

Relate NI



SUSTAINING HEALTHY RELATIONSHIPS

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Foreword

Relate NI is a leading relationship support charity in Northern Ireland and has been supporting families and their relationships across Northern Ireland for over 75 years. Established in the aftermath of the Second World War, Relate NI has significant experience in developing and tailoring services to support people and their relationships. Our mission is to make expert information and support for healthy relationships available to everyone, and our vision is of a society where healthy relationships form the heart of a thriving society. The Relate NI team deliver a range of therapeutic and educational services to children and young people; individuals; couples and families across Northern Ireland.

Relate NI is passionate about enabling good quality relationships. Through our experience of working with people throughout Northern Ireland, we've come to understand that relationships not only give our lives meaning, they are of vital importance to our physical and mental wellbeing.

In March 2022, we sought a research partner to uncover and collate the academic evidence on the importance of relationships throughout life cycles. It is one thing knowing through our experience the fundamental importance; it is quite another to evidence this academically. The team at Ulster University have done so with clarity, enthusiasm and rigour. Not only have they evidenced the importance of relationships through various studies worldwide, but have produced 20 recommendations for improved public policy commissioning including a Healthy Relationship Strategy for government that could tackle much of the silo working we experience and look at family ecosystems more holistically.

We are very excited by this piece of work and believe it will add to the 'dawning of a new day', when it is universally accepted that across the life course, our experiences in pre-natal and perinatal life, infancy, childhood, adolescence, adulthood, and old age are shaped by the quality and nature of our relationships with others, and that a thriving society must centre healthy relationships at the very heart of everything we do.



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Executive summary

Introduction and background

Across the lifespan people are profoundly shaped by the quality of their relationships with others. Healthy and high-quality attachments can have a positive impact across many domains, such as family life, educational attainment and community environment, all of which can directly support individual and collective wellbeing. This project sought to understand further how and in what way relationships promote wellbeing and life chances for everyone in society and how this information can be used to influence and inform public policy to specifically embed the role of relationships as protective and risk factors for meeting public policy objectives.

The purpose of this research project was to conduct 1. An evidence-based *literature review* on the role of relationships in promoting wellbeing and life chances for everyone in society; 2. To conduct *fieldwork* and collect primary data with relevant professionals to evaluate the findings of the literature review; 3. Identify the *key strategic drivers* for the commissioning of programmes; 4. Identify *key commissioning organisations* and 5. Based on the previous stages, devise a list of *recommendations* on how to improve commissioning and improve outcomes for people and public policy in Northern Ireland (NI).

It is critical to acknowledge the context of this research as taking place within post-agreement NI, impacted by Brexit, political stalemates (2016-2020), the restricted budget from Westminster and the COVID-19 pandemic, all of which have compounded many of the existing issues for people in NI, especially the existing socio-economic inequalities. With the Mental Health Strategy 2021-2031 (Department of Health, 2021) and the recent local elections and NI Executive Programme for Government to be implemented, this also an opportune moment to intervene and influence policy to define and integrate relationship-based interventions into public policy actions.

Literature review methods and findings

Methodology

This literature review sought to answer the question - *How are people, communities, and society impacted by the quality of interpersonal relationships across the life span?* A scoping review methodology was chosen to facilitate the systematic mapping of the literature on the topic. The review included research conducted with participants from pre-natal to old age, which had investigated the impact of healthy relationships across the lifespan and was derived from the wider international literature base. This review provides detailed and transparent information on searches, databases, and data extraction through the inclusion of a PRISMA

diagram and data charting. In total, thirty-five searches were conducted in July 2022 across five databases *Psychinfo*, *ASSIA*, *CINAHL*, *Scopus*, and *Web of Science* using seven term group searches which returned 2337 articles. Full inclusion and exclusion criteria were detailed, and 137 studies were selected and extracted for this review. Data synthesis was performed on selected research using Braun & Clarke (2006) thematic analysis methodology.

Findings

A thematic analysis of this review identified four themes from the international literature base on the topic of healthy relationships across the lifespan. This review presents the findings of research across four themes.

The first theme: “*Attachment and the family environment*” discusses the importance of the caregiver-child attachment throughout early life, childhood, and adolescence and also highlights the impact of attachment security on mental health, future relationships, and future parenting. This theme also explored sibling bullying, inter-parental violence, and family separation due to divorce, imprisonment, social care decisions and pathways to homelessness during youth.

The second theme: “*The social and community environment*” describes the important link between the family environment and a child’s social behaviour. Peer and social networks offer important resources and challenges for people and have critical outcomes for young people with autism spectrum condition, experiences of imprisonment and people with addiction or substance use issues. School has been described as importantly positioned to both model healthy relationships and provide comprehensive Relationships and Sexuality Education (RSE).

The third theme: “*Intimate relationships*” presents research that highlights the importance of relationship satisfaction and the impact of sensitive periods in the family life cycle, in which family members can experience pressures exacerbated by difficulties in communication and emotional expressiveness. Economic stress or stigma can negatively impact couples’ relationships, especially for those identifying as LGBTI+. Research on intimate partner violence identifies it as widespread societal issue that has some individual, gender-based and population-based determinants which can be addressed with comprehensive RSE for all young people and by supporting couples with conflict management.

The fourth and final theme “*Interventions*” describes the range of evidence-based interventions and recommendations from the literature that can support the development and maintenance of healthy relationships including RSE, and parenting interventions that can strengthen the inter-parental relationship. Relational interventions have demonstrated efficacy in supporting people with substance use issues and imprisonment.

Based on the findings from this extensive literature review, 16 key recommendations were identified, which were subsequently evaluated by counsellors and commissioners in the fieldwork stage of this study.

Fieldwork methods and findings

This stage of the project involved primary data collection with relevant professionals on the role of relationships in promoting wellbeing and life chances for everyone in society. Semi-structured online interviews were conducted with counsellors (n=2) and commissioners (n=3) who were recruited in partnership with staff at Relate NI using a snowball sampling technique. Participants provided consent and were aged over 18 years. These methods facilitated an in-depth discussion, on the recommendations identified from the literature review, for real world applicability and relevance to policy and practice. All audio-recordings were transcribed and analysed using Braun & Clarke's (2006) thematic analysis methodology.

The findings from participants unanimously described the recommendations from the review as relevant and comprehensive to both practice and policy. Relevant policies were also identified, which these recommendations could inform and influence. However, there were some gaps, and a thematic analysis identified three themes.

Theme 1: "*Relationship and sexuality education*" described the need for RSE with adults to prevent sexually transmitted diseases and to support couples in therapy. This theme also highlights the importance of education for parents around social media and relationships, and the need to ensure that RSE with young people embeds the role of social media within the curriculum as a core aspect of modern relationships. Based on this theme, four additional amendments to the recommendations were identified.

Theme 2: "*Family relationships*" identified the importance of systematic approaches to supporting families involved in the care system and to not underestimate the trauma, grief and loss that can be endured by all involved. This theme also explored the role of carers and the need for information, support with decisions and planning. The final topic of this theme described the change in family structure, which has resulted in couples with young children experiencing increased stress and pressure. In total, this theme identified fourteen additional amendments to the recommendations.

The final and third theme: "*Individuals experiencing imprisonment*" provides important insights into the necessity for a trusting relationship with a counsellor to address issues that led to criminal sentencing. This theme also discusses the importance of economic support for families. This theme provided two additional amendments to the recommendations.

These findings combined with the findings from the literature review identified 20 final recommendations, and these findings are presented with reference to relevant policies.

Strategic drivers and final recommendations

This research has identified eight strategic drivers that impact programme commissioning decisions. These include local influences such as *consultation, unmet or emergent needs*, as well as *significant or impactful events* and national influences such as *programme for government, evidence-based approaches, activities in other jurisdictions* and *financial constraints or limitations*, and within the overall goal of *improving society*. A list of relevant policies was identified, which can be reviewed for their relevancy to the identified final recommendations. In total, 20 recommendations were identified that address the role of relationships across the lifespan, which can inform public policy and improve outcomes for individuals, families, and communities:

1. *Support during pregnancy and transition to parenthood*
2. *Support for parents with young children and teenagers*
3. *Support parent-adolescent attachment*
4. *Support for families experiencing divorce or separation*
5. *Support for individuals and families exposed to family violence*
6. *Support for young people in alternative care provision*
7. *Interventions for young people*
8. *Support healthy relationships in educational settings*
9. *Provide comprehensive relationship and sexuality education (RSE) for all young people during adolescence*
10. *Provide relational support for individuals with an ID, DD, and AS*
11. *Provide therapeutic interventions for LGBTQ+ people and couples*
12. *Provide access to therapeutic interventions for couples*
13. *Provide therapeutic interventions for adults who have been incarcerated or subject to post-release supervision*
14. *Provide therapeutic interventions for adults with substance use or alcohol issues*
15. *Support people and families experiencing homelessness*
16. *Support for families involved in alternative care provision*
17. *Support for older people*
18. *Support for caring families*
19. *Conduct further research on the fundamental role of healthy relationships in both the prevention of psychological and social problems, and the promotion and maintenance of wellbeing across a range of contexts, for everyone in society*

20. *Develop a Healthy Relationships Strategy, which would overarch and inform policy across key priority areas (Communities, Health, Education, Justice, Economy).*

Conclusion

Overall, this this research project has found that relationships have a fundamental role in nurturing and maintaining people's wellbeing, as well as the quality of family and community environments. The quality of attachment with family, friends, and romantic partners has important implications across multiple domains in society including education, employment, health and social care, and criminal justice. However, currently there is a significant strategic gap in policy, in identifying the integral role of healthy relationships across key priority areas. As such, a key recommendation of this research is the development of a *Healthy Relationships Strategy*, which would involve a centrally driven, structural approach to embedding the role of relationships within government policy. This research found that the role of relationships is not a single policy issue but transverses multiple policy domains. Importantly, this research found that relational approaches are already a fundamental part of many existing policies however there lacks the guidance of an explicit strategy that can provide a cohesive and consistent approach to policy, commissioning, and practice. This overarching *Healthy Relationships Strategy* would reduce siloed and fragmented approaches that can create or exacerbate system inadequacies and inefficiencies. In conclusion, the findings of this research support the development of a *Healthy Relationship Strategy*, which can positively inform government policy, support public policy objectives, and most importantly promote wellbeing and life chances for everyone in society.

The Sustaining Healthy Relationships Research Project: Ulster University Research Team

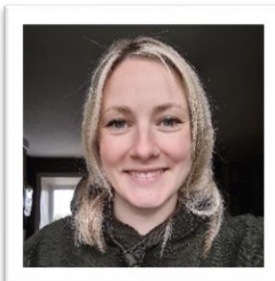
This project was commissioned and funded by Relate NI in partnership with the research team at Ulster University.



Dr Maggie Long (PhD, MSc, PG Dip, BA Hons), Principal Investigator, is a Lecturer in Counselling Studies at Ulster University, Course Director of the BSc (Hons) Communication and Counselling Studies. Maggie has significant professional experience in leadership and project management roles. She has research expertise in fields of counselling and mental health. She has published widely in a range of international, peer review journals including *Qualitative Health Research*, *Journal of Mental Health*, and *Health Sociology Review*. Her recent book, "A Psychosocial Understanding of Self-injury and Trauma" was published by the Open University Press in January 2022.



Dr Anne Moorhead (MA, MSc, PhD, PgCert, RNutr, CSci, SFHEA), Co-Investigator, is a Senior Lecturer in Health Communication at Ulster University. Anne's research interest is in communication in healthcare including mental health. She has led interdisciplinary national and international research projects and teams, secured research funding (including Wellcome Trust, ESRC and Horizon2020), and achieved extensive publications. She is currently a member on several research external committees.



Dr Louise Lynch (PhD, MSc, MSc, BA Hons), Co-Investigator and Research Assistant, has recently completed her PhD research into young people's mental health and help-seeking to mental health services, under the supervision of Dr Moorhead and Dr Long. Louise has previously researched young men's mental health published research with the *American Journal of Men's Health* and *Youth & Society*. She worked in the community youth work sector for 15 years and specialised in designing and providing community mental health interventions for young people.

Background

Introduction

Across the life course, our experiences in pre-natal and perinatal life, infancy, childhood, adolescence, adulthood, and old age are shaped by the quality and nature of our relationships with others (Boyd and Bee, 2014; Waddell, 2019). This idea is the basis of attachment theory (Bowlby, 1988; Ainsworth, 1972), an integral component to many mental health interventions. Further, based on the work of Bronfenbrenner (1995) on environmental systems, we know that the quality of relationships in one system of life (e.g. the family) will influence and be influenced by the quality of relationships on other systems (e.g. school, the workplace). Thus, our experiences of relationships directly influence our quality of life, wellbeing, and also our capacity to fulfil our potential and be more productive in education, employment and other domains (Beckett and Taylor, 2019; Waddell, 2019). Developing and sustaining healthy relationships is integral to the functioning of all social systems in which we live, including but not limited to, families and communities, education, health and social care, employment, and criminal justice. Therefore, developing and sustaining healthy relationships in all spheres of life is critical to the prosperity of everyone in society (Dimmock et al. 2022; Hawkins, et al., 2022).

There is a well-established body of evidence on the benefits of good quality relationships (e.g. Cannon & Murray, 2019; Dimmock et al, 2022), however there is a gap in the literature regarding how relationships can promote wellbeing and life chances for everyone in society. Knowledge of this evidence base is required to contribute to and inform government policies, and also commissioning priorities, to ensure that policies are meeting the needs for people in Northern Ireland today. While the role of healthy relationships is understood by many, particularly those working directly to promote them and to prevent and intervene on relationship-based crises, the fundamental role of relationships is not explicitly identified in public policy, which in turn affects commissioning priorities.

This project team undertook research to demonstrate the core role of relationships in promoting wellbeing and life chances for everyone in society, which could be used to influence and inform public policy to specifically embed the role of relationships as protective and risk factors for meeting public policy objectives. The COVID-19 pandemic has highlighted further the importance of relationships, and both their positive and negative impacts on families, communities, and services (Dimmock et al., 2022; Goldstein and Flicker, 2021). The timing of this project is particularly pertinent given the Mental Health Strategy 2021-2031 (Department of Health, 2021), the COVID-19 context, and the recent local elections and NI Executive Programme for Government to be implemented, making this an opportune moment to intervene and influence policy to define and integrate relationship-based interventions into public policy actions.

Context

It is important to acknowledge the context within which this research project takes place. Northern Ireland (NI) is a unique region within the United Kingdom with distinct traditions, culture and history, having experienced more than 30 years of ethno-political conflict referred to as 'The Troubles' (Long, 2022). This conflict has been recognized as the most intensive and violent to unfold in Europe (Muldoon 2004) and is regarded as ending in 1998 when the Good Friday Agreement was signed. NI moved into a devolved government from Westminster, which was power shared between the leading Nationalists *Sinn Fein* and the Unionist *Democratic Unionist Party* political parties (Long, 2022). NI can be described as a post-agreement state (Hayward and McManus, 2019) as progress is fluid and much has been made. Individuals, families and communities have been deeply affected by the violence and collective trauma experienced during and after The Troubles (Long, 2022) and there are still areas of NI affected by sectarian and racial conflict today, as well as by paramilitary influence. Most recently, NI has been impacted by Brexit, political stalemates (2016-2020), and the restricted budget from Westminster and the COVID-19 pandemic, all of which have compounded many of the existing issues for people in NI, especially the existing socio-economic inequalities (Burns et al. 2015). The NI Life and Times Survey (2020) has reported that most people in NI want the government to prioritize and address health, education, housing and unemployment which have a significant impact on quality of life including people's relationships. There are many community organizations working to redress the impact and consequences of conflict on individuals, families and communities (Long, 2022). Relate, who commissioned this study, are one such organisation, providing a range of counselling and therapeutic interventions for individuals and families managing a range of issues.

Project Overview:

The overall aim of this project is to explore the role of healthy relationships and their importance to a range of areas to provide recommendations for improved commissioning in public policy. This overall research project takes place in four stages (**Table 1**).

