonly encountered by young people. This project, funded by the Wellcome Centre for the Cultures and Environments of Health,¹ coincided with the statutory introduction of a broader RE curriculum.² Its timeliness was emphasised by evidence emerging of the devastating impact of the Covid-19 pandemic on young people’s mental health (Morris and Fisher, 2022).³ It brought together expertise from law, medicine and education to consider how young people can be better supported to make healthy transitions *into* and *out of* various relationships. It sought to explore the roles of RE in supporting young people as they transition *into* partner relationships and that of child-inclusive mediation (CIM) in promoting better mental health and well-being outcomes for young people as they transition *out of* intact families following parental separation.

This Briefing Paper sets out the study’s aims and methods before reporting the main findings to its research questions and the best practice and policy implications.

Background and aims

A focus of the project is on RE which is now compulsory in both primary and secondary schools and broader than traditional RSE⁴ where the focus has been on knowledge and understanding rather than skills. The Department for Education (DfE) guidance on RE is clear that teachers need to be aware of the impact of common adverse childhood experiences such as parental separation (DfE, 2019, para 102), but it is left mainly to schools how RE is taught. Despite the increased

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¹ The Wellcome Centre for the Cultures and Environments of Health is based at the University of Exeter:

<https://wccch.org/>. The Centre is itself funded in full by the Wellcome Trust (grant reference 203109/Z/16/Z).

² Children and Social Work Act 2017, s34. See also The Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019.

³ Referrals to mental health services for under 18s in the period April to September 2021 up by 81% on the same period in 2019.

⁴ RSE is still compulsory, but only in secondary schools. See s34(1)(b) Children and Social Work Act 2017.

emphasis on delivering RE in schools, little is known about how young people view this aspect of the curriculum or what outcomes they feel it should deliver. Barlow's Patient and Public Involvement (PPI) work confirmed an appetite by young people both for more education at school (which they help to develop) about how to build positive relationships and handle 'normal' relationship difficulties (Barlow et al., 2018). Other research (Barlow et al., 2017) also showed that young people wanted their views to be better represented in mediation processes following parental relationship breakdown, which was our second focus. CIM gives children and young people the opportunity to speak (separately) to the mediator who is assisting their parents' attempts to settle without going to court (or another mediator), who then feeds back the children's views to the parents. The process has been shown to ameliorate the adverse effects of parental separation on children by reducing parental conflict (McIntosh et al., 2008; Fortin et al., 2012). Yet, CIM remains a 'minority activity' in the UK (Walker and Lake-Carroll, 2014:41, see also Barlow et al., 2017a and Report of the Family Solutions Group, 2020).

In bringing together these two strands from earlier research, the project looked holistically at young people's transitions into partner relationships and coping with transitions out of relationships and intact families if parents separate. It sought to provide an evidence base to inform the development of the new RE curriculum and lay the groundwork for the design, adaptation and evaluation of healthy relationship programmes. It further provided the first empirical research evidence on CIM in the UK. In doing so, this interdisciplinary project aimed to:

1. Explore the desired content and outcomes of RE from the perspectives of young people;
2. Support young people to become resilient adults capable of making positive choices and maintaining happy, health-promoting, intimate relationships and;
3. Reduce the adverse consequences of parental conflict on child (and parental) health by promoting greater CIM uptake to improve well-being and agency for young people whose parents separate.

Research design and methods

Research Ethics Approval was applied for and given for this study in accordance with the University of Exeter Research Ethics procedures. All research participant names used are pseudonyms. The research was conducted over four interconnected phases in 2020-21 as follows:

Phase 1 (HeaRE) – To update the systematic review from a previous research phase (Janssens et al., 2020), we undertook a systematic review of relationship support programmes from 2018 onwards for young people aged 11 to 18. Three other programmes were found in addition to the 17 identified in the earlier systematic review, bringing the total to 20. The aim was to identify and chart evaluations of healthy RE programmes, describe the outcome domains and outcome measures used, and synthesise the evidence for effectiveness for RE programmes that included outcomes relating to healthy relationship knowledge, skills and attitudes. A database search yielded 4389 individual records, and 283 additional records were identified through grey literature searches. Following full-text screening, a total of 36 studies (of seven programmes) were found that both evaluated the candidate programmes and met inclusion criteria for charting outcome domains and measures. Eight of these came from the database search, and 28 via the grey

literature search. Studies were appraised for quality using the Effective Public Health Practice Project (EPPI) Centre quality assessment tool (Thomas et al., 2004). Two reviewers independently graded them as either weak, moderate or strong based on the rating on the checklist and any additional factors identified. The findings and quality ratings were then tabulated and synthesised, drawing together the studies which evaluated each programme.

Phase 2 (HeaRE) – We first explored young people’s perspectives on RE by holding an introductory workshop with around 15 school children and three Youth Panel sessions with a total of 15 members of community groups. We then held four focus groups with a total of 24 school children recruited from a convenience sample of community groups and schools in South-West England, across urban, suburban and rural settings. Young people were contacted through school and youth group leaders, who made the first approach to participants. Consent was obtained as appropriate. Of the four focus groups, two were conducted in schools with Years 9 and 10 pupils (aged 14 to 16 years). Following PPI consultation, these were set up separately for boys and girls; one group with eight girls and one with seven boys. The two community group focus groups included young people aged between 14 and 18: one group with four boys and one with two boys and three girls.

Phase 3 (HeaRE and HeaRT) – We used qualitative semi-structured telephone interviews with 10 relationship professionals (psychotherapists, counsellors and researchers; seven women and three men) purposively sampled for their known expertise in supporting couple relationships or counselling young people, particularly following parental separation. The purpose was to indicate how older children can learn the skills needed to identify healthy and unhealthy relationships and cope better with transitioning into and out of (a range of) relationships across the life-course. We ran two focus groups with a total of eight members (aged 16 and over) of the Family Justice Young People’s Board (FJYPB), a lobby group representing children’s views on the family justice system. The aim was to gather Board members’ views on young people’s information and support needs following parental separation. We also interviewed a young adult, family law campaigner using the focus group schedule.

Phase 4 (HeaRT) – Here, we first held a workshop with CIM mediators to pool knowledge and expertise and then ran two focus groups (11-15 years and 16 and over) with a total of 10 members of the FJYPB to gather Board members’ views on the risks and benefits of CIM. Next, we used qualitative telephone interviews to gain insights into the current picture on CIM including the barriers to increasing uptake and the benefits (and risks) of CIM from the perspectives of CIM-trained mediators, and parents and their children who had experienced CIM. Recruitment was via re-approaches to mediators interviewed in a previous study in 2012, Mapping Paths to Family Justice (Mapping) and adverts in the Family Mediation Council (FMC) and member organisations’ newsletters. We interviewed 20 mediators, qualified to undertake CIM for an average of 16 years, half of whom we had interviewed for Mapping. The practitioner sample comprised 17 women and three men (reflecting the female bias within the profession) from all five FMC member organisations.

The parent sample comprised 12 parents (five fathers and seven mothers). We also interviewed 20 young people (nine girls and 11 boys ranging in age from nine to 19). All parents had engaged an FMC accredited mediator, with all FMC member organisations represented. Some parents

were legally aided, and some were privately paying, with mediations taking place between 2016 and 2021.

Below we set out the key findings from our research, beginning with the overarching findings from the systematic review. We then discuss the views of young people and relationship professionals on the role of RE in helping young people as they *transition into* (healthy) relationships of their own and *out of* an intact family when parents separate. Next, we consider the relationship professionals' perspective on the psychological, well-being and agency benefits (and risks) associated with hearing from young people in CIM. We compare these with the views of the FJYPB focus group members and young people who had experienced CIM. We then consider the differing views of the mediators, parents and young people on the purpose of CIM. Then, following the journey that young people take through the process, we consider awareness of CIM (amongst parents and their children) and the views of CIM-trained mediators on the barriers to greater uptake of the process. We look at the experiences and outcomes for young people who spoke to the mediator (and, briefly, their parents). We conclude with our thinking on best practice and policy implications based on this study.