Table 1: Project Overview

Stages:	Description
1. Literature review	An evidence-based review will be conducted on core role of relationships in promoting wellbeing and life chances for everyone in society and can be used to influence and inform public policy.
2. Fieldwork	To conduct primary data collection with relevant professionals on the role of relationships in promoting wellbeing and life chances for everyone in society and can be used to influence and inform public policy.
3. Key strategic drivers	Based on stages 1 and 2, a list of key strategic drivers will be devised for the commissioning of programmes in Northern Ireland.
4. Recommendations	Based on this research, recommendations will be provided on to how improved commissioning could improve outcomes for people and public policy.

Literature review

Introduction

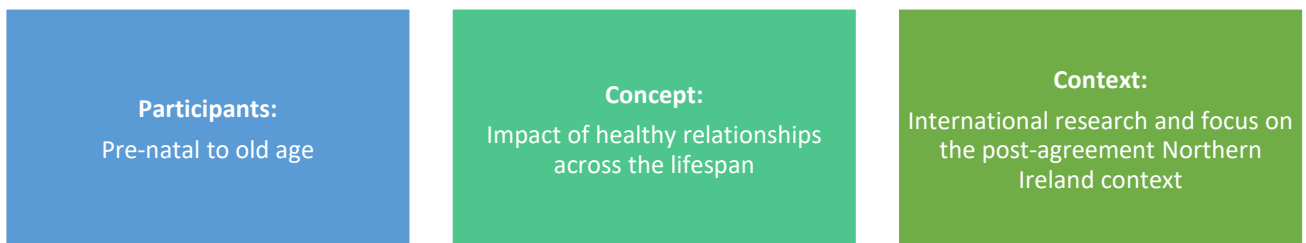
This section provides information about *Stage One* of this research project, the compilation of an evidence-based review that identifies the international literature available on the role of relationships in promoting wellbeing and life chances for everyone in society. Specifically, this review was guided by the research question - *How are people, communities, and society impacted by the quality of interpersonal relationships across the lifespan?* This section provides an overview of the methodology employed, including the research design, how research was searched, selected, screened, and synthesised. Following this, an in-depth overview of the key findings is presented, followed by a comprehensive overview of the preliminary findings on the role of healthy relationships, which will provide the recommendations for evaluation in *Stage Two* of the project.

Methodology

Research design

The role of relationships in promoting wellbeing and life chances for everyone in society is a wide-ranging subject and to map the breadth of the literature on the topic, a scoping review methodology was chosen. Scoping review methods are rigorous, transparent, and helpful for systematic mapping of literature (Munn et al. 2018). This review followed guidance by the *Joana Briggs Institute (JBI) Manual for Evidence Synthesis* to identify the types of evidence available, key characteristics, findings, knowledge gaps and how research was conducted (Munn et al. 2022). An important part of any scoping review is to identify the three review features referred to as PCC: 1. The participants; 2. the concept and 3. the context (**Figure 1**).

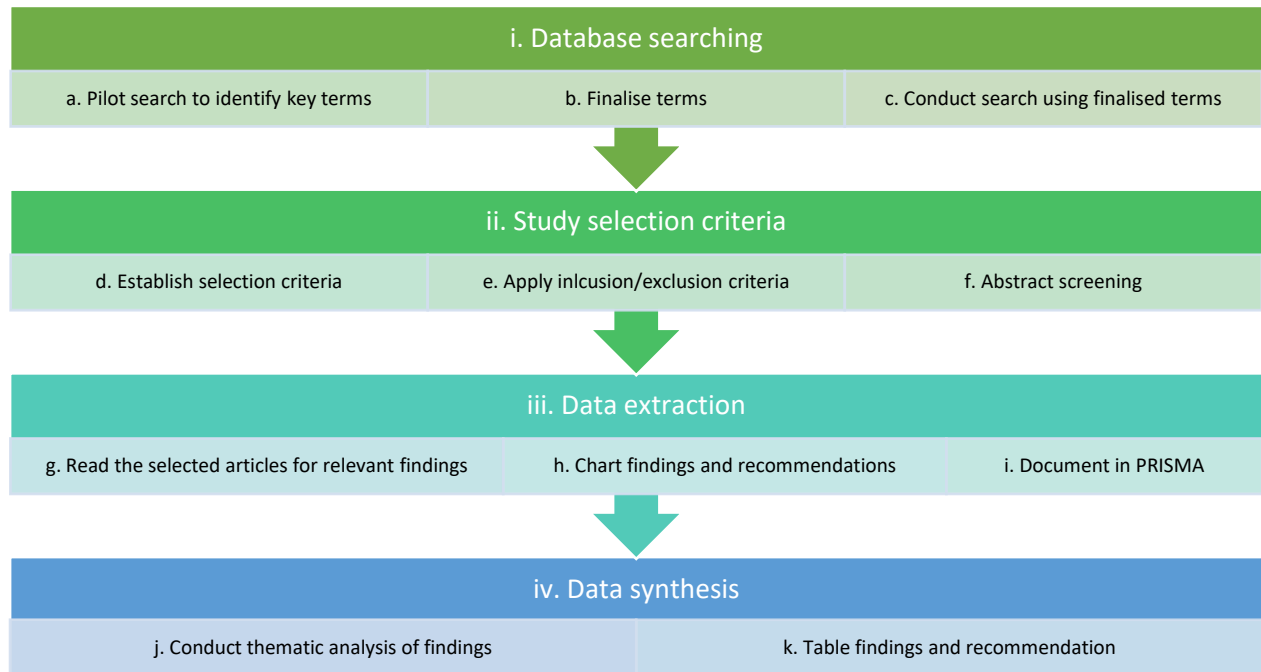
Figure 1. Review PCC (Participants, concept and context)



This review provides detailed and transparent information on searches, databases, and data extraction through the inclusion of a PRISMA diagram and data charting.

Data synthesis was performed on selected research using Braun & Clarke (2006) thematic analysis methodology. An overview of this research design and the protocol followed is provided in **Figure 2**.

Figure 2. Review protocol



i. Database searching

Pilot searching was conducted over five databases including *Psychinfo*, *ASSIA*, *CINAHL*, *Scopus*, and *Web of Science*. These initial searches helped define the final search terms, which formed key search term groups (**Table 2**). In total, 35 searches were completed with the seven term group searches across the five databases (McFadden et al. 2012; Best et al. 2014; McGinn et al. 2016; Campbell et al. 2018) which returned 2337 articles.

Table 2. Key term groups searches

Search Terms
“Parenting” AND “healthy relationships”
“Criminal justice” OR “Incarceration” AND “healthy relationships”
“Mental health” AND “healthy relationships”
“suicide” AND “healthy relationships”
“separation” OR “divorce” “healthy relationships”
“Young people” OR “youth” OR “adolescence*” AND “healthy relationships”

“Children” AND “healthy relationships”

Database searching included using both *analytical* searching methods and *browsing* methods. Analytical searching was used when databases had their own search algorithms, and browsing methods included searching by hand. Deciding to stop was guided by Kraft and Lee’s method (1979) which included (1) Satiation (2) Disgust and (3) Utility (Best et al. 2014).

ii. Study selection criteria

Database searching took place in July 2022 and inclusion criteria included empirical research from peer-reviewed journals in the English language. Original research, reviews, meta-analyses, interventions, trials and theoretical articles were selected, and protocols and book reviews were excluded. Once the searches were complete and the wider literature base preliminarily mapped, browsing methods helped source literature that could address identified subject gaps. Grey literature, where necessary, was included to provide cultural context, policy context and important statistics or information on specific issues within the Northern Ireland context. Studies included people of all genders and included research from the pre-natal life-stage to old age. Inclusion and exclusion criteria are detailed in **Table 3**.

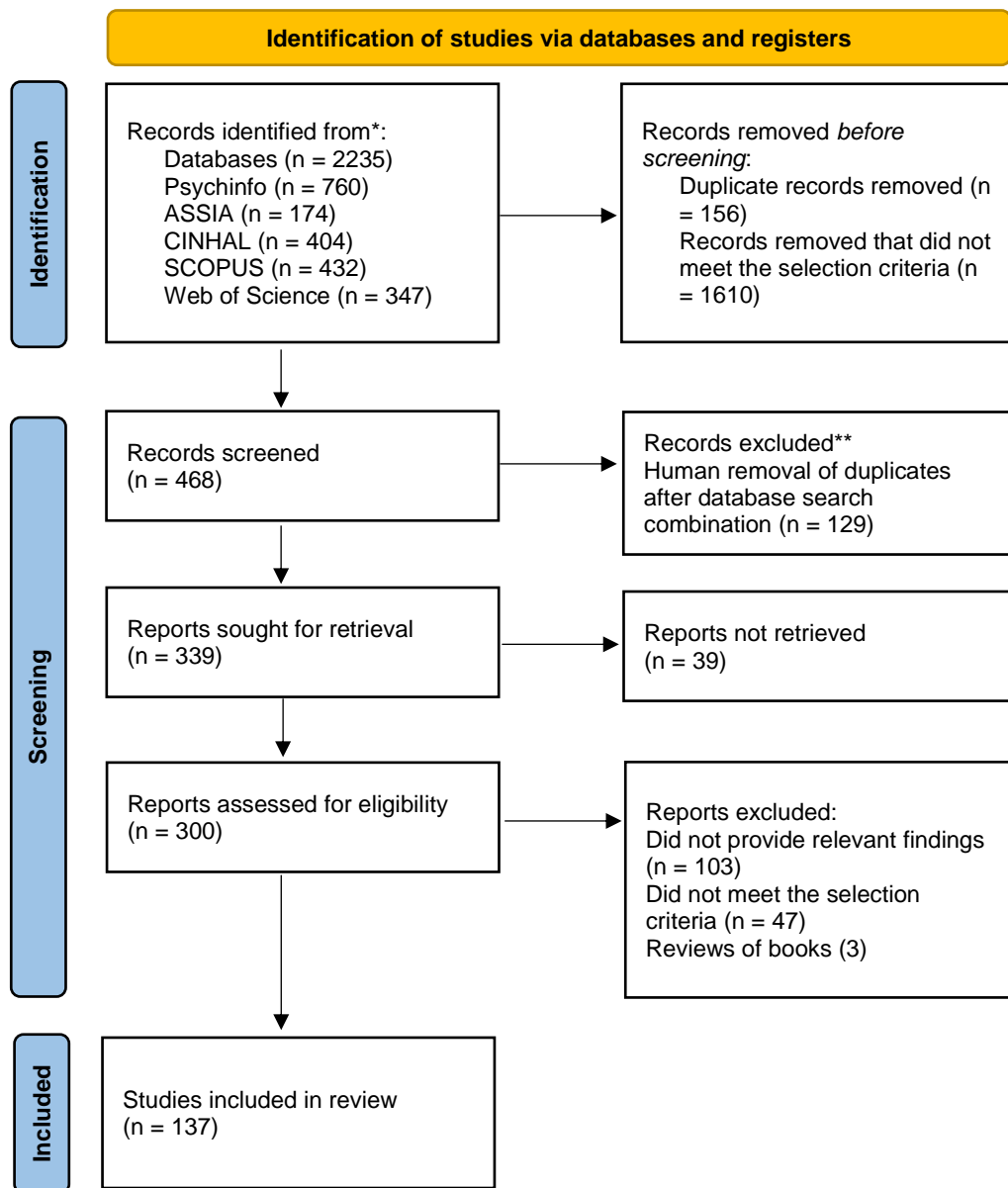
Table 3. Selection criteria

Inclusion	Exclusion
<ul style="list-style-type: none">• Articles from peer reviewed journal• Original research• Theoretical/conceptual development• Reviews & Meta-analysis• Government reports• NGO reports	<ul style="list-style-type: none">• Non-English language research• No relevant findings on relationships

iii. Screening process and data extraction

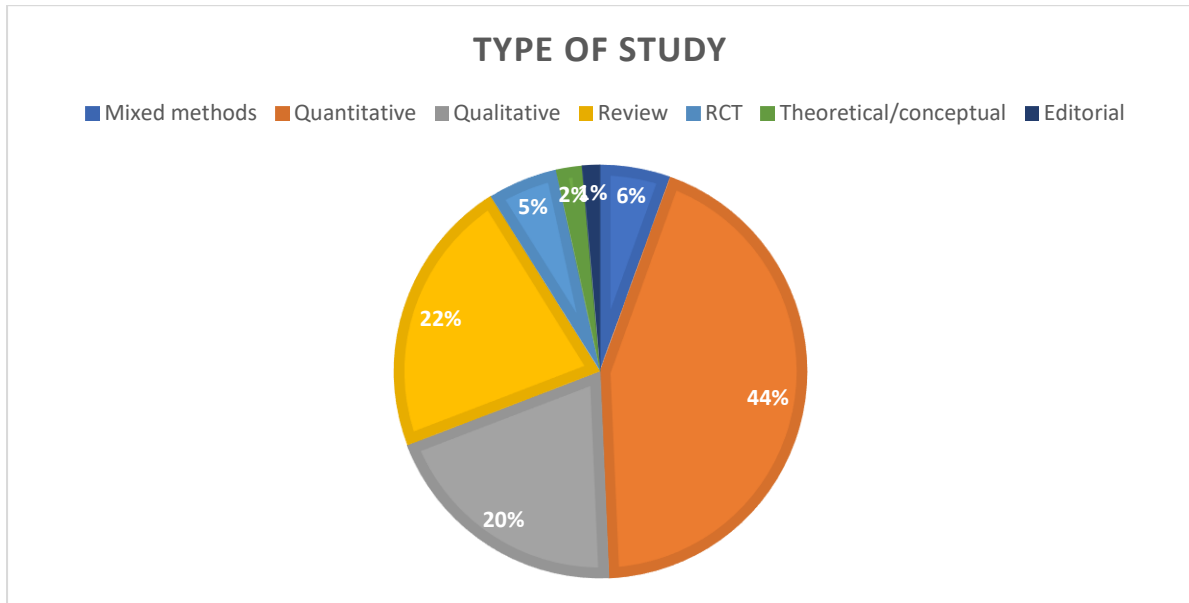
Searching returned 2235 studies which were screened for duplicates (n=156) and those that did not meet selection criteria (n=1610) were removed. After screening, articles were read in-depth, and the key findings and recommendations were extracted and charted. In total, 137 studies were identified as meeting inclusion criteria (**Table 3**) and were extracted for this review. Each study in this review was recorded on a pre-formulated coding sheet according to their key study characteristics. Details on screening and data extraction is provided in a PRISMA diagram (**Figure 3**).

Figure 3: Prisma



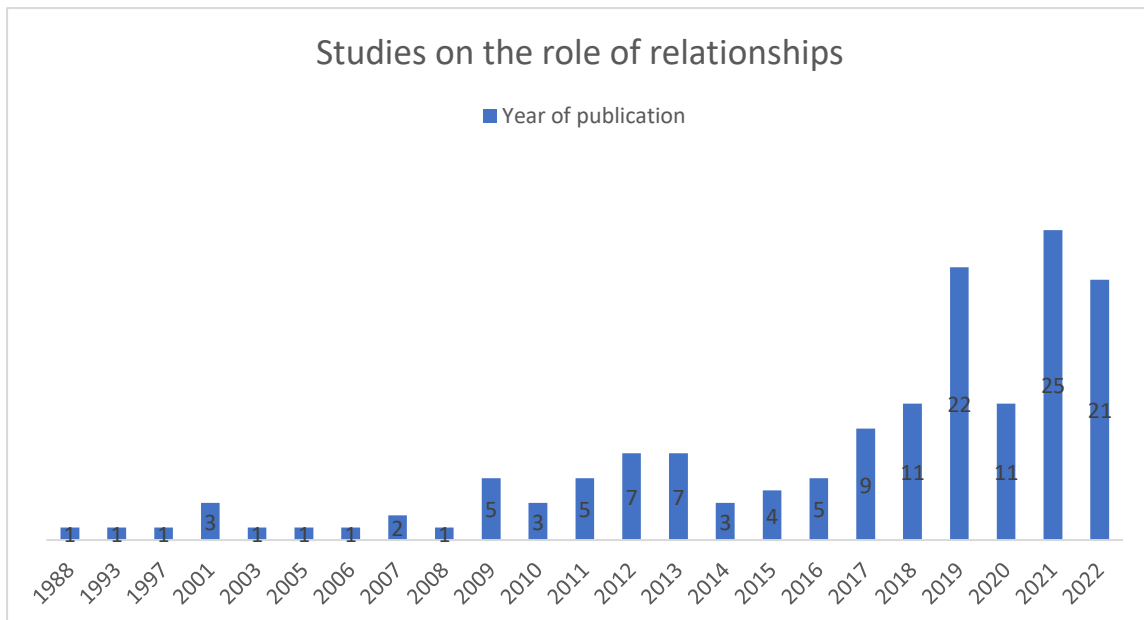
Selected research ($n=137$) was published between 1988 and 2022. Countries of publication included: *Australia* ($n=6$), *Brazil* ($n=1$), *Canada* ($n=16$), *China* ($n=1$), *Denmark* ($n=2$), *Ghana* ($n=1$), *Hong Kong* ($n=1$), *Iran* ($n=1$), *Ireland* ($n=1$), *Israel* ($n=1$), *Korea* ($n=2$), *Lithuania* ($n=1$), *Nigeria* ($n=1$), *Malaysia* ($n=1$), *Netherlands* ($n=1$), *Portugal* ($n=1$), *South Africa* ($n=1$), *Spain* ($n=1$), *Turkey* ($n=3$), *United Kingdom* ($n=12$), *USA* ($n=82$). The most common methodology used was *quantitative* ($n=58$), *qualitative* ($n=28$) and seven that used *mixed* methodologies ($n=7$). Other studies included reviews ($n=27$), meta-analysis ($n=4$), trials ($n=8$), theoretical and conceptual and ($n=5$). Methodologies are illustrated in **Figure 4**.

Figure 4. Study methodology



The majority of the literature included in this review stems from the previous five years which highlights that the topic of health relationships is a growing field of research and that the majority of the research used in this review is current (**Figure 5**).

Figure 5. Year of publication



iv. Data Synthesis

A thematic analysis was conducted on the extracted data using methodology by Braun & Clarke (2006). The screening and extraction process allowed for familiarisation with the data. Findings and recommendations were then coded for meaning and preliminary themes were developed. Themes were further refined through further reading and analysis.

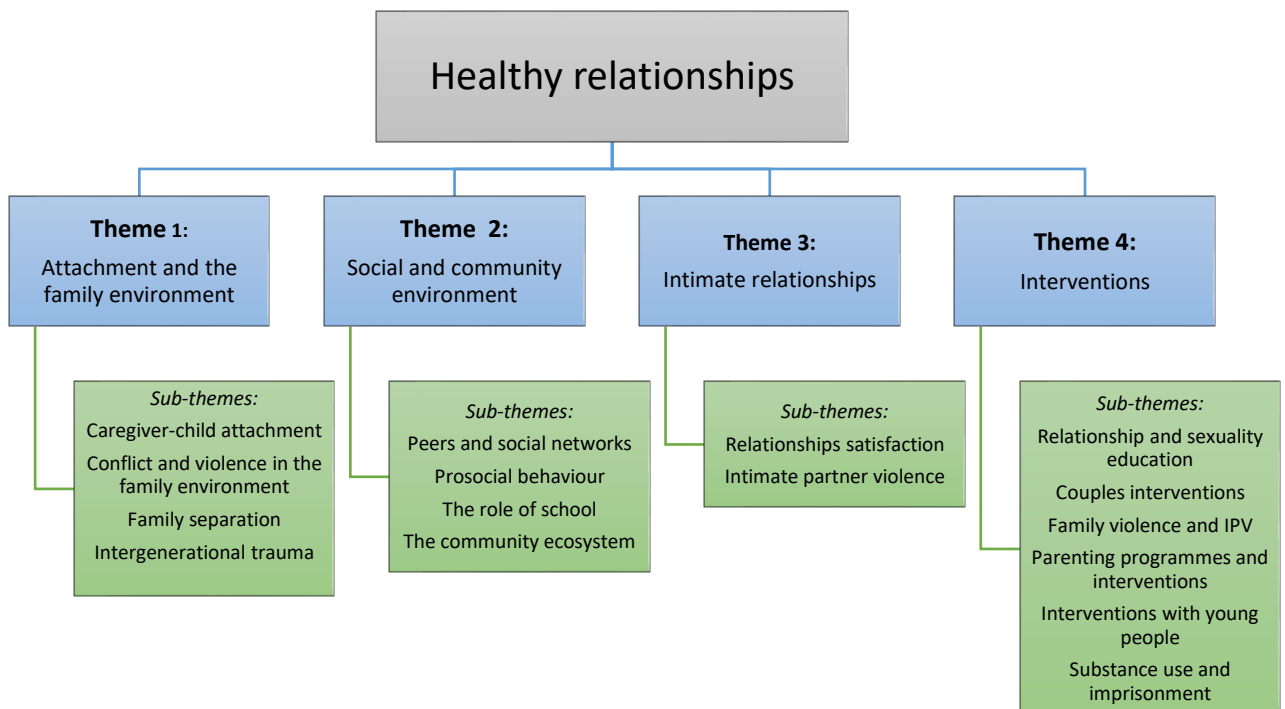
Methodology summary

This research used scoping review methodology to provide a systematic and rigorous approach to database searching, study selection, screening, and data extraction. In total 137 studies were selected and read in depth for key findings and recommendations on the role of relationships. These findings were then analysed for themes, and the results of this synthesis are presented below.

Findings and discussion

Data were analysed in the process of this review, from 137 studies to map the general findings and conclusions on the topic of healthy relationships. A thematic analysis (Braun & Clarke, 2006) identified four key themes and sub-themes (**Figure 6**).

Figure 6. Key themes



Theme one: Attachment and the family environment

Sub-theme 1: Caregiver-child attachment

It is well recognised that the type of parent-child attachment established during infancy lasts over a person's lifetime, with attachment patterns seen across personal, developmental, social, and professional domains (Uytun et al. 2013). As attachment is a phenomenon that extends across the lifespan and can have an intergenerational component, understanding the impact of caregiver and family relationships on the individual, their future relationships, families, and parenting is essential when considering intervention.

The topic of *attachment* was a prominent topic within research from the literature base. Recent longitudinal research from Sacchi et al. (2021) with 35 Italian women found that parent-child attachment begins during pregnancy and has a lasting impact into the infant's first year of life. Described as maternal-foetal attachment (MFA) occurs alongside the process of parental identity construction, which is influenced by memories of past and current relationships, as well as caregiving experiences in childhood (Sacchi et al. 2021). Supporting maternal mental health and relational health during pregnancy and across the transition from prenatal to postnatal parenthood can protect the MFA and have a positive impact on post-natal attachment and infant development. Abramson et al. (2019) has reports that there are important opportunities for empathy development within the first year of life and Rossen et al. (2018) has identified the importance of parental emotional availability in the post-natal period and promotes strengthening parental emotional regulation and the parent-infant relationship to improve outcomes for infants. Uytun et al. (2013) states that individuals with safe attachments during infancy tend to establish healthier relationships during puberty, adolescence, and adulthood.

Strengthening the parent-child relationship is a common topic in research and the term *parent-child synchrony* (PCS) refers to "the coordination of biological and behavioural processes between parent and child" (Birk et al. p1, 2022). Although well researched in infancy, its role in later childhood and adolescence is only becoming increasingly acknowledged. In a systematic review of PCS in middle childhood and adolescence Birk et al. (2022) found PCS to be stable over time, and higher synchrony associated broadly with positive outcomes, specifically regarding academic, social, and emotional factors, as well as increased moral reasoning, empathy, future synchrony with friends, good self-esteem and overall adjustment. Negative outcomes were found for children synchronised to a parent exposed to inter-parental conflict, negative emotional parenting behaviours, maternal depressive symptoms or chronic stress, parent psychopathology, or parent emotional dysregulation (Birk et al. 2022). However, a lack of synchrony in these contexts was protective and adaptive with young people demonstrating self-regulation and

resilience. Understanding the role of PCS can increase opportunities for young people at risk by providing relational interventions to improve outcomes.

There is evidence that a secure attachment predicts quality of parenting and attachment at other stages in the lifespan, and that attachment is linked with adolescent psychosocial functioning, well-being, and development, as well as the parenting of the next generation (Allen et al. 2003; O'Connor et al. 2019). Allen et al. (2003) found that the mother-adolescent relationship is analogous to the secure base phenomena observed in secure infant-parent relationships; sensitive and responsive relationships with an attuned parent can support an adolescent's exploration and development of autonomy. This task of autonomy is intellectual and includes normative disagreements with mothers and Allen et al. (2003) found that when dyads had secure attachments, young people felt safe to explore autonomy knowing that they can maintain and repair their relationship with their mother if there are disagreements (Allen et al. 2022). This research is important evidence for supporting early parenting interventions support attachment and youth well-being (O'Connor et al. 2019).

Parental-child relationships play a significant role in infant, child, and adolescent mental health (Reigstad et al. 2022; Lawless, Coveney & MacDougall, 2014) with problems in parent-adolescent relationships being a significant risk factor for the development of depression in adolescents (Reigstad et al. 2022) and poor-quality parental bonding in early life putting children at a higher risk for mood and anxiety disorders during adulthood (Kidd et al. 2022). In addition, some research suggests that quality of attachment and time spent with parents is a factor that can protect young men from involvement in delinquent behaviour (Worthen, 2011). Support from mothers and fathers was found to be associated with higher levels of self-esteem and fewer depressive symptoms across adolescence (Bamaca-Colbert et al. 2017).

Connected with healthy attachments and positive parent-child relationships is the topic of *parenting styles* which have been described in a literature review by Fadlillah (2020) as fundamentally connected to mental health and early childhood. Research promotes *authoritative* parenting approaches which are described as assertive with emphasis on warmth and care, which can support creativity, confidence, safety, and comfort in children (Fadlillah, 2020). This connects with research by Li et al. (2016) from China who found that a lack of parental warmth positively predicted hopelessness, which in turn enhanced adolescent suicidality. Parental psychological control also positively predicted adolescent suicidality (Li et al. 2016).

In adulthood, the ability to develop and maintain healthy romantic relationships is considered a key developmental task (Xia et al. 2018). Dalton, Frick-Horbury & Kitzman (2006) found that positive parenting and a family environment was significantly related to the way in which young adults viewed others as accessible or responsive and how their relationships were perceived as meaningful and important. Family processes and interpersonal skills are mutually influenced by each other across adolescence and support young people to engage in more effective relationship problem solving, assertiveness and less intimate partner violent behaviour (Xia et al. 2018). Parental support has been found to be a significant

protective marker against physical teen dating violence (TDV) victimization during adolescence (Emanuel et al. 2022). Felix (2021) also reports findings that support that positive self-esteem and secure parent-child attachment is a protective factor against TDV. Research by Rueda et al. (2014) also supports findings that parents can help protect against some of the negative health outcomes with dating and that adolescents can desire positive parental relationships and parental validation of their dating experience. Research on social modelling (Jamison et al. 2021) suggests that adults internalize and apply examples of parents who they perceive to be good role models; if an individual interprets an adult as a poor role model, they will use trial and error in looking for partners, to avoid pitfalls of parent's relationships, or can commit to a partner at a young age and create a family of their own. Understanding the importance and impact of the parent-child relationships can support appropriate and earlier interventions.

Sub-theme 2: Conflict and violence in the family environment

Exposure to family violence has been found to have a negative impact on a child's mental health (Roberts et al. 2013) and both large-scale surveys (Shields et al. 2020; Murphy et al. 2020) and a meta-analysis (Emanuel et al. 2020) have found an association between childhood maltreatment and intimate partner violence (IPV) in adolescence and adulthood. In particular, Cheung & Huang (2022) found that exposure to physical abuse and economic abuse in the family contributes to Teen Dating Violence (TDV) victimization with exposure to emotional control increasing the chance of TDV perpetration. Longitudinal research by Ha et al. (2019) found that disruptive parenting in early adolescence predicted romantic partner coercion 15 years later. Importantly, parental stress was found by Roberts et al. (2013) to partially mediate the effects of exposure to family violence; children who were exposed to family violence and had parents with higher levels of stress were more likely to report worse mental health functioning than those reporting lower levels of parenting stress. As such, Roberts et al. (2013) promote supporting parents needs and building healthy parent-child relationships to improve outcomes for children exposed to family violence.

Inter-parental relations in the form of frequent arguments and harsh parenting were also predictive of sibling aggression, and children can be at risk of adopting this model of socialization and directing it towards other social relationships (Dantchev & Wolke, 2019). Dantchev & Wolke (2019) explored sibling bullying and its adverse effects on mental health into early adulthood and found that children who were victimized by their siblings at five years were more likely to be bullied by peers at 12 years. Structural family characteristics such as being the first born, having older brothers, families with more children and older males were the strongest predictors of sibling bullying. The researchers attribute bullying perpetration to the child's loss of resources with the birth of new family member (Dantchev & Wolke, 2019). These findings highlight the opportunity for practitioners to provide education with parents on resource losses for firstborns and for managing and improving sibling

relationships to reduce aggression and bullying in families (Dantchev & Wolke, 2019).

Family conflict and breakdown has been found to leave a young person vulnerable socially to befriend peers who take part in anti-social behaviour, peer drug use and criminal activities (Heerde et al. 2021). Exposure to these activities and peer group at age 15 years mediated the association between family conflict at age 13 and homelessness by 25 years of age, demonstrating that family conflict and breakdown can create a pathway towards homelessness by young adulthood (Heerde et al. 2021). Joly & Connolly (2019) found that street-involved youth had difficulty integrating the positive and negative aspects of their relationships and reported that the stress of street life and many negative experiences within their romantic relationship undermined young people's resilience. Interventions that build healthy relationships between family members from early on in adolescence and at key developmental periods are considered an important part of youth homelessness prevention strategies (Heerde et al. 2021). Understanding the role of relationships within the wider family environment can help further understanding into the impact of relationship conflict and support practitioners in identifying families who can be at risk.

These international findings are pertinent in the social context of NI, wherein homelessness is a serious issue. In 2018, The NI Housing Statistics revealed that 18,180 households presented as homeless to the housing executive, which equates to about 55,000 individuals. The true extent is unknown and is estimated to be between 75,000 to 136,000 (The Homeless Monitor, 2016). The Simon Community (2022) recently reported the primary underlying reasons as related to unsuitable housing (23.1%) and family breakdown (20.6%). Other factors including loss of rented accommodation (14.7%), marital/relationship breakdown (9.8%), neighbourhood harassment (8.2%) and no accommodation in Northern Ireland (7.7%). The role of relationships is evident as an underlying factor in homelessness and thus promoting healthy relationships key to homelessness interventions.

Sub-theme 3: Family separation

Relationships within the family can become disrupted for many reasons, including parental separation or divorce, imprisonment, or the removal of children from parental care by government services due to maltreatment. A study from Malaysia has identified that parental divorce can be experienced as traumatic for many children and that the consequences can have negative impacts on the emotional development and disrupt living arrangements (Sumari et al. 2020). While the divorce process was found to strain the parent-child relationship, time and professional counselling helped adolescents adapt and accept divorce, a process that was made easier when divorced parents shared a positive co-parenting relationship (Sumari et al. 2020). Other research suggests that maintaining the emotional bonds with grandparents during divorce was important (Schutter et al. 1997) and that siblings can support each other when faced with the threat of family breakdown (Dantchev &

Wolke, 2019). Findings from USA report that violence and male-partner alcohol related problems puts families at more at risk for separation (Ramisetty-Miklet et al. 2005) and a scoping review by Burcher et al. (2021) reports evidence that fathers play an important role in promoting family wellbeing, and that family home visiting could be an effective intervention for improving fathering.

Imprisonment can have a significant impact on individuals, with far reaching consequences for their family relationships (Goodey et al. 2019). Families and incarcerated individuals need support during and after imprisonment, specifically regarding improving, maintaining or rebuilding healthy relationships with children (Dill et al. 2016; Goodey et al. 2019). This extends to supporting them with economic resources and developing social relationships with like like-minded peers (Dill et al. 2016). McLanahan & Beck, (2010) have identified a number of predictors of low parental relationship quality and relationships stability in a largescale study on 'fragile families' as associated with economic resources.