Transitioning *into* relationships - Healthy Relationship Education

Systematic review

From the systematic review, 36 studies of seven programmes were found that focused on one or more outcomes relating to healthy relationship skills, knowledge and attitudes. All evaluated programmes were developed in the US. Only one evaluation was conducted in the UK. The evaluations had a diverse set of outcome domains and measures. Most focused on outcomes related to unhealthy relationship behaviours, such as violence and abuse. Few evaluations included measures of the programme's impacts on well-being and mental health. The most frequently measured outcome domain was conflict (16 evaluations), which included both positive (e.g. negotiation and reasoning) and negative (e.g. aggression) behaviours. Ten of the 36 evaluations targeted outcomes related to violence and abuse in relationships. Few had longitudinal measures. No evidence was found for young people's involvement in programme or evaluation development. None of the evaluations were judged to be of a high quality, and few had longitudinal measures, highlighting the need for high-quality longitudinal evaluations of RE programmes and a core set of validated outcome measures. It further underscored the need to co-create programmes with young people, teachers and relationship professionals that are feasible, acceptable and integrated into a mental health-informed curriculum. (For fuller details on the results of the systematic review see Benham-Clarke et al., 2022 forthcoming).

Relationship Education and young people's romantic relationships

Exploring young people's perspectives on RE with focus groups and wider Youth Panel sessions with community groups and school students in Devon, alongside interviews with relationship professionals, we found that these adults and young people recognised the link between relationships and mental health. Both groups identified the importance of positive early care, usually from parents. As one teenage boy put it, *'I think first and foremost, it's the role of the parents to teach about relationships. And I think all the school can really do is build on that.'* The

relationship professionals described witnessing a healthy, well-functioning relationship between parents variously as *'the building blocks'* (Margot Hendon), *'the architecture'* (Clara Farley) or *'the template'* (Fran Clarkson) for young people to learn relationship skills. Both the relationship professionals and young people felt that schools were an essential setting for teaching and learning about relationships, particularly for those whose parents' relationship had been unhealthy. Teachers, or positive other role models such as grandparents, can potentially *'mediate some of those original depravations.'* (Alexander Ingle).

*" I don't think I was ever taught in school about what a normal relationship is or how a relationship works.
(Teenage boy, focus group)*

Lessons should *'stress good relating from the very beginning'* to equip young people with a *'template for good relating'* (Rosemary Allen) for future relationships, romantic or otherwise. An emphasis in RE on managing expectations, stressing that 'good' relationships do not just happen but require work, as the relationship professionals advocated, would help to counteract the "Disneyfied" media portrayal of relationships that young people recognised were unhelpful, *'It's embedded into our heads that it's always Prince Charming and it's always the prince and the princess ... you don't understand it until you actually get to it, and that's when you realise that it's not like Disney movies or anything.'* (Teenage girl, focus group).

While the relationship professionals stressed the need for flexibility, adaptability, commitment and resilience as critical to maintaining relationships over the life course, these skills were not at the forefront of the young people's minds. Young people highlighted trust, respect, and common ground as central to healthy relationships. They thought that communication skills were crucial to starting, maintaining and ending relationships well. However, young people often presented dichotomous, fatalistic views of relationships as either good or bad, right or wrong and healthy or unhealthy.

Reflecting earlier findings from Ofsted (Ofsted, 2013), many relationship professionals and young people felt that the existing RSE offer was too 'clinical' and both groups were keen to focus on relational aspects. Young people wanted RE which focuses on developing skills to help them manage the various stages of relationships. They were interested in learning communication and conflict management skills and how these skills might help them maintain happy relationships. They also wanted to learn *how* to end relationships (particularly unhealthy ones) well and not just the 'red flags' of unhealthy relationships: *'It is all well knowing the signs, but if you don't know how to get out of an unhealthy relationship, what is the point of knowing that it is unhealthy?'* (Teenage girl, focus group). Relationship professionals advocated teaching that provided opportunities to observe and rehearse skills in lessons. Some young people spoke of the need for education to build self-esteem to help young people avoid unhealthy relationship choices.