A report by the Department of Health 'children social care statistics for Northern Ireland 2020/21' states that there were 32,070 children referred to social services with 2298 children listed on the Action register predominantly due to neglect and physical abuse. 3530 children and young people in care, the highest number recorded since the introduction care orders in 1995. Children experience trauma when removed from their family environment and placed in alternative care. Qualitative research from the USA indicates that the focus of support should be on helping children to achieve relational permanency over legal permanency (Ball et al. 2021). Ball et al. (2021) also recommends that foster care programmes models are built on concepts of *normalcy*, which means young people can build strong relationships with individuals in their social network, engage in age-appropriate activities with peers, extracurricular activities, and work experience, which supports development and practice of agency. Findings show that young people who experienced genuine support and connection while growing up in foster or adoptive homes also described being emotionally connected and experiencing more meaningful, stable and supportive relationships in adulthood (Ball et al. 2021). Boel-Studt and Landsman (2017) in research with children who have severe and pervasive mental health challenges and who are also in care, promote the salience of strengthening emotional connections with family and supports followed by planning for physical permanency, which avoids traumatic and repeated cycles of care placements.

Sub-theme 4: Transgenerational trauma

It is becoming increasingly acknowledged that parents can transmit the effects of trauma exposure to their children and that this transgenerational effect has been reported in research from Northern Ireland in relation to the legacy of the troubles (Downes et al. 2013). In research with mothers, Downes et. al (2013) found approaches to coping that included avoidance or silence about experiences of trauma contributed to intergenerational transmission of trauma and that this can be

witnessed in the mental health of the next generation. The intergenerational nature of attachment can cause lasting impact of trauma into adulthood as well as the parenting of the next generation (Allen et al. 2003). Experiences of trauma can impact parenting, which can result in insecure attachments or authoritarian parenting styles (Downes et al. 2013). Experiences of losing family members during the Troubles could result in children taking on parenting roles, overprotectiveness, and increased exposure to ACE, particularly neglect and child abuse. Over the last decade NI has reported high suicide rates, with some years representing the highest across the UK (NISRA, 2022).

Theme one summary:

This first theme provides findings from research on the important role of the caregiver-child attachment throughout the early life, childhood, and adolescence of an individual. Attachment security and the quality of the relationship with a caregiver has a lasting impact on mental health, future relationships, and future parenting. Conflict in the family home in the form of sibling bullying or the exposure to inter-parental violence puts young people at risk for involvement in intimate partner violence and homelessness during adolescence and adulthood. Family separation can occur because of parental divorce, imprisonment, or alternative care arrangements due to child maltreatment. Research consistently demonstrates the significant role of promoting healthy relationships in mitigating the negative impacts and supporting positive outcomes for young people and their families. There is a gap in the literature regarding supporting healthy relationships for family carers, young and old.

Theme two: The social and community environment

Sub-theme 1: Peers and social networks

Social needs can be considered fundamental human needs (Bruggencate et al. 2018). The role of positive and high-quality friendships is well documented as important for mental health and for young people's academic achievement (Cowie and Colliety, 2016; Mitchell et al. 2011; Bamaca-Colbert et al. 2017). Friends can share commonalities with other types of psychological help (Mitchell et al. 2011) supporting friends experiencing parental divorce (Sumari et al. 2020), or those with disability who are transitioning to university (Naude et al. 2022). Friendships can also cause challenges for individuals, specifically with establishing empathetic relationships, managing boundaries and endings. Rothman et al. (2022) has found that peer relationships can be more difficult to establish and maintain for young people on the autism spectrum (ASC) and due to previous negative experiences, anxiety can interfere with the making of new friends, learning about safety and communicating boundaries in relationships. Similar findings from the UK by Pearson

et al. (2022) report that adults with ASC can find it difficult to recognize abusive behaviour and can experience victimization from a range of close others, emphasising the need to provide relational support and healthy relationship education to people with ASC (Rothman et al. 2022; Pearson et al. 2022).

Research with older people indicates that their social needs are diverse and emphasises the importance of active involvement and social opportunities (Bruggencate et al. 2018). Research from Ireland with people over 65 years found that they can suffer from loneliness, due to increasing age, marital status changes, income, health, contacts with friends and family and residence (Drennan et al. 2008). Loneliness has been associated with decreased cognitive function in older people in a systematic review by Boss, Kang & Branson (2015). In addition, research suggests associations between elderly mistreatment followed by loneliness and poorly perceived social support contribute to later life suicide ideation (Chang, Chan & Yip, 2018). Depner et al. (1988) found that older people receive less social support for their emotional health in the absence of sibling relationships, although women tend to have better social supports than men within their friendships (Depner et al. 1988).

Social networks and friendships have an important mediating role for individuals who are experiencing imprisonment (Goodey et al. 2019). Anumba et al. (2012) reports that for women with a history of criminal offences, stress and mental health problems were described as risk factors for engaging with criminal behaviour and that it was often through social relationships that women were exposed to criminal victimization and activities. Relationship education can support the knowledge and skills needed for maintaining healthy relationships (Goodey et al. 2019), increasing social resources and establishing friends not engaged with criminal activity, who can act as buffers against life stressors (Anumba et al. (2012). In research with adult women experiencing homelessness, Groton et al. (2019) also reports findings which suggest that social networks can support or complicate issues that lead to homelessness; abuse or conflict in relationships and substance use are usually on pathways to homelessness. Groton et al. (2019) describes health relationship education combined with effective service delivery as an effective strategy for supporting women to obtain secure housing and improve well-being.

Sub-theme 2: Prosocial behaviour and bullying

There is strong evidence that how children and adolescents behave towards others in their social networks has roots in the parent-child relationship as parents can play an important role in promoting pro-social behaviours (Robl et al. 2012; Blume et al. 2022; Yao & Enright, 2022). Yao and Enright (2022) link prosocial behaviour with higher levels of maternal sensitivity and positive family emotional expressiveness and Robl et al. (2012) found that supporting the parent-child relationship, communication and healthy relationship modelling can reduce the occurrence of problematic social behaviour in 6-17-year-old children. A small study from Iran (Arefi et al. 2018) found that adolescents exhibited more verbal aggressive behaviours towards peers when families experienced separation or divorce, a lack of parental

presence in the family or in families with a large number of children or poor-quality relationships. Parental attitude is an important factor for whether adolescents establish healthy or unhealthy relationships and whether they develop a tendency for violence (Park et al. 2021). Democratic parental attitudes can decrease violent propensities whereas protective and authoritarian attitudes can increase this tendency (Kulacki-Altintas and Ayaz-Alkaya, 2019).

Abusive family environments can result in young people normalizing such behaviour and this impact can generally be witnessed in the social sphere in the form of increased aggression towards peers (Arefi et al. 2018) and increased bullying perpetration or victimization (Cowie & Colliety, 2016; Dantchev & Wokle, 2019; Park et al. 2021). Adolescents who were exposed to high levels of abusive parenting during childhood were more vulnerable to both bullying perpetration and victimization than those who had experienced lower levels (Park et al. 2021). In a literature review on research with individuals who bully, Cowie & Colliety (2016) describe perpetration as resulting from an individual's lack of success at integrating into their peer community or who have not developed positive peer interaction skills and thus develop similarly aggressive peer groups who can encourage and use fear and power as ways of relating to others. It is important to provide relational interventions alongside self-esteem development as individuals who bully are likely to use this strategy of gaining social power in other contexts.

Sub-theme 3: The role of school

Children and adolescents spend a significant amount of time in school and a literature review on the role of early childhood education (ECE) and children's well-being by Penney et al. (2019) describes how quality ECE has been previously correlated with better academic, behavioural, and developmental outcomes. Children's early relationships with ECE educators are important in their social-emotional development and thus curriculums need to include explicit social-emotional learning outcomes, delivered by highly educated professionals (Penney et al. 2019). Research by Bouchard & Smith (2017) looking conceptually at the social-ecological domain of schooling also reports that the teacher-student relationship is critical for a child's academic, behavioural, and social development. Teachers' own social emotional skills and competencies impact their students and a positive student-teacher relationship can extend into multiple domains of functioning, including healthy peer relationships and the critical role in both preventing and in intervening in bullying (Bouchard & Smith 2017). In addition, Lind et al. (2013) found that supportive healthy relationships across the school environment can nurture young people's self-esteem and support participation in school decision-making, which can have long lasting positive effects in other domains.

School has been found as an important context for the provision of relationship and sexuality education, which can support positive values and counter negative modelling from family, peers or the wider community (Amo-Adjei, 2022). This type of education can support the establishment of empathy, respect, conflict resolution,

socio-emotional skills, safer-sex practices and the prevention of IPV, sexual or gender-based violence (Exner-Cortens et al. 2021; Amo-Adjei, 2022; Adhia et al. 2022; Casey et al. 2022; DiBianca & Mahalik, 2022). In an RCT from Canada by Exner-Cortens et al. (2020) researchers effectively demonstrated the role of relationship education in improving mental health, reducing substance misuse, and reducing bullying victimization and perpetration.

Sub-theme 4: The community ecosystem

Using ecological systems theory by Bronfenbrenner (1986), Yao & Enright (2022) report that children and adolescents from lower socio-economic backgrounds tend to have more difficult psychosocial adjustments as across ecological domains as they encounter increased risk factors, such as economic stress, chaotic home environments and violence in their communities. It is also well established that exposure to adverse childhood experiences (ACE) is associated with poor physical and mental health in adulthood however recent research has explored the role of advantageous childhood experiences (counter-ACE) which have the potential to mitigate some of the negative outcomes of adversity (Crandall et al. 2021a). Crandall et al. (2021a) provide findings that indicate family, school and community connection during important developmental periods of childhood and adolescence is associated with improved mental health and well-being. Positive relationships with the self and others across family and community ecological domains might have better outcomes for health than focusing on a singular domain. Importantly, Crandall et al. (2021a) reports that these findings are consistent across different communities of different income levels. Ecological systems approaches are critical for children who are in the alternative care system, as much research indicates that the importance of forming deeper social connections in the wider community and education as well as with employment support (Boel-Studt and Landsman 2017; Ball et al. 2021; Cudjoe et al. 2022). The use of alcohol and other drugs is a very important social and public health issue with significant costs both financially and societally and research from Australia (Cuesta-Briand et al. 2022) also demonstrates the importance of an ecosystem approach to address the social and cultural environment as well as the physical and socioeconomic environment that can be determinants of substance and alcohol use.

Theme two summary:

This theme demonstrates that there is an important link between the family environment and a child's social behaviour. Peers and social networks are recognized as providing important resources and challenges for people, and these relationships can have critical outcomes for young people with autism spectrum condition, those who have experience of imprisonment and individuals with addiction or substance use issues. School has been identified as an important domain in

which to both model healthy relationships and provide important comprehensive relationships and sexuality education (RSE). Importantly, the overall role of an individual's relationships across their ecological system is becoming increasingly recognized as an evidential approach to interventions on many social and health issues.

Theme three: Intimate relationships

Sub-theme 1: Relationship satisfaction

The topic of relationship satisfaction is very important for healthy relationships and research has identified sensitive points in a couple's relationships and family lifecycles, for example transition to parenthood (Mitnick et al. 2009), parenting during early childhood or teenage years (Abreu-Afonso et al. 2022) parenting children with autism spectrum condition (Brown et al. 2020) or special needs (Perlowski et al. 2021). These situations are not universally stressful for all couples but tend to be more challenging when a couple struggle with communication and relationship dissatisfaction (Abreu-Afonso et al. 2022) or have limited resources or support (Mitnick et al. 2009) and can contribute to lower quality of life and family separation or divorce decisions (Mitnick et al. 2009; Abreu-Afonso et al. 2022). Accordingly, positive, and constructive communication between partners alongside emotional expressiveness has been identified as strong indicators and predictors of relationship satisfaction (Abreu-Afonso et al. 2022). Mitnick et al. (2009) in a meta-analysis highlighted how individuals with insecure attachments or psychological disorders can also struggle with the transition to parenthood. Supporting couples to attend prenatal classes together (Mitnick et al. 2009), or to improve communication and support each other can strengthen the couple relationship and increase the resources (Brown et al. 2020). For parents with children with special needs, relationship satisfaction is improved when there is less pressure on the relationship by provision of flexible employment, which also improves the well-being of children with special needs (Perlowski et al. 2021). For adults with serious mental health illness, research reports the importance of supporting them to build healthy relationships as part of their mental health care, as this demographic can struggle to maintain healthy relationships and can require support with communication skills, especially when individuals are in supportive housing programs (Forenza et al. 2017). Older people can experience different types of loneliness with romantic loneliness being more prevalent, indicating the importance of the role of romantic relationships throughout the lifespan (Drennan et al. 2008).

Couples can also face challenges emanating from the wider ecosystem that directly impact their relationship. Research with same-sex or LGBT couples has found that these couples face distinct challenges that can affect relationship satisfaction specifically regarding coming out, internalized homophobia, stigma, pervasive negative social attitudes, and discrimination (Frost et al. 2009; Lee & Guterman, 2013; Barden et al. 2021). Same sex-couples can need professional relationship

support that supports the development and maintenance of their relationships, as well as well-being. In a conceptual framework by Pietromonaco and Overall (2021), their application of relationship science to how COVID-19 has affected couples finds that COVID-19 related external stress was likely to increase harmful dyadic processes, which undermines the couple's relationship quality. COVID-19 was found to exacerbate the broader pre-existing context of couple's relationships with regard to social class, minority status, age, and their individual vulnerabilities such as their insecure attachment style or depression (Pietromonaco and Overall, 2021).

Sub-theme 2: Intimate partner violence

Rueda et al. (2014) suggests that romantic relationships should be considered as a meaningful and unique micro-system influence. It is developmentally normative for young people to begin dating during adolescence however this also increases risk for negative health outcomes, particularly IPV (Rueda et al. 2014; Xia et al. 2018). As it is established that anxious or avoidant attachment style, inter-parental violence, and childhood abuse (Emanuel et al. 2022) are risk factors for later IPV during adolescence and adulthood, some research suggests that IPV can be the result of not having enough skills to manage conflict. However, Murphy et al. (2020) has identified that being female is the single largest risk factor for IPV victimisation. Data shows that higher quality relationships reduce incidences of IPV and as young adults develop higher quality relationships they can move away from experiences of IPV (Johnson et al. 2015). Research also suggests variability in IPV experiences and that for some it is not a consistent experience although a prevalent one (Johnson et al. 2015). Other research suggests that even in instances where individuals can make changes in their personal relationships, abusive and disrespectful attitudes can still be pervasive in their wider social environment (Ball et al. 2009). Cultural attitudes towards dating can have an impact on how families communicate and solve relationship problems and manage stigma related to IPV (Ragavan et al. 2021). Supporting well-being after intimate partner violence has been identified as an important strategy by Renner et al. (2020). In NI, the PSNI recorded 31,196 domestic abuse incidents in 2021/21, with 69 per cent of victims being female, 31 per cent male, and 66 percent aged between 15 and 49 years. Victimisation in the under 15 years category and over 50 has increased compared to previous years. The issue of intimate partner violence in NI is one of great importance.

Some research indicates there are important distinctions in IPV abuse type, in the behaviour between men and women, which may be caused by traditional gender roles (Taylor et al. 2022). In research with Latino youth, Haglund et al. (2020) reports that pressure to display masculinity can lead some young men to engage in IPV despite their personal knowledge or belief that these behaviours are wrong. A study by Maxwell et al. (2020) with young men identifying as involuntarily celibate reports that the desire for social connection can result in the use of online platforms facilitated by peer groups who can foster maladaptive beliefs that increase feelings of isolation, support the objectification of women and sometimes violence (Maxwell

et al. 2020). Research from Spain also reports that coercive dominant discourse can exist in male peer groups and how this is connected to gender-based violence but also highlights the opportunity for transformation through friendships (Racionero-Plaz et al. 2021).