“ [Relationship education lessons have] been very clinical. It’s not really teaching you anything to do with how the relationship works ... For me, it’s just been the clinical side of sex, basically.
(Teenage boy, focus group)

Young people emphasised the need for, and lack of, good quality teaching on what is ‘normal’ in healthy relationships. The relationship professionals called for a nuanced, skills-based approach to RE that reflects young people’s complex lived experiences. Both groups felt that RE would benefit from more expert input, recognising the burden of delivering high-quality RE on already overstretched teachers. As one young person said, *‘it’s hard to teach people about how to deal with a break-up... But that’s why I think people who are experts on relationships should probably be better at it.’*

The relationship professionals favoured introducing RE in primary schools. Some young people regretted that RE had not come earlier. As one teenage girl put it, *‘my mental health would be better now if that education had happened earlier.’* Others acknowledged the risks of failing to address beliefs and norms when needed, although some had concerns over introducing pressure and expectations too early. Both groups recognised the need for RE beyond the classroom, with someone to talk to, in person and privately in school, and improved signposting and availability of relationship support and information outside school. The professionals also stressed the need for the school’s ethos to be relational and respectful of young people for RE to be effective.

Transitioning out of relationships

How parents manage a separation matters for children. In both intact and separated families, the quality of parental relationships, level of parental stress, and quality of family functioning can significantly affect children’s well-being (Harold et al., 2016). Therefore, we sought to understand better the role that schools and CIM might have in promoting better mental health and well-being outcomes for young people whose parents separate. We further sought the views of relationship professionals, and young people, on the psychological, well-being and agency benefits (and risks) associated with giving young people a voice when parents separate.

RE and parental separation

At a time when parents are *‘so hung up on their own emotional journey that understanding how their children are feeling can be really hard’* (Kay Eagles), the relationship professionals agreed that teachers and school counsellors have a critical role in supporting young people following parental separation. Since so many young people experience parental separation, the FJYPB

members were adamant that parental separation should be part of the PSHE curriculum.⁵ Becky thought that this could forearm young people, making any subsequent parental separation less daunting and equipping classmates to know how to support others going through separation. Katie pointed to the resilience of young people and that so many were already going through parental separation that teachers' reticence to talk about separation in schools for fear of upsetting children is misguided.

Giving young people a voice

A minority of relationship professionals thought that we should not seek children's

views when parents separate as decisions should be made by the adults. Most, however, saw consulting children as psychologically beneficial to the child. Firstly, it gives young people an outlet to help them understand what is happening and process their grief, without which they may struggle to *'identify the loss or put into language what is happening [so], they cannot grieve and come to terms with it'* (Jacob Beardsley). Giving young people *'a forum in which they can talk... and be heard... because it's their life'* was said to be *'the most helpful thing you can do'* for young people when parents separate (Kay Eagles). Such a forum could reassure young people that they are not to blame for the separation, in the absence of which some young people carry into adulthood a sense of blameworthiness, leading many to seek therapy at that stage. Lastly, several relationship professionals were keen to point out that a holistic approach to young people's needs is required. Counselling for young people has a vital role to play alongside CIM. Equally, support for the wider family, particularly the parents, was felt to be vital in helping the child.

Parents supported giving young people a voice. Tanya Adams spoke of several middle-aged friends who had felt *'voiceless... so distraught by nobody listening'* when their own parents had separated decades earlier that it had *'damaged them forever.'* She hoped that involving her children *'teaches them that it is okay to be part of this process and talk about things and that actually it is better to talk about it than not to talk about it.'*

The young people interviewed were also firmly in favour of young people having a voice in the decision-making when parents separate, with the caveat that this should be the child's choice, with children entitled to decline the offer. They said that for young people, *'not to be able to have*

“ We learn about more uncommon things that don't apply to everyone in PSHE whereas [parental separation is] so, so common, and I don't think it would be odd to talk about it to everyone... there's stuff like teen pregnancies and stuff like that, and the chance of that is only one or two that happen in your school.