Research has identified specific populations as having increased vulnerability to IPV involvement throughout the life-course such as those involved in foster care (Astin and Smith, 2021) young people diagnosed with ASC (Rothman et al. 2022) and individuals with intellectual disability (ID) (Brown et al. 2020). Research demonstrates that individuals with ID can experience physical, emotional, financial, and sexual abuse by their intimate partners but there is no research conducted on the risk factors of adults with ID as perpetrators (Brown et al. 2020). There is a reluctance to accept that individuals with ID have need of, and are capable of engaging in intimate relationships, which without acknowledgement and subsequent RSE, puts them at risk of abuse (Bowen et al. 2019). Heifetz et al. (2020) in research from Canada with adolescents with ID and developmental disabilities (DD) also reports that romantic relationships are an important and salient part of these adolescents lives and thus RSE and open dialogue amongst parents, educators and clinicians is an important issue to ensure quality of life, safe and healthy relationships for this population.

Theme three summary:

This theme presents findings that satisfaction is an important topic, and that there are known sensitive periods in the family life cycle, for which practitioners can assess for. Supporting the improvement of communication and emotional expressiveness can reduce divorce however external factors from wider society such as economic stress or stigma can negatively impact couples' relationships, especially for those identifying as LGBTI+. IPV can be understood as a widespread societal issue that has some individual, gender-based and population-based determinants. Being female is the single largest risk factor for IPV victimisation with early exposure to IPV and childhood maltreatment putting individuals at risk for later involvement with IPV. Important strategies include supporting well-being after IPV, supporting couples with conflict management and providing young people with comprehensive RSE, especially for those with intellectual disability, autism spectrum condition, developmental disabilities, or experiences with alternative care.

Theme four: Interventions:

Sub-theme 1: Relationship and sexuality education

Eisman et al. (2019) recommends that policymakers who want to address critical public health issues effectively and efficiently can look to adapting existing evidence-

based interventions rather than developing new ones. This theme explores reports of interventions that have been evaluated or recommended.

In 2018 the World Health Organization (WHO) released an evidence-informed approach providing technical guidance on sexuality education, which conclusively stated that comprehensive sexuality education is central for young people to have safe, productive and fulfilling lives. However, in NI, RSE is not compulsory and the only part of the UK that does not have a specific strategy resulting in RSE being regarded as inefficient, inconsistent and dependent on school ethos. An expert advisory panel on a gender equality strategy, appointed by Stormont's Department for Communities (DfC) has stated that age appropriate RSE should be compulsory in schools and "inclusive of the experiences of all young people". Across the international literature base, it is established that children and young people require comprehensive sexuality education (Wilson et al. 2018), There is extensive evidence from the evaluation of relationship and sexuality education programmes that these are effective for increasing knowledge about healthy and respectful relationships, increasing communication and conflict management skills (McElwain et al. 2017; Cleary Bradley & Gottman, 2012; Antle et al. 2013; Cannon & Murray, 2019; Goodey et al. 2019; Adhia et al. 2022). Importantly, research shows that young people want relationship education (Antle et al. 2013; Gilmer et al. 2012; Cheung & Huang, 2022) and that adolescence is an ideal time for intervention as this is when young people begin dating (Miller et al. 2015; Burrus et al. 2018; Wilson 2018), an opportunity to reduce risky sexual behaviour (Clark et al. 2018) and before social norms and attitudes embed (Bradford et al. 2014). In terms of violence prevention, the evidence is substantial and consistent, the development of healthy relationships through comprehensive RSE during early adolescence is crucial in preventing IPV (Antle et al. 2013; Pepler, 2012; Tharp et al. 2012; Miller et al. 2015; Johnson et al. 2015; Wilson, 2018; Wilson et al. 2018; Eisman et al. 2019; Ha et al. 2019; Exner-Cortens et al. 2021; Rothman et al. 2022; Taylor et al. 2022), in promoting gender equity to reduce gender-based violence (Casey et al. 2022; Gomez, et al. 2011) and in the reduction of situational violence (Cleary Bradley & Gottman, 2012).

RSE also provides the opportunity to reframe internalized messages learned from parents about appropriate ways to handle conflict (Emanuel et al. 2022) and for significant and sustained change regarding IPV, Ball et al. (2009) specifically recommends taking an ecosystem approach for adolescents involving community, school system, teacher training, youth leaderships training for peer groups, and parent seminars. Inclusion of information on gender equity in RSE has been shown as important in the especially for boys and young men who can greatly benefit from improved friendship quality with same-sex friends which can contribute to individual well-being and the relationship quality with intimate partners (Exner-Cortens et al. 2021; DiBianca and Mahalik, 2022). DiBianca and Mahalik, (2022) recommend teaching boys healthy masculinities that avoid shaming vulnerability, connection, and compassion. RSE also needs to include challenging traditional problematic sexual scripts that promote gendered messages around sexual consent, sexual and relationship violence, rape myths and victim blaming for both young men and women (Weiser et al. 2022).

There is also evidence that RSE contributes to the reduction of other health outcomes such as STI's (Gerressu et al. 2009; Naidoo et al. 2014), unplanned pregnancies (Schanen et al. 2017; Hagan et al. 2012) and poor mental health (Lapshina et al. 2019). There is also evidence that RSE programs are successful with younger and older individuals from different background such as those with lower family income (Antle et al. 2013; Cleary Bradley & Gottman, 2012), and with incarcerated populations (Goodey et al. 2019). It is also critical that young people with intellectual disabilities (Bowen et al; 2019), developmental disabilities, serious mental illness (Forenza et al. 2017) and particularly those with ASC (Pearson et al. 2022; Rothman et al. 2022) have targeted RSE programs which are critical for their well-being, quality of life and protection from violence.

Regarding RSE curriculum, specific education that supports LGBTI individuals in developing and maintaining their intimate relationships is essential for individual well-being, relationship development and maintenance, safe-sex practices, and in supporting them with the management of wider societal stigmatized attitudes (Gowen et al. 2014; Li et al. 2013; Barden et al. 2021; Whitton et al. 2021). Findings from an RCT on the effects of relationship education for same sex couples recommends that programs include information and relevant examples of different types of relationships including LGBTI (Barden et al. 2021) and that they are provided with resources for skill-building, dyadic coping, emotional regulation and support with the unique stressors or relationships challenges. Exclusion of LGBTI content can have negative effects for LGBTI youth around safer sex practices, IPV, pathologizing LGBTI persons and creating unsafe school environments (Gowen et al. 2014; Whitton et al. 2022).

RSE curriculum can also include information on the role of technology in perpetration of violence in dating relationships (Adhia et al. 2022). The results of a cluster randomized trial of healthy relationships education to sexual risk reduction by Coyle et al. (2019) in the US suggest that taking a healthy relationship approach to addressing sexual risk shows promise. Specifically, Coyle et al. (2019) suggest that for younger adolescents, healthy relationship education programming and messages needs to be refined to optimise the intervention effects. In addition, they suggest testing a developmentally staged approach, that promotes positive friendships in younger grades and introduces romantic relationships in middle and high school years. Research has shown there are also opportunities for peer led learning and mentoring in relationship education in increasing social connections (Ball et al. 2009; Crooks et al. 2021). Codesign and evaluation are important to ensure programmes are relevant and working (Benham-Clarke et al. 2022) and there is also evidence that emphasizes the need for RSE to have cultural relevance when implemented with specific demographics (Crooks et al. 2017; Exner-Cortens et al. 2021). It is recommended that those delivering RSE programs in educational settings recognize the importance of diverse experiences or youths living in minority communities provided with RSE for a majority culture (Rueda et al. 2014).

Sub-theme 2: Couples Interventions

Aside from traditional couples therapy, Markman et al. (2020) has found substantial evidence for the effectiveness of couple's relationship education (CRE) in helping couples achieve relationship success. They note that programmes are reaching more diverse and disadvantaged target populations which are having positive intervention effects beyond relationship quality that includes physical and mental health, co-parenting, and child well-being. CRE can be effective when delivered online as well as increasing access to programmes for individuals as well as couples. Cannon & Murray (2019) state it is important to recognize that people have unique needs and can prefer different methods for counselling, such as face to face or online. Online counselling can reduce barriers and support individuals to engage in programmes and services at more convenient times, but it is also crucial to implement face to face programming options if people want them as well (Cannon & Murray, 2019). Markman et al. (2020) recommend family therapists collaborate with community agencies to adapt established evidence-based relationships programmes and tools to broaden service delivery to at-risk individuals.

Frost (2009) recommended when working with LGBT clients who struggle with internalized homophobia that counsellors should focus on supporting the development of positive self-regard, depressive symptoms, and support them to develop healthy social support networks and intimate relationships. Pietromanco & Overall (2021) advise that policymakers need to address external factors for couples impacted by COVID-19, especially for those at risk of chronic stress through economic support, childcare, and healthcare, and ensure access to healthcare for concerns such as depression or anxiety. For practitioners, Pietromanco & Overall (2021) also advise that practitioners provide support and guidance on resources such as job training, education, or health care as well as specific pandemic-related assistance to low-income couples. Couples may not benefit from relationship-focused interventions without the wider context being addressed and Crandall et al. (2021b) also advise the need for health care and public health systems to consider family health resources to reduce the negative mental health effects of COVID-19. These findings are similar for parents supporting young people with ASC (Brown et al. 2020) or special needs, who need support with stress management which can be in part caused by external factors.

Sub-theme 3: Family violence and IPV

The connection between IPV exposure during childhood and later involvement with IPV during adolescence demonstrates the critical need for assessment and intervention with IPV-exposed children to mitigate later social emotional and behavioural problems (Cheung & Huang, 2022; Murphy et al. 2020). It is recommended that targeted interventions for individuals exposed to IPV should focus on the provision of emotional support and coping mechanisms, bolstering existing strength and resilience, healthy relationship programmes and leveraging existing supports are recommended (Shields et al. 2020; Cheung & Huang, 2022). Renner et al. (2020) also recommends mental health community-based programs focus on communication, awareness, understanding, solidarity, and strength as a specific strategy skill and to strengthen the parent-child relationship, which can have more

positive outcomes for survivors of IPV. When young people are involved in IPV, Emanuels et al. (2022) recommend that professionals can engage whole family approaches to address the family environment and its impact which can support parental growth, raise awareness of risk factors from parenting practices and model healthy relationships. Fogarty et al. (2019) also reports that parenting strategies such as role modelling stable and consistent parenting and talking to children about healthy relationships can promote resilience for children who are directly exposed to IPV. With regard to one-to-one support, professionals can support adolescents to develop their relational models and expectations for future relationships (Emanuels et al. 2022). In addition, Shields et al. (2020) highlights the impact of the cumulative effect that multiple forms of trauma can have on an individual. There is some evidence that psychoeducational group-based interventions focusing on skills training with low-income violent couples has been important in reducing violence and conflict in relationships (Cleary Bradley & Gottman, 2012). Hayward et al. (2018) recommends interventions aimed at fathers to boost protective factors that support social integration while addressing risk factors particularly negative attitudes towards women and substance abuse. Focusing on fatherhood may be a constructive way to engage men more fully in family violence prevention messaging and education.

Sub-theme 4: Parenting programmes and interventions

A common approach for promoting healthy relationships is the provision of parenting interventions and there is evidence that parenting programmes that address healthy parent-child relationships (Chung et al. 2021; Li et al. 2016) and that strengthen the inter-parental couple's relationship (Casey et al. 2017) have efficacy and important outcomes for children's mental health. A UK trial of a US version of a parenting intervention program for couples at-risk or from low-income families reported improvement on almost every index of family functioning assessed, findings which were consistent with three RCTs of this program in the USA (Casey et al. 2017). This intervention addresses family wide issues, couple's relationship, parenting, and the psychological wellbeing of parents and children has found promising results (Casey et al. 2017). Other evidence from an RCT of high-risk urban dwelling parents found that improvements in parental depression and social isolation can reduce the risk factors for child maltreatment (Silovsky et al. 2022). To prevent maltreatment, Silovsky et al. (2022) recommends community-based home visiting programmes as part of a comprehensive early childhood system that reaches families as early as possible with the needed services that can accommodate children with special needs, respect the culture of the family and ensures a continuity of care from prenatal life to school entrance. Similarly, Burcher et al. (2021) recommend early childhood family home visiting (FHV) as an evidence-based intervention for including fathers and promote healthy child development, preventing child abuse and neglect, and providing support and education to parents. For families experiencing homelessness or at high risk, Swick et al. (2008) recommends that the parent-child relationship is supported as this is essential to health development and learning in children. Interventions can promote the parent-child relationship through social and recreational activities, on top of the provision of high-quality preschool childcare centred within the shelter system.

Supporting the parent-child relationship during adolescence can be important for young people's development, independent decision making and transition to young adulthood (Erden et al. 2015). Bourdeau et al. (2021) describe the efficacy of an RCT in the US of a web-based intervention for facilitating parent-adolescent communication about relationships and sexuality, which showed promising impact on in the long term for increasing parental adolescent sexual communication and providing skills and capacity to handle relationship demands of adolescent children. Another study of a parent-based intervention for adolescents with depression by Reigstad et al. (2022) reports that a parental stress reduction, improved the parent-child relationship and adolescents reported reductions in depression.

Sub-theme 5: Interventions with young people

When working with young people there is evidence that attachment-based treatments (ABT) with adolescents are effective at supporting and improving caregiver-adolescent attachment, which can have positive effects on young people's well-being and family life (Kobak and Kerig, 2015). Another approach recommended by Vysniauskyte-Rimkiene and Matuleviciute (2016) uses creative group work in the form of activities and games, to support the establishment of trusting and healthy relationships within themselves and with their peers. This approach can support identity development, strengthen social skills and provide a sense of achievement and community. Clark et al. (2018) also recommends allowing adolescents opportunity to practice communication skills through role play. When working with young people who bully, Cowie & Colliety (2016) states there is strong evidence that working therapeutically using evidence-based approaches that focus on managing mental health, relationships and self-esteem can cause positive changes to behaviour and cognition. Sumari et al. (2020) found evidence that young experiencing parental divorce who accessed professional counselling had better outcomes than those who did not and thus recommends school counselling services for ease of access. In addition, Sumari et al. (2020) also recommend the use of smartphone and social media to ensure that adolescents can maintain their relationships with their parents irrespective of distance.

Young people in care represent a demographic that are vulnerable to multitude of health, social and economic risks, and there is evidence that relationship-focused interventions are critical for children in adoptive and foster care placements, in the form of wrap around treatment (Ruff & Baron, 2012; Vaughan et al. 2016). Training foster parents, kinship providers and adoptive parents to develop skills to support older youth with trauma, loss, and grief is advisable as is the use of multi-faceted support programs that include judges, court managers, social workers, therapists, and mentors to build a network of support that lasts beyond exit from care (Ball et al. 2021). Interventions that emphasise healthy relationships to promote smooth transitions from care to young adulthood and the completion of higher education which increases the likelihood of stable employment (Nho et al. 2017). Strengthening relational connections can increase well-being and physical permanency for young

people in care and might be a more efficient and effective investment of resources producing longer term benefits (Boel-Studt & Landsman, 2017). In addition, Boel-Studt & Landsman (2017) recommend obtaining relational permanency as the new benchmark of a successful case outcome in care systems over legal permanency.

Sub-theme 6: Substance use and imprisonment

The role of relationships is becoming increasingly understood in addiction and Knight et al. (2001) reports that relationship-centred treatment for women in residential substance abuse treatment as effective. Espinet et al. (2016) in an RCT from Canada found that improvements in relationship capacity predicted addiction severity with at-risk mothers, and outperformed interventions for abstinence, self-efficacy, social support, and mental health. This research recommended that support services ensure that they meet the individual, relationship, and parenting needs of mothers with substance use (Espinete et al. 2016). Clark et al. (2018) also highlights the critical role of relationships and drug use and recommended that RSE include information on how a person's partner can influence drug use as well as the risks associated with drug use and unsafe sex (Clark et al. 2018). Research from Australia with alcohol and other drug users (Cuesta-Briand et al. 2022) recommends an ecosystem approach as critical for intervention, with access to health, community and welfare services which can include peer-led support programs, cross-sector collaboration and that operates at the community level.

Regarding individuals who have been incarcerated, Pettus-Davis et al. (2019) states that there is a trauma treatment gap among men and recommends addressing their needs and wellbeing, which can contribute to improving public safety, community health and reducing recidivism. Walker et al. (2011) also found that women who have experienced incarceration and have a history of substance use also have issues with trauma, depression, and self-esteem. This research recommends the development of gender specific family reunification efforts such as community-based family programming and access to couples therapy that can facilitate the development of healthy and safe partnerships both during and after incarceration (Walker et al. 2011). Lopez and Burt (2013) also recommend early intervention for children with parents who are incarcerated through the use of creative strategies in appropriate counselling groups as they represent an increasingly vulnerable population.

Theme four summary:

This theme describes the range of interventions and recommendations from the evidence base that can support the development and maintenance of healthy relationships. There is a critical need to provide comprehensive RSE to adolescents and other vulnerable populations to tackle important issues such as sexual health, IPV and bullying. Relationship education is also important for couples, as is ensuring

that they have access to parenting interventions that can strengthen the inter-parental relationship, child-parent relationships, and family relationships, which can improve family functioning and mental health outcomes for children and adolescents. Young people can have different needs for interventions, and it is important to use evidence-based approaches including creative approaches. Relational interventions have demonstrated efficacy in supporting people with substance use issues and imprisonment.

Findings and discussion summary

This review presents the findings of research across four themes, which reflect the key systems in an individual's life, including: firstly their early life, family environment and attachment with their caregivers; secondly their relationships outside of the home in their community; thirdly their intimate relationships that begin during adolescence that can result in marriage and children; and finally, what the evidence base has found regarding interventions for healthy relationships for individuals and families across the lifespan. Further analysis of these themes provides a map for recommendation that can be a useful guide on how to support individuals and families with developing and maintaining healthy relationships.

Literature review recommendations

Based on the findings from this extensive literature review, this research has identified 16 key recommendations (**Figure 7**), which will be evaluated in part two of this study by counsellors and commissioners.

Figure 7: Overview of key recommendations

1. Support pregnancy and transition to parenthood
2. Support for parents with young children and teenagers
3. Support parent-adolescent attachment
4. Support for families experiencing divorce or separation
5. Support for individuals and families exposed to family violence⁶.
6. Support for young people in alternative care provision
7. Interventions for young people
8. Support healthy relationships in educational settings
9. Provide comprehensive relationship and sexuality education (RSE) for all young people during adolescence
10. Provide relational support for individuals with an ID, DD, and ASD

11. Provide access to therapeutic interventions for LGBT individuals and couples
12. Provide access to therapeutic interventions for couples
13. Provide therapeutic interventions for adults who have been incarcerated
14. Provide therapeutic interventions for adults with substance use or alcohol issues
15. Support individuals and families experiencing homelessness
16. Support for older people

Details of the recommendations and proposed actions and outcomes are available in **Table 4**.

Table 4: Recommendations from literature review

Recommendations:	Actions:	Outcomes:
1. Support during pregnancy and transition to parenthood	<ol style="list-style-type: none"> a. Provide ante-natal classes b. Provide post-natal classes c. Access to individual therapy d. Assess for IPV at ante- and post-natal appointments 	<ul style="list-style-type: none"> • Supports maternal-foetal attachment • Increased parental emotional regulation • Improved parental-infant attachment • Improved inter-parental relationship • Earlier opportunity for intervention for child maltreatment, attachment issues, parental stress
2. Support for parents with young children and teenagers	<ol style="list-style-type: none"> a. Assess for maltreatment b. Assess for parental mental health or attachment issues c. Support with transition to parenthood d. Support with parenting young children and teenagers e. Provide parenting programmes to address stress reduction f. Education for parents that facilitates parent communication skills g. Support with the inter-parental relationship 	<ul style="list-style-type: none"> • Improved inter-parental relationship • Less divorce and family separation • Less parental stress • Reduced adolescent depression • Improved family well-being • Improved quality of life • Improved infant and children's mental health • Reduced peer bullying • Reduced family aggression, conflict, or violence

	<ul style="list-style-type: none"> h. Reduce parental depression and social isolation i. Community based home visiting programs j. Support parents with children with special needs k. Policy makers can improve and support with economic resources 	<ul style="list-style-type: none"> • Reduced sibling bullying • Promote pro-social behaviour in the community • Reduced violent attitudes
3. Support parent-adolescent attachment	<ul style="list-style-type: none"> a. Education on parenting styles b. Support parental communication and provision of RSE c. Provide separate parenting programmes d. Provide parent-adolescent attachment-based treatments e. Support parents with stress management 	<ul style="list-style-type: none"> • Improved parent-adolescent relationship • Improved family functioning • Improved parenting for next generation • Reduce parental stress • Protection from homelessness • Protection from IPV • Protection from bullying • Improved adolescent mental health • Reduced suicidality • Increase pro-social behaviour
4. Support for families experiencing divorce or separation	<ul style="list-style-type: none"> a. Support for parents to positively co-parent b. Ensure access to professional counselling in schools for children and young people c. Ensure parents and children have contact via social media d. Support father involvement in separation 	<ul style="list-style-type: none"> • Improved adaptation to new lifestyle • Ability to move forward with lives • Less psychological distress • Improved family functioning • Reduced parental stress • Improved parent-adolescent relationship • Improved adolescent mental health and well-being
5. Support for individuals and	<ul style="list-style-type: none"> a. Assess for IPV exposure in childhood and adolescents 	<ul style="list-style-type: none"> • Protection from IPV • Protection from bullying

families exposed to family violence

- b. Assess for sibling relationship quality
- c. Assess for anxious attachment
- d. Provide intervention for children who have been exposed to IPV
- e. Support the inter-parental relationship
- f. Promoting parenting strategies for consistent and stable role modelling of healthy relationships
- g. Support for the parent-child relationship
- h. Provide adolescents with individual counselling to develop relational models
- i. Whole family approach to address the family environment and its impact on adolescent involvement in IPV
- j. Provide support to address the cumulative effects of multiple forms of trauma as a result of IPV
- k. Provide psychoeducation group-based interventions focusing on skill trainings to couples experiencing violence or conflict in their relationship
- l. Engage fathers and family violence prevention messaging and education
- m. Supporting well-being after experience of IPV
- n. Support with intergenerational trauma

- Improved mental health
- Breaks the cycle of IPV and child maltreatment
- Reduced inter-parental conflict
- Improved relationships
- Improved family functioning
- Improved modelling

6. Support for young people in alternative care provision

- a. Prioritize relational permanency over legal permanency
- b. Ecosystem approach – “wrap around treatment”

- Support transition to young adulthood
- Increase likelihood of completion of higher-level education

	<ul style="list-style-type: none"> c. Training for foster parents, adoptive parents and kinship providers on trauma, loss, and grief a. Multifaceted support programmes to include professionals and wider community to build a network that lasts beyond exit from care 	<ul style="list-style-type: none"> • Employment stability • Improved well-being and mental health • Improved relationships • Improved quality of life • Protection from IPV victimisation and perpetration • Protection from homelessness • Protection from substance use
7. Interventions for young people	<ul style="list-style-type: none"> a. Support with mental health, relationships and self-esteem for people who bully b. Creative group work can support relationship development with self and peers in young people c. Provide access to school counselling 	<ul style="list-style-type: none"> • Improved self esteem • Improved social connections • Improved well-being a mental health • Reduced bullying perpetration and victimization • Improved academic achievement
8. Support healthy relationships in educational settings	<ul style="list-style-type: none"> a. Provide high-quality early childhood education (ECE) b. ECE to include social emotional learning outcomes on curriculum c. Educators trained on creating supportive and safe school environments and in managing bullying, violence, or conflict in school d. Provide seminars to caregivers on important issues e. Support youth participation in school decision making f. Develop safe and inclusive environments g. Provide school counsellors 	<ul style="list-style-type: none"> • Improving teacher's social emotional competency • Improving teachers' ability to create safe environment • Reduced bullying and victimization • Healthy school environment • Community countering of ACE • Promoting child's overall development • Improved academic achievement • Sense of belonging • Improved student mental health and well-being

9. Provide comprehensive relationship and sexuality education (RSE) for all young people during adolescence

- a. Educate about romantic relationships as part of normative adolescent development
- b. Education on healthy friendships
- c. Education on healthy relationships
- d. Education on communication and conflict management
- e. Education on safe sex
- f. Education on gender equity
- g. Education on IPV
- h. Education on drug use
- i. Education on LGBTI
- j. Supporting healthier masculinities
- k. Ecosystem approach
- l. Ensure cultural relevancy
- m. Ensure LGBTI relevancy
- n. Include information on the role of technology
- o. Co-design
- p. Evaluate programmes

- Young people have increased opportunity for safe, productive, and fulfilling lives
- Improved communication and conflict management skills
- Reduced situational violence and bullying
- Reduced victimization and protection from IPV
- Improved quality of life
- Improved mental health
- Reduced gender-based violence
- Safer environment for young LGBTI individuals
- Contribute to significant and sustained change
- Reduce problematic gendered messages around sexual consent and sexual violence
- Improved sexual, physical, and mental health outcomes
- Higher quality relationships

10. Provide relational support for individuals with an ID, DD, and AS

- a. Acknowledgement of need for intimate partners and friendships
- b. Support with developing and maintaining relationships
- c. Comprehensive RSE

- Reduced abuse in friendships
- Protection from bullying
- Reduced victimization and protection from IPV
- Improved quality of life
- Improved mental health

11. Provide therapeutic interventions for

- a. Comprehensive RSE
- b. Supporting distinct LGBT challenges

- Improved mental health
- Improved quality of life

LGBT individuals and couples

- c. Support with development and maintenance of relationships
- d. Support with well being
- e. Support with internalized homophobia
- f. Support with developing community networks

- Improved social support
- Supporting safe environments for LGBTI individuals
- Safer sex practices

12. Provide access to therapeutic interventions for couples

- a. Provide access to couple's relationship education
- b. Provide access to couple's therapy
- c. Provide individual therapy
- d. Offer different approaches (face-to-face or online)
- e. Ensure relationships support is integral part of mental health care planning for individuals with serious mental illness
- f. Policy makers can address external economic and healthcare factors that contribute to the negative impact of COVID-19

- Reduced victimization and protection from IPV
- Improved quality of life
- Improved mental health
- Improved outcomes for children
- Improved family functioning
- Improved modelling

13. Provide therapeutic interventions for adults who have been incarcerated

- a. Comprehensive RSE
- b. Individual counselling
- c. Supporting social network and friendship development
- d. Address trauma gap with men who have been imprisoned
- e. Gender specific family reunification programs
- f. Access to couple's therapy

- Improved economic outcomes
- Improved mental health and well-being
- Improve family relationships
- Improved parent-child relationships
- Reduced recidivism rates
- Improve public safety
- Improved community health

	<ul style="list-style-type: none"> g. Psychological support during and after incarceration h. Policy makers can support with economic resources i. Support for children of parents and families who are affected by incarceration using appropriate evidence-based approaches 	<ul style="list-style-type: none"> • Improved economic opportunities • Reduced substance-use issues
<p>14. Provide therapeutic interventions for adults with substance use or alcohol issues</p>	<ul style="list-style-type: none"> a. Ecosystem approach b. Provide relationship centred treatment c. Access to peer led support programs d. Provide community-based interventions e. Ensure cross-sector collaboration f. Comprehensive RSE g. Support individual, relationship, and parenting needs h. Improve relationship capacity 	<ul style="list-style-type: none"> • Reduction in addiction severity • Improved mental health and well-being • Improved outcomes for children • Improved outcomes for the community • Improved safe sex practices • Protection from homelessness
<p>15. Support individuals and families experiencing homelessness</p>	<ul style="list-style-type: none"> a. Relationship interventions combined with effective service delivery b. Supporting families experiencing homelessness in social and recreational activities c. Providing perform parents with high quality preschool childcare d. Support with substance-use issues 	<ul style="list-style-type: none"> • Improved opportunities for secure housing • Improved parent-child relationship • Improved well-being
<p>16. Support for older people</p>	<ul style="list-style-type: none"> e. Assess for loneliness, quality of social relationships and elder maltreatment f. Promote active involvement in social opportunities 	<ul style="list-style-type: none"> • Improved health • Improved cognitive function • Improved social and emotional outcomes in later life

- g. Transport in rural areas
- h. Support independence

- Reduced suicidality in older people

Literature review summary

This literature review has mapped the available evidence on the topic of how individuals and society are impacted by the quality of their interpersonal relationships across the lifespan. Using scoping review methodology, 137 articles were selected and screened for inclusion in this review. In addition, other governmental and NGO reports were selected which could provide further context and important statistics that connects the international literature with the context of Northern Ireland. Thematic analysis of the data identified four themes including 1. *Attachment and the family environment*; 2. *the social and community environment*; 3. *intimate relationships*; and 4. *Interventions*. Further analysis of the findings from this research identified 16 recommendations for evaluation in stage two of this research project, data collection with counsellors and commissioners.

Field work

Introduction

This section provides information about *Stage Two* of this research project which involved primary data collection with relevant professionals on the role of relationships in promoting wellbeing and life chances for everyone in society and the role of policy. This section begins with an overview of the methodology used, including the design, participants, recruitment and analysis. This section then presents the findings on an evaluation of the recommendations devised from the literature review (**Table 4**) with counsellors and commissioners.

Methodology

Research design

This was a qualitative research project that used online semi-structured interviews.

i. Participants, sample size & Recruitment

Participants included individuals aged over 18 years who worked professionally as a counsellor or as a commissioner in Northern Ireland. Participants were recruited in partnership with staff at Relate NI using a snowball sampling technique, a method to access specific groups of people through existing social networks (Ghaljaie, Naderifar & Goli, 2017). This helped to identify relevant professionals who met inclusion and exclusion criteria for recruitment (**Table 5**).

Table 5. Selection criteria

Inclusion	Exclusion
<ul style="list-style-type: none">• Over 18 years of age• Working as a counsellor or as a commissioner• Provide consent• Available for online interview	<ul style="list-style-type: none">• Under 18 years of age• Not providing consent

Interested participants were forwarded a participant information sheet (PIS) through an email from Relate NI and those who agreed to participate provided written and informed consent. Commissioners (n=3) and Counsellors (n=2) were recruited for interviews.

ii. Data collection tool

Data was collected using online semi-structured interviews with commissioners and counsellors as this was the most appropriate method to facilitate an in-depth discussion and obtain feedback based on their professional experiences and expertise. A semi-structured approach guided the interviews which included some core questions (**Table 6**) but allowed for the flexibility to ask further questions to explore individual experiences.

Table 6. Interview question guide

Counsellors	Commissioners
<ul style="list-style-type: none">• What is your overall impression of these findings/recommendations?• How do the findings fit in with your experience/expertise?• Is there any recommendation that you feel is missing based on your experience as a practitioner?• Is there any additional feedback you would like to give?	<ul style="list-style-type: none">• What is your overall impression of these findings/recommendations?• How do the findings fit in with your experience/expertise?• What policies do think these findings can influence?• What are they key strategic drivers in commissioning a programme?• Is there any additional feedback you would like to give?

iii. Data collection procedures

Interviews were organized on the online platform MS Teams at a time and place that was suitable for participants. The duration of data collection lasted between 30 minutes and one hour. Participants were asked about the findings and recommendations derived from the literature review and were asked to evaluate them for real world applicability and relevancy to policy and practice. All interviews were video, and audio recorded and transcribed using the online platform. All participants were thanked and debriefed.

iv. Data analysis

Audio-recordings were analysed using Braun & Clarke's (2006) thematic analysis methodology. This six-stage process involves: 1. *Familiarising yourself with your data*, 2. *Generating initial codes*, 3. *Searching for themes*, 4. *Reviewing themes*, 5. *Defining and naming themes*, and 6. *Producing the report*.

Findings and discussion

In-depth interviews were conducted with participants, which provided the research team with rich data on the topic of role of relationships in promoting wellbeing and life chances for everyone in society. Specifically, participants were asked to 1. review the preliminary recommendations and 2. provide feedback with regard to their specific area of experience or expertise regarding any identified gaps in the literature.

Evaluation of recommendations:

All participants reported that the recommendations table was relevant and comprehensive with regards to their experience and expertise. Participants described the recommendations as providing a thorough representation of the most important points across the life span with regard to relationships and the opportunities that exist for intervention.

A commissioner reflected on the recommendations as reflecting a lot of the strategy employed at policy level.