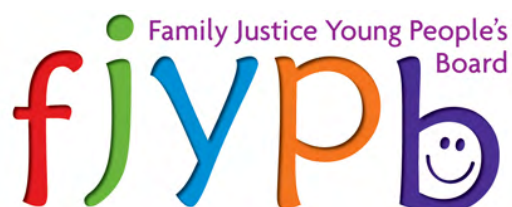
(Amara, FJYPB focus group)

⁵ RE is taught in secondary schools as part of broader Personal, Social, Health and Economic Education classes, commonly known in schools as PSHE lessons.

“ I think the child... should be involved as much as they can just because it's their life that's being decided about... you should [not]... let your parents decide... what's going to happen in your life when it's not their life that they are making decisions for!”
(Max, FJYPB focus group)

a voice seems really crazy’ (Anna) and *‘pretty selfish’* (Harry) as *‘it's their family too’* Jonny).

Reflecting earlier research findings (Barlow et al., 2017), the FJYPB participants argued that children should be actively involved in decision-making because *‘it's important... for them to have a voice in the matter’* (Jasmine).



The purpose of CIM: perspectives of mediators and parents

Given the resounding message from the FJYPB and young people we interviewed that children's right to be heard should be upheld, we were interested in the perspectives of mediators and parents on the purpose of CIM. Only two of 20 mediators linked hearing from children specifically to United Nations Convention on the Rights of the Child (UNCRC) Article 12 rights.⁶ No parent spoke about children's UNCRC rights, although half took a principled stance. Several, like Doug Henderson, thought *‘it is morally the right thing to do.’* Coming from this perspective, CIM was not a hard sell. Framing the offer of CIM to parents of children of a suitable age as one of children's UNCRC rights may lead to greater uptake.

Most mediators viewed the child's welfare as the principal objective of CIM. Half the parents fell into this category. Tanya Adams typifies this stance. She said CIM *‘ticked all of her boxes’* because she wanted her children to feel empowered; that their opinions mattered and at the centre of the decision-making process. Two-thirds of the parents in this category were mothers, so careful work with the more reluctant parent, typically fathers, may be needed.

A few mediators acknowledged the benefits of CIM for the child but said that a central purpose of CIM was to assist the mediation process. For example, Jemma Green said that the child's involvement helps the mediator pursue what they wish to pursue with the parents, so parents agree to more workable child arrangements. A minority of parents raised progressing the case as a reason for engaging in CIM, typically when the parties had reached an impasse and hoped to avoid court proceedings. The danger here is that this may put a child under pressure to decide, and it risks disappointing one parent, so mediators must screen carefully to adjudge how the disappointed parent might react.

⁶ Article 12 of the UNCRC establishes the right of every child to freely express her or his views, in all matters affecting her or him, and the subsequent right for those views to be given due weight, according to the child's age and maturity.

Whilst without question, the child's welfare and well-being were the central concerns, mediators recognised that there were often ancillary benefits to CIM, such as greater cooperation or reduced conflict. Laura Gurney described this as '*a secondary extremely useful thing.*' Indeed the two often worked in tandem. As Sam Burns put it, though he is working for the child, the child's welfare is '*hugely dependent on parents finding a way to get on board with a more collaborative cooperative approach rather than a sort of competitive one that the court tends to encourage.*'

Many parents welcomed the chance for the child to speak to someone impartial, although a third of parents hoped that speaking to the mediator would confirm the veracity of what that parent believed the child's views to be. Many hoped that involving the children would help the other parent agree with the interviewee's preferred contact regime. Again this highlights the need for careful screening. Parents with fixed ideas who seem incapable of moderating their stance, whatever the children may say, may not be suited to CIM unless there are other likely benefits for the child.