*“I can imagine the amount of policies and government departments and everything else that this [recommendations] touches, it certainly is comprehensive” –
Commissioner 3*

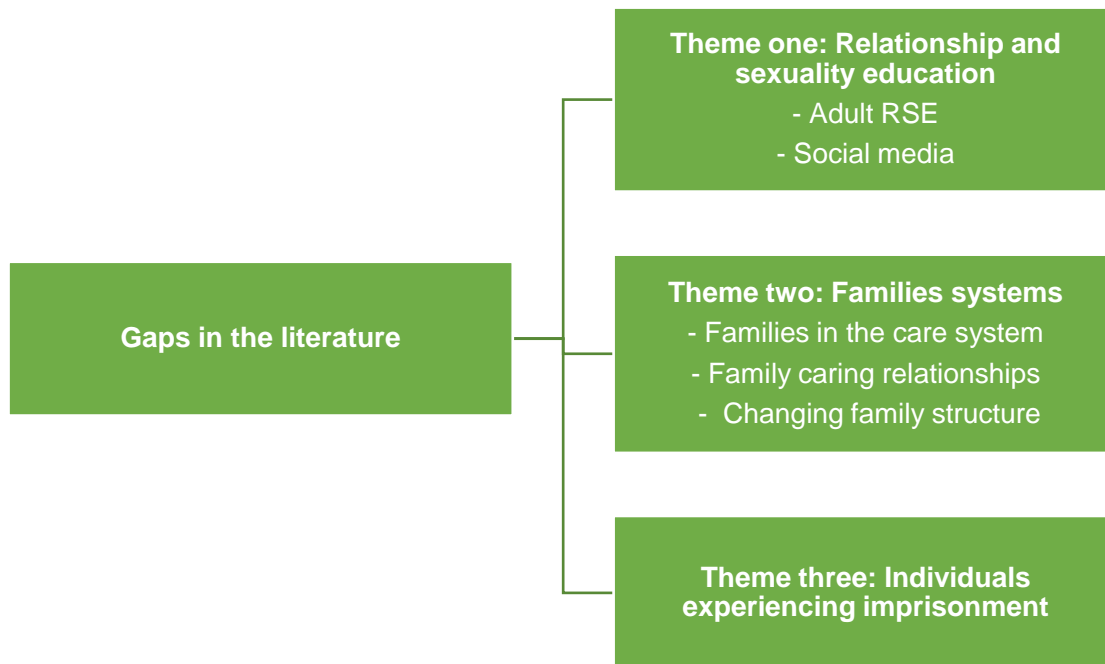
A counsellor described the recommendations as aligned with practice, simply by observing the absence of these actions in their clients' lives:

*“if it had been in place for them or available to them, or if they understood it, they probably wouldn't be sitting in front of me, if that client had this opportunity, that opportunity, this opportunity, but it would just wasn't there.” – **Counsellor 1***

Gaps in the literature review:

Participants were asked to reflect on what the recommendations had not achieved through a literature review and to provide feedback to the research team based off their expertise in practise of any additional changes or additions to the table. Three themes were identified (**Figure 8**).

Figure 8. Thematic analysis



Theme 1: Relationship education

This first theme addresses gaps related to important education opportunities connected with relationships.

Sub-theme 1: Adult relationship and sexuality education

One counsellor stated that the topic of sex can still be quite taboo in Northern Ireland and identified a gap in the recommendations regarding adult relationship and sexuality education (RSE). They reported that there is a distinct need specifically for sexual health education around STI's in the post-menopausal populations:

“they think we don't need to use contraception anymore because we're not going to get pregnant. But you don't think of sexually transmitted disease?” – Counsellor 2

Sexual education is also an important part of therapy when supporting couples with their relationships, as sexual connection in a relationship can reflect wider emotional issues in the family, ones which unaddressed can lead to relationship breakdown:

“We're sexual beings, so part of relationship counselling is that you inquire about their intimate relations... if a couple are not getting along well, they're unlikely to be having a sexual relationship.” – Counsellor 2

Amendments/additions to recommendations:

- Access to RSE for adults
- Include psychosexual therapy in couple's therapy

Sub-theme 2: Role of social media

Throughout the literature review there was no critical discussion on social media as a ubiquitous part of modern relationships, often being a primary means of communication in the modern world and one which has created new types of social relationships and ways to connect. One counsellor highlighted two important points about social media's impact on relationships, firstly, that it is a hyperspace that enables social interaction and communication, and second that it is simultaneously an embedded technology within society that people have a relationship with:

“Social media is rapidly replacing relationships, in that their having a relationship with this box, webspace” – Counsellor 1

Parents need guidance in managing this wider system and technological landscape with regard to how to teach their children (digital natives) skills for managing their relationships online:

“I didn't really see anything about how we can manage it and I don't get much of a feeling that schools are really on top of it, so it's not happening in there ... the onus is on the parents, but it's a generation that didn't grow up with social media” –

Counsellor 1

As part of formal relationship education, this counsellor recommends that young people are supported in learning about relationships in an online space as well as with keeping a balance towards IRL (in real life) relationships, to ensure strong attachments at home are maintained during adolescence:

“This generation is, maybe there might be a bit more understanding when my kids' generation becomes parents themselves.” – Counsellor 1

It was noted that parents under pressure during lockdowns relied on the internet and social media to support their parenting while they worked, and readjusting back to pre-covid screen time levels has been difficult while managing all the other demands of life on top of the impact of COVID-19 itself:

“...letting them away with it a wee bit more during lock down and stuff like that because we're all stuck in the house and it's been hard to get them off that.” –

Counsellor 1

Amendments/additions to recommendations:

- Education on parenting children and adolescents with social media
- RSE to embed the role of social media in curriculum

Theme 2: Family relationships

Sub-theme 1: Families in the care system:

The topic of alternative care provision has been widely covered within the literature base however there are some important gaps in the recommendations identified from practice. Firstly, foster parents need a lot of support in understanding the circumstances from which their foster children have come from, in order to provide a safe and comfortable environment for their foster child. Secondly, birth parents, who have had numerous children removed from their care, were often involved in the care system as children themselves and thus in the interest of meaningful intervention, more is needed to address the intergenerational cycles and attachment problems that lead to alternative care placements:

“...that's not always the first child that was taken off them and it shocks me far more when I hear the birth parents were actually in social care themselves, that it's just going to repeat itself and repeat itself and repeat itself ... because there's attachment issues straight away” – Counsellor 1

There is a distinct need for parents who have had children taken from their care to be supported with their trauma and loss, as well as any other issues that are connected to their involvement in the care system:

“when someone gets a child taken off them there is a valid reason for that, I understand that and child welfare is paramount but what happens to the parents? There's trauma, there's grief and loss - that the entire package. What support is there for them?” – Counsellor 1

Children placed in care often have need for support with attachment due to multiple experiences with trauma including initial experiences of violence, maltreatment and neglect within their family, the subsequent separation from them and the adjustment to a new foster family or repeated placements in other foster families or an eventual adoptive family:

“Some of them stay for about two years, so there's even more trauma for that child when they move on to adoption” – Counsellor 1

When a child moves to a new placement, the foster family can experience sadness and grief and require time to process the loss:

“there's a lot of damage left behind and it's not being addressed, and the families are told the best thing you can do is take another child straight away and that's not the answer.” – Counsellor 1

Supporting young people to stay connected with their immediate and wider family networks was described as critical, beneficial and achievable in most cases:

“we are trying to mobilise family networks around young people as much as possible, even when they can't go and live with the wider family that they are still connected with them” – Commissioner 2

Amendments/additions to recommendations:

- Systemic approaches to families experiencing intergenerational care placements
- Trauma and grief support to families who have had a child removed to care
- Children in care are therapeutically supported with their trauma
- Support for foster parents with grief and loss and allowing breaks between placements to process loss of foster child
- Ensure family networks are supported with contact and communication

Sub-theme 2: Family caring relationships

The second sub-topic of the second theme regarded gaps in the recommendations for the role of carers, who are typically family members and often live in multi-generational settings. The role of carer was described by a counsellor as greatly undervalued, underappreciated and misunderstood and as dynamic and responsive to different phases of illness. During the initial stages of caring, information on how to keep family members at home for as long as possible to improve their quality of life and life chances is essential:

“families are not ready to send a member to a nursing home as it can speed up the illness” – Counsellor 1

Accurate, accessible and age-appropriate information that can support with decision making needs to be available to all family members. Economic support with adjustments to the physical home needs to be timely and responsive to ensure quality life for everybody in the family and services can try and meet people where they are at as families might not have extra time to research or reach out:

“You have to go looking for it. No one is coming to you.” – Counsellor 1

Plans are needed from the outset as many conditions, such as dementia, can deteriorate and the needs of the family can change overtime. Families can need support in making decisions around when they have moved beyond their own resources:

“They’re going to be getting to the stage where they’re thinking that’s beyond our remit now ... we’re not qualified or equipped to deal with that when it gets worse...” – Counsellor 1

Suggestions for interventions include providing children and young people living in homes caring for a relative with opportunities to meet other families in similar positions:

“that they can have an hour with somebody or a group or some family going through the same thing you know” – Counsellor 1

How a family copes can be due to individual family dynamics, skills and resources and as caring for a relative can put strain on other relationships in the family, services should ensure that these families have respite to spend time together recreationally:

“I know it does restrict what they do as a family.” – Counsellor 1.

Amendments/additions to recommendations:

- Provision of accurate, accessible and age-appropriate information for carers
- Supporting people to be cared for at home for as long as possible
- Early care planning and supported decision making
- Provision of economic and physical resources
- Stage-based care plans
- Support with family relationships

Sub-theme 3: Changing family structure

There has been a decrease in multigenerational living among people in Northern Ireland which has resulted in the disruption to the natural support systems and systems of resilience that might have existed previously in families throughout human history with regard to support with caring for the elderly and child rearing:

“a lot of my clients, for example, when they become parents, they find that they're actually quite isolated as a couple.” – Counsellor 2

Parents can have more pressure to both provide economically for the family and to provide for their children in physical and emotional ways, as well as look after their own needs and their relationship:

“because energy and so on is diverted to the child, the couple relationship starts to change ... I'm amazed couples can even find the time to conceive a second child” – Counsellor 2

In particular, problems can arise as a result of the transition to parenthood and a lack of investment in women's health. This counsellor recommends more support for women after childbirth with their physical recovery and sexual health. Women can be under pressure to return to work for economic reasons, and men often do not take up parental leave as it is unpaid. Couples with young children often have less time to spend together, personal time, and the increased demands of family life can impact the parental-child relationship the couple's relationship:

“So the support network starts to break down, and I think on the stressors really start to kick in massively.” – Counsellor 2

There are opportunities for families to create some of their own solutions through community building activities. Community connections have an important impact on family mental health can be supported by wider policy:

“It's trying to encourage people not to live in isolation, that their problems are universal” – Counsellor 2

Amendments/additions to recommendations:

- Investment in women’s physical recovered and sexual health after childbirth
- Increase paid parental leave
- Increase childcare supports
- Support community family-based initiatives

Theme 3: Individuals experiencing imprisonment

This third theme describes findings that provide further insight into the experiences of individuals who are incarcerated. A counsellor with extensive experience working with imprisoned individuals discussed the critical and undervalued role of *trust* as a central part of supporting them during and after their imprisonment. This counsellor specifically advised the need for a counselling relationship to be offered to imprisoned individuals at the start of their sentence for two reasons: First, to address the reasons for imprisonment which, as also described in the literature review, are often a result of psychological problems and previous traumas. Secondly, to offer a supportive relationship as being imprisoned is a significant and disruptive life event, one which can result in high surveillance and poor-quality relationships with fellow inmates:

“The kind of relationships they have, you can see it when you're in there observing ... it's not good” – Counsellor 1

The lack of ability to find trusting relationships in prison can have a long lasting and negative impact. Being offered a trusting and therapeutic relationship with a counsellor can help establish emotional, physical and environmental trust, from which they can engage with therapy from:

“...about the fourth or fifth session, you can see them opening up will be a bit more, they begin building the trust with you because you were in the room with them. There was nobody [else] there, no cameras, no listening devices, nobody next door. We all made sure that was the way it was set up just to improve the trust” – Counsellor 1

For families of imprisoned individuals, in addition to the emotional support suggested by the literature review, there is a need for the provision of economic support:

“...apart from the emotional side of it, there's a financial aspect... There's a wage not coming under the house anymore” – Counsellor 1

Some of the issues with crime and imprisonment in NI can be multigenerational and there is a need to address this issue to improve outcomes for children and youth growing up in environments where they are exposed to criminal activities:

“...what we know and have seen more and more and more of is the intergenerational crime, you're more likely to become an offender if your dad's in prison or your mom's in prison.” – Commissioner 3

Amendments/additions to recommendations:

- Adjust recommendation title to include individuals under post-release supervision
- Incarcerated individuals have access to counselling support from the outset of sentencing
- Families of incarcerated individuals are provided with economic support
- Provide or fund programmes to address multigenerational offending

Summary of the findings

This section detailed how fieldwork was completed as part of *Stage Two* of this research project. Semi-structured interviews with counsellors (n=2) and commissioners (n=3) were conducted to review and evaluate the recommendations identified from the literature review. This section has greatly furthered understanding into the role of relationships in promoting wellbeing and life chances for everyone in society and how this can be used to influence and inform public policy. In total, 23 amendments were provided for the final recommendations list.

Key Strategic Drivers

Strategic drivers in commissioning

As part of the field work, commissioners were asked specifically: “What are they key strategic drivers in commissioning a programme?”. A thematic analysis of the findings indicated that there was not a singular process or systematic approach to commissioning:

“That’s a good question, because every department might do it in a different way ... I can’t speak for how others do things, I can only say from my own experiences how we have programmes commissioned” – Commissioner 1

However, despite individual approaches analysis showed there were many common strategic drivers involved across departments or services and that each approach used a combination of these strategic drivers. In total, eight key strategic drivers that influenced commissioning were identified, which are detailed in **Figure 10**.

Figure 10. Key strategic drivers



Other features of commissioning involve tendering and evaluation processes, and decisions that are going to benefit the overall priorities of a service. It was also found that not all drivers had the same influence of impact, which is further discussed below.

1. Consultation

Commissioners spoke about the range of stakeholders that were involved in the development of policies and programmes for commissioning. The consultation process usually consisted of some combination of voluntary groups, community groups, practitioners, service users, colleagues, managers, or leadership teams:

“They [policies] would undergo a lot of consultation in their development” – Commissioner 2

2. Evidence-based approaches:

Issues raised by stakeholders were often considered further with decisions about how to address them being informed by research:

“But we won't just take some anecdotes, we will go and look at the research, the evidence and say, look, this is what might be an appropriate service to commission” – Commissioner 3

“It's local, national, international research, basically, and then trying to identify which models or best practice support your outcomes” – Commissioner 1

All participants spoke about the importance of using established evidence-based approaches or theoretical frameworks to inform commissioning decisions. In particular, referred to Adverse Childhood Experiences (ACE) and Trauma Informed Care (TIC) approaches:

“We know how much traumatic experiences can happen, that then has an effect later on in life right through because of adverse childhood experiences” – Commissioner 3

3. Programme for government

An important strategic driver that carried significant influence on commissioning decisions was existing government policy:

“Government Policy is very influential and is the policy context for services to be commissioned” – Commissioner 2

Aligning commissioning decisions with the wider government policies was considered important in guiding practice and for ensuring cohesive approaches:

“...we don't, we try not to do things in total isolation, quite often the Department of Justice will have a strategy, let's say, on as they do violence against women and girls, so you know what we're doing ties within those strategies as well.” –

Commissioner 3

4. Emergent or unmet needs

The topic of emergent or unmet needs was also identified alongside policy as a significant strategic driver:

“...also it can be responsive to an unmet need that's coming through the Trust, they would have an influence on that as well to commission – it's the wider policy context but also unmet need, or emerging pressures from the trust as well” – **Commissioner 2**

Commissioning was described as happening in response to newly emergent needs:

“emerging needs like the influx of unaccompanied children asylum seeking has influenced development of policy very quickly as Trusts adapt to meet demand ... some of the Policy on asylum seekers can come down directly from the home office rather than within NI but some is very much a real life, what is happening, influence” – **Commissioner 2**

Some commissioners discussed how programme commissioning can be influenced by trends or changes in caseloads.