Young people primarily hoped that engaging in the process would be a chance to have their voices heard. Unaware of their UNCRC rights, they nevertheless felt that this was a matter of principle.

Barriers to greater uptake of CIM

Our analysis shows that the main barriers to greater uptake of CIM are awareness, costs, practitioner confidence (both in the process and their ability to conduct it) and parental reluctance to engage in the process because of a wish to shield children from what is viewed as the adult dispute.

Awareness

Awareness of CIM was low amongst the parents and young people interviewed. Only four parents (33%) and one child (5%) had heard of it before the parents engaged in mediation, the child through school. Two further children (10%) had heard of mediation and assumed that children would be involved. In 2018, the FMC, which sets standards for mediation nationally, amended its 'Standards Framework' to require mediators to explain CIM to prospective clients. This should ensure that parents are informed once they have approached a mediator, but work is needed to enhance awareness of CIM in the general population.

Costs

We spoke to parents who had engaged in the process, so had overcome any reservations about costs, but several saw costs as a disincentive. Even some young people were concerned that the ability to speak to the mediator they had enjoyed was a luxury that may be unavailable to the children of less affluent parents. Henry Sanderson thought that most mediators have made the '*intellectual shift*' needed to embrace hearing from children, but '*the impediments in terms of funding are so great that it is difficult to see how they can actually then put that into practice.*'

Practitioner confidence

The FMC introduced compulsory update training for all CIM trained mediators in 2018. This had boosted mediators' confidence and, as a result, uptake.⁷ When interviewed in 2012, Maria Ingram indicated that CIM was '*something we often flag up*' in the first meeting with the client, yet it was rarely pursued. By 2020, she saw children monthly. She attributed the change to a conscious change in the way she presents CIM to the parent following the training she had received on the update day where she learned that '*if you normalise it, then actually clients do want to do it.*' Practitioners who were confident in the process and their ability as child-inclusive mediators reported a shift in parents' attitudes and willingness to undertake the process, which Sam Burns attributed to the fact that he now '**owned the process.**' Others, like Melanie Illingworth, viewed CIM as '**an optional bolt on**' and had seen very few children.

Parental reluctance

Many practitioners cited parental reluctance as a barrier to greater uptake of CIM, but as outlined above, for some mediators, their reticence proved an initial barrier. We found that parental reluctance to engage in the process could be overcome provided practitioners frame the offer positively and clearly. One parent, Trevor Cox, told us he was initially '**dead against the idea**' of CIM, but had overcome his reluctance after several conversations with the mediator who had framed the offer positively and outlined the benefits of the process, allaying his concerns. Having engaged in the process, Trevor concluded that '**without a doubt... you have to involve children.**'

Experiences of CIM

Overwhelmingly, young people and their parents were satisfied with the process of CIM, even the minority of parents and young people who were dissatisfied with the outcome (see below). Some parents have been less satisfied with the mediation process as a whole compared to the child inclusive element. The young people who had met remotely with the mediator because of Covid-19 said it had been a positive experience. Jake said it had lessened any sense of anticipation in the run-up to the meeting. Jonny liked that he could see his siblings more directly on a Zoom call than in an office environment. Therefore, provided the meeting is carefully planned, nothing from our evidence suggests that child-inclusive mediation cannot work well online.

Parents and young people spoke of the mediator's care to ensure that the ambience of the mediation setting would put the child at ease. Mediators had carefully thought through the pre-meeting contact with the child, how they would greet the child, the room's setup, and the availability of age-appropriate toys and drawing materials. As Blake told us, '*I liked going there because it was nice and calm, and you feel that you can just tell [the mediator] all about it and they would understand.*'

⁷ This is borne out nationally according to surveys conducted by the FMC, which showed that the use of CIM in cases involving children aged ten and over increased from 14 per cent of cases in 2017 to 26 per cent in 2019 (see <https://www.familymediationcouncil.org.uk/wp-content/uploads/2018/01/Family-Mediation-Survey-Autumn-2017.pdf> and <https://www.familymediationcouncil.org.uk/wp-content/uploads/2020/01/Family-Mediation-Survey-Autumn-2019-Results.pdf>).

Outcomes of CIM

Resolution rates and whether settlement lasted

One mother had significant mental health issues. She withdrew from the process (and further contact with her child). Another family had used mediation to help the children to process their feelings rather than gather opinions on child arrangements. The remaining families had agreed child arrangements in CIM, informed by the children's wishes. Agreements reached included visiting contact only for one child and no direct contact for another. The remainder were for regular staying contact. Save where Covid-19 restrictions had made it challenging to implement agreements reached, these child-informed agreements were being followed. Arrangements made some years ago had continued, save for one family where the father had overridden the agreement reached in CIM, which, if upheld, would have given the children a greater say about when they visited him.

Satisfaction with outcomes

The child whose mother withdrew from the process spoke of benefits beyond agreement such as feeling that the mediator had understood the situation and had conveyed the child's views to the mother. The two siblings in the case referred to above in which the father overrode the agreement, had been dissatisfied with the outcome because they felt that their father had ignored their views. This underscores the importance of only conducting CIM when the parents seem genuinely open and receptive to hearing from their children. Their mother also expressed dissatisfaction with the outcome (but not the process) *'It wasn't that I didn't like [the process] I just don't think it has solved any problems'* (Mary Dobson). However, the balance of parents and young people were positive about the outcomes reached. Several young people interviewed were pragmatic, appreciating how CIM helped to *'get stuff sorted'* (Alex). Most, however, spoke of benefits that went significantly beyond helping to progress to agreement. Young people who have engaged in CIM reported appreciating that their parents care about their opinion; liked that it had validated their feelings and welcomed the opportunity to discuss with an empathetic third party things they felt unable to raise with their parents. This ability to 'filter' messages through the mediator was especially welcome, *'with mum or dad I want to make them both happy... so I change my own opinions but... if I wasn't personally telling them then I could actually say what I meant'* (Jonny). Knowing that the mediator would reframe the message so that it was less hurtful than had it come from the child direct was an advantage, *'some things [I said] could be interpreted as being like hurtful but I think [knowing that the mediator would be] definitely putting it in more, you know, gentle ways would be a lot easier [for my parents]'* (Harry).

“

It opened me a lot more and made me a lot more confident to speak to my [parents] about things, which just made a lot of stuff much, much easier and took a lot of stress off my chest.

(Alfie, young person interviewee)

Young people spoke of anxieties lessened by having a clearer understanding of the process and improved communication with their parents. They reported that having someone explain the process and listen to them is cathartic. Feeling heard in CIM would appear to have a myriad of benefits for young people beyond progressing agreement. This is not to say that young people failed to recognise risks attached to CIM. The three risks highlighted most often were the young person might feel under pressure, the parents might ignore the young person's views, and the process may have a detrimental effect on the relationship between the parents and the child. They thought that a skilled mediator could help reduce the likelihood of the risk materialising.

Best practice and policy implication

Through our interviews and focus groups, we identified several best practices highlighted in previous sections of this Briefing Paper. This section provides a consolidated summary of the identified best practices and the policy changes necessary to support the best practices fully - for RE and then CIM.

Relationship education - best practice

Skills not knowledge	The evidence suggests that RE that focuses on skills rather than knowledge, with opportunities for young people to observe and rehearse skills during lessons will be most effective. The curriculum should reflect the content and skills relevant to young people to engage them meaningfully during RE. Young people wanted to learn coping skills and how to manage relationship breakdowns and transitions.
Specialist support	The research suggests that schools need improved support to teach RE effectively, including specialist expertise and resources, and guidance on signposting young people to external sources of help.
Whole school ethos	Relationship professionals highlighted that positive relationship behaviours could and should be modelled and integrated throughout school curriculums and reflected in a school's ethos.
Robust evaluation	The systematic review identified the need for high-quality longitudinal evaluations of RE programmes using a core set of validated outcome measures. Schools need to be assured of the validity of the RE programmes they teach.
Promoting co-creation	The systematic review of RE programmes found no evidence of young people's involvement in programme or evaluation development, despite the clear message from the focus groups with young people that they wished to be involved. This highlights the need to co-create programmes with young people, teachers and relationship professionals that are feasible, acceptable and integrated into a mental health-informed curriculum.

Relationship education - policy implications

Refocused curriculum	Young people highlighted areas that were priorities for them but are not addressed explicitly in the DfE's RE and RSE core content framework (see 'skills not knowledge' above). The curriculum should be refocused accordingly.
More explicit guidance	RE content and delivery is left to the discretion of schools, mostly. Schools would benefit from more explicit guidance from the DfE on suitable RE programmes to help ensure pupils enjoy the highest quality RE. Additionally, clearer Ofsted RE inspection criteria would help schools focus on the most critical aspects.

Child-inclusive mediation - best practice

Screening	The findings underscore the need to screen parents for suitability to engage in child-inclusive mediation carefully. Just as parents need to be emotionally ready to engage in mediation (Barlow et al., 2017a), they need to be emotionally ready to accept and act on the feedback from the child appropriately.
Framing the offer	Mediators must 'own the process' and frame the offer of CIM to the parents positively and as normative to the process. Those who did, saw children much more regularly than those who viewed CIM as an 'optional bolt on.'
Ambience	Parents and children appreciated the care and attention that mediators had paid to create a calming, non-threatening environment for the young person, making the process less daunting for the child. Special attention is needed to replicate a calming environment if CIM takes place online.

Child-inclusive mediation - policy implications

Promoting awareness	Given the low rates of awareness of CIM amongst parents and children, a government-funded public education campaign is needed. Basic training and resources on CIM at 'touchpoints' for the family (GPs, schools, health visitors, CABs, Family Hubs) would facilitate signposting to CIM when appropriate.
Training	Skilled mediators are critical to an effective process. CIM trainers should consider introducing a mandatory pre-training exercise, with formal self-reflection, to consider the trainee's aptitude. Training should include reflection on parents' emotional readiness for CIM. It must also explicitly consider young people's Article 12 rights to be heard when parents separate and the psychological benefits on young people of hearing from them, so the offer to parents is framed accordingly.
An 'opt out' system	Arguably, the mediation community should seriously consider piloting a scheme whereby (in the absence of safety concerns) all young people aged 10 and over are offered CIM. The young person would then be free to decline the offer.
Records	To the extent that it does not already occur, the Terms of Engagement for parents in mediation should record how the child is to be invited to speak

	to the mediator, and the parents' commitment to take the child's views seriously. The Memorandum of Understanding (MoU) should reflect what the child authorised the mediator to share with the parents, and how the parents took the child's views into account in the decisions made. The child should be given, in age-appropriate language, a copy of the part of the MoU that records their views and the parents' response.
Code of Practice	CIM is mentioned only briefly in paragraphs 3.1 and 6.6 of the FMC's Code of Practice. A separate code is available on the FMC website for conducting online mediation. We suggest that now is the time to develop a code specifically for those engaging in CIM, with requirements for CPD.
Funding	If a child's Article 12 right to be heard within the decision-making when parents separate is to be upheld, there is an urgent need to review and implement properly costed public funding for CIM.
Incorporating the UNCRC	Our submission to the Law Commission for England and Wales to undertake a scoping review of the rights of children when parents live apart for compliance with Article 12 of the UNCRC is under consideration by Commissioners for their 14 th Programme of Law Reform. The evidence from this study suggests that statutory incorporation of Article 12 rights into English law would be welcomed.

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About this study

The interdisciplinary study was conducted by the authors, led by Professor Anne Barlow, at the University of Exeter and funded by the Wellcome Centre for Cultures and Environments of Health. We are grateful to all the inspiring young people and professionals who engaged with us throughout the study and who made this work possible.

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Published: University of Exeter, March 2022.

ISBN: 978-0-902746-70-1