“we've noticed a trend of there's an increasing number of women on our caseload or a need for rapid response addiction services, so we can't afford for our service users to wait for six months for an appointment because in that period of time, if their addiction isn't, you know, started to be addressed, they will reoffend... so we pay for the service” – **Commissioner 3**

5. Significant or impactful events

Another strategic driver, which was less common but impactful was when a significant event happened that alerted to the need to address an important issue, amend policy or commission a programme:

“You could have research there for 20 years and suddenly it becomes a live issue, that can influence it as well, for example a series of recommendations from case management reviews (CMR) with a similar theme would inform policy development, CMR is an in-depth review of something that has gone catastrophically wrong, a multi professional multi agency group can review the documents and records of multiple agencies and come up with recommendations and that can be taken on by Trusts and may inform policy...” - **Commissioner 2**

6. Financial constraints or limitations

Commissioners spoke about an overarching strategic driver which usually had the strongest influence on commissioning decisions, and which could override other strategic drivers. Financial constraints or limitations can mean that even in instances where an unmet need is identified and a policy is in place to support the commissioning of a programme, it does not always mean that it can be commissioned due to financial constraints. This strategic driver is impactful given the context of financial austerity that has been in place in Northern Ireland for many years.

“But we also know that relationships are extremely important ... but we have to make a decision about what is the sort of ultimate priority at this point in time within very constrained budgets.” – Commissioner 3

Commissioners discussed the complexity and the difficulty in making commissioning decisions in the context of underfunding:

So that's what we do and I and that's in a sense that's why we don't fund [community group] anymore, it's not that we don't value what they do because I would love to be able to, but it's because we've had we have to make difficult choices and that's what we do” – Commissioner 3

Commissioners discussed issues that required long-term funding but as budgets were often only agreed on a year-to-year basis, the lack of a guarantee of funding impacted their decisions:

“...you can get a lot of nonrecurrent money for a couple of years where you need recurrent money to make a difference in any of these cases, and it's very hard to get that at the moment” – Commissioner 2

7. Activities in other jurisdictions

Commissioning decisions could also be influenced by European or international programmes in operation that have shown success or value:

“You know, what's the outcomes of, say, what Sweden is doing, or Scotland is doing? Who does that work?” – Commissioner 1

In the context of Northern Ireland, participants discussed looking to approaches used in other regions of the United Kingdom for guidance:

“Things happening in other jurisdictions, for example, our legislation in NI tends to follow the English and Welsh legislation” – Commissioner 2

8. Improving society

One commissioner spoke about the overall goals of programmes and the policies that influence them, and that an important driver was the improvement of society:

“More of the focus is around reducing those health inequalities and protecting them, improving their circumstances. Suppose it's to help ... health and you're in the context now the minute of COVID, hopefully post pandemic, and you've poverty and the cost-of-living crisis and all of that there.” – Commissioner 1

Relevant policies and programmes

Commissioners were also asked in relation to their area of expertise about relevant policies and programmes that drive commissioning and, subsequently their potential to be informed by the recommendations of this research. Important programmes included: *Incredible Years*; *Roots of Empathy*; *Parenting NI Programmes*; *Early Years programmes* and the *Early Intervention Support Service*. Participants provided a list of the policies most relevant to this project, which are detailed in **Figure 9**.

Figure 9. Relevant policies

- ✓ **Mental health strategy delivery plan for 2021/31 (2022)**
- ✓ **Breastfeeding - A Great Start A Strategy for Northern Ireland 2013-2023 (2013)**
- ✓ **Making Life Better (2014)**
- ✓ **Caring for people beyond tomorrow - strategic framework (2015)**
- ✓ **Infant Mental Health Framework for Northern Ireland (2016)**
- ✓ **Strategy for maternity care in Northern Ireland 2012 to 2018**
- ✓ **Stopping Domestic and Sexual Violence and Abuse in Northern Ireland (2016)**
- ✓ **A Life Deserved (2021)**
- ✓ **Children and Young People's Strategy 2020-2030**
- ✓ **Preventing Harm, Empowering Recovery - Substance Use Strategy 2021-2031 (2021)**
- ✓ **Learning Disability (2015)**
- ✓ **Learning Disabilities action plan (2014)**
- ✓ **Autism strategy and action plan (2014)**
- ✓ **Framework for older people (2014)**

Key strategic drivers summary

In summary, this research has identified eight strategic drivers that are important in programme commissioning decisions. These include local influences such as consultations, unmet or emergent needs, as well as significant or impactful events and national influences such as programme for government, evidence-based approaches, activities in other jurisdictions and financial constraints or limitations and within the overall goal of improving society. Relevant policies were identified, which can be reviewed for their relevancy to the final recommendations from the project.

Recommendations

This section details twenty recommendations based on the findings from this literature review and field work, which have been identified as potentially improving outcomes for people and public policy (Figure 11).

Figure 11: Overview of key recommendations

Key recommendations
1. Support during pregnancy and transition to parenthood
2. Support for parents with young children and teenagers
3. Support parent-adolescent attachment
4. Support for families experiencing divorce or separation
5. Support for individuals and families exposed to family violence
6. Support for young people in alternative care provision
7. Interventions for young people
8. Support healthy relationships in educational settings
9. Provide comprehensive relationship and sexuality education (RSE) for all young people during adolescence
10. Provide relational support for individuals with an ID, DD, and AS
11. Provide therapeutic interventions for LGBT individuals and couples
12. Provide access to therapeutic interventions for couples
13. Provide therapeutic interventions for adults who have been incarcerated or subject to post-release supervision
14. Provide therapeutic interventions for adults with substance use or alcohol issues
15. Support individuals and families experiencing homelessness
16. Support for families involved in alternative care provision
17. Support for older people
18. Support for caring families
19. Conduct further research on the central role of healthy relationships
20. Develop a healthy relationships strategy which can overarch and inform policy

Details of the recommendations and proposed actions, outcomes and policies for review (Table 7).

Table 7: Final recommendations and associated policy

Recommendations:	Actions:	Outcomes:	Policy for review:
1. Support during pregnancy and transition to parenthood	<ul style="list-style-type: none"> a. Provide ante-natal classes b. Provide post-natal classes c. Access to individual therapy d. Assess for IPV at ante- and post-natal appointments e. Support for women’s physical recovery and sexual health after childbirth f. Increase paid parental leave g. Provide or fund community-based groups or programmes 	<ul style="list-style-type: none"> • Supports maternal-foetal attachment • Supports women’s health and recovery • Increased parental emotional regulation • Improved parental-infant attachment • Improved inter-parental relationship • Earlier opportunity for intervention for child maltreatment, attachment issues parental stress • Develop community networks • Reduce parental isolation 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Breastfeeding - A Great Start A Strategy for Northern Ireland 2013-2023 (2013) ✓ Making Life Better (2014) ✓ Caring for people beyond tomorrow - strategic framework (2015) ✓ Infant Mental Health Framework for Northern Ireland (2016) ✓ Strategy for maternity care in Northern Ireland 2012 to 2018 ✓ Stopping Domestic and Sexual Violence and Abuse in Northern Ireland (2016)
2. Support for parents with young children and teenagers	<ul style="list-style-type: none"> a. Assess for maltreatment b. Assess for parental mental health or attachment issues 	<ul style="list-style-type: none"> • Improved inter-parental relationship • Less divorce and family separation 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022)

	<ul style="list-style-type: none"> c. Support with transition to parenthood d. Provide age-related support with parenting young children and teenagers e. Increase paid parental leave f. Increase childcare supports g. Provide parenting programmes to address stress reduction h. Education for parents that facilitates parent communication skills i. Education on parenting children and adolescents with social media j. Support with the inter-parental relationship k. Provide or fund community-based groups or programmes l. Community based home visiting programs m. Support parents with children with special needs n. Policy makers can improve and support with economic resources 	<ul style="list-style-type: none"> • Less parental stress and depression • Reduced adolescent depression • Improved family well-being • Improved quality of life • Improved infant and children's mental health • Reduced peer bullying • Reduced family aggression, conflict, or violence • Reduced sibling bullying • Promote pro-social behaviour in the community • Reduced violent attitudes • Develop community networks • Reduce parental isolation 	<ul style="list-style-type: none"> ✓ Making Life Better (2014) ✓ Caring for people beyond tomorrow - strategic framework (2015) ✓ Infant Mental Health Framework for Northern Ireland (2016)
<p>3. Support parent-adolescent attachment</p>	<ul style="list-style-type: none"> a. Education on parenting styles b. Support parental communication and provision of RSE 	<ul style="list-style-type: none"> • Improved parent-adolescent relationship • Improved family functioning • Improved parenting for next generation 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014)

	<ul style="list-style-type: none"> c. Provide separate parenting programmes d. Provide parent-adolescent attachment-based treatments e. Support parents with stress management f. Provide support and resources for young people and parents involved with social services to remain in the family home 	<ul style="list-style-type: none"> • Reduce parental stress • Protection from homelessness • Protection from IPV • Protection from bullying • Improved adolescent mental health • Reduced suicidality • Increase pro-social behaviour • Protection from homelessness pathways 	
4. Support for families experiencing divorce or separation	<ul style="list-style-type: none"> a. Support for parents to positively co-parent b. Ensure access to professional counselling in schools for children and young people c. Ensure parents and children have contact via social media d. Support continued father involvement 	<ul style="list-style-type: none"> • Improved adaptation to new lifestyle • Ability to move forward with lives • Less psychological distress • Improved family functioning • Reduced parental stress • Improved parent-adolescent relationship • Improved adolescent mental health and well-being 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014) ✓ Caring for people beyond tomorrow - strategic framework (2015)
5. Support for individuals and families exposed to family violence	<ul style="list-style-type: none"> a. Assess for IPV exposure in childhood and adolescents b. Assess for sibling relationship quality c. Assess for anxious attachment d. Provide intervention for children who have been exposed to IPV 	<ul style="list-style-type: none"> • Protection from IPV • Protection from bullying • Improved mental health • Breaks the cycle of IPV and child maltreatment • Reduced inter-parental conflict • Improved relationships • Improved family functioning 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014) ✓ Caring for people beyond tomorrow -

- e. Support the inter-parental relationship
- f. Promote parenting strategies for consistent and stable role modelling of healthy relationships
- g. Support for the parent-child relationship
- h. Provide adolescents with individual counselling to develop relational models
- i. Whole family approach to address the family environment and its impact on adolescent involvement in IPV
- j. Provide support to address the cumulative effects of multiple forms of trauma as a result of IPV
- k. Provide psychoeducation group-based interventions focusing on skill trainings to couples experiencing violence or conflict in their relationship
- l. Engage fathers and family violence prevention messaging and education
- m. Supporting well-being after experience of IPV
- n. Support with intergenerational trauma

- Improved modelling
- Protection from homelessness pathways

✓ **strategic framework (2015)**
Stopping Domestic and Sexual Violence and Abuse in Northern Ireland (2016)

<p>6. Support for young people in alternative care provision</p>	<ul style="list-style-type: none"> a. Prioritize relational permanency over legal permanency b. Ecosystem approach – “wrap around treatment” c. Training for foster parents, adoptive parents and kinship providers on supporting young people with trauma, loss, and grief d. Offered therapeutic interventions for trauma e. Multifaceted support programmes to include professionals and wider community to build a network that lasts beyond exit from care 	<ul style="list-style-type: none"> • Support transition to young adulthood • Increase likelihood of completion of higher-level education • Employment stability • Improved well-being and mental health • Improved relationships • Improved quality of life • Protection from IPV victimisation and perpetration • Protection from homelessness • Protection from substance use 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014) ✓ Caring for people beyond tomorrow - strategic framework (2015) ✓ A Life Deserved (2021) ✓ Stopping Domestic and Sexual Violence and Abuse in Northern Ireland (2016)
<p>7. Interventions for young people</p>	<ul style="list-style-type: none"> a. Support with mental health, relationships and self-esteem for people who bully b. Creative group work can support relationship development with self and peers in young people c. Provide access to school counselling 	<ul style="list-style-type: none"> • Improved self esteem • Improved social connections • Improved well-being a mental health • Reduced bullying perpetration and victimization • Improved academic achievement 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014)
<p>8. Support healthy relationships in educational settings</p>	<ul style="list-style-type: none"> a. Provide high-quality early childhood education (ECE) b. ECE to include social emotional learning outcomes on curriculum 	<ul style="list-style-type: none"> • Improving teacher’s social emotional competency • Improving teachers’ ability to create safe environment 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014)

	<ul style="list-style-type: none"> c. Educators trained on creating supportive and safe school environments and in managing bullying, violence, or conflict in school d. Provide seminars to caregivers on important issues e. Support youth participation in school decision making f. Develop safe and inclusive environments g. Provide school counsellors 	<ul style="list-style-type: none"> • Reduced bullying and victimization • Healthy school environment • Community countering of ACE • Promoting child's overall development • Improved academic achievement • Sense of belonging • Improved student mental health and well-being 	<ul style="list-style-type: none"> ✓ Children and Young People's Strategy 2020-2030
<p>9. Provide comprehensive relationship and sexuality education (RSE) for all young people during adolescence</p>	<ul style="list-style-type: none"> a. Education about romantic and sexual relationships as part of normative adolescent development b. Education on healthy friendships c. Education on healthy relationships d. Education on communication and conflict management e. Education on safe sex f. Education on gender equity g. Education on IPV h. Education on drug use i. Education on LGBTI j. Supporting healthier masculinities k. Ecosystem approach l. Ensure cultural relevancy 	<ul style="list-style-type: none"> • Young people have increased opportunity for safe, productive, and fulfilling lives • Improved communication and conflict management skills • Reduced situational violence and bullying • Reduced victimization and protection from IPV • Improved quality of life • Improved mental health • Reduced gender-based violence • Safer environment for young LGBTI individuals • Contribute to significant and sustained change 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014) ✓ Children and Young People's Strategy 2020-2030 ✓ Stopping Domestic and Sexual Violence and Abuse in Northern Ireland (2016) ✓ Preventing Harm, Empowering Recovery - Substance Use Strategy 2021-2031 (2021)

	<ul style="list-style-type: none"> m. Ensure LGBTI relevancy n. Include information on the role of technology o. Embed the role of social media in curriculum p. Co-design q. Appropriately trained and suitable professionals to deliver RSE r. Evaluate programmes 	<ul style="list-style-type: none"> • Reduce problematic gendered messages around sexual consent and sexual violence • Improved sexual, physical, and mental health outcomes • Higher quality relationships 	
<p>10. Provide relational support for individuals with an ID, DD, and AS</p>	<ul style="list-style-type: none"> a. Acknowledgement of need for intimate partners and friendships b. Support with developing and maintaining relationships c. Comprehensive RSE 	<ul style="list-style-type: none"> • Reduced abuse in friendships • Protection from bullying • Reduced victimization and protection from IPV • Improved quality of life • Improved mental health 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014) ✓ Caring for people beyond tomorrow - strategic framework (2015) ✓ Learning Disability (2015) ✓ Learning Disabilities action plan (2014) ✓ Autism strategy and action plan (2014) ✓ Children and Young People's Strategy 2020-2030

<p>11. Provide therapeutic interventions for LGBT individuals and couples</p>	<p>a. Comprehensive RSE b. Support distinct LGBT challenges c. Support with development and maintenance of relationships d. Support with wellbeing e. Support with internalized homophobia f. Support with developing community networks</p>	<ul style="list-style-type: none"> • Improved mental health • Improved quality of life • Improved social support • Supporting safe environments for LGBTI individuals • Safer sex practices 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014) ✓ Caring for people beyond tomorrow - strategic framework (2015)
<p>12. Provide access to therapeutic interventions for couples</p>	<p>a. Provide access to couple's relationship education b. Provide access to couple's therapy c. Provide access to individual therapy d. Include psychosexual therapy in couple's therapy e. Offer different approaches (face-to-face or online) f. Ensure relationships support is integral part of mental health care planning for individuals with serious mental illness g. Policy makers can address external economic and healthcare factors that contribute to the negative impact of COVID-19</p>	<ul style="list-style-type: none"> • Reduced victimization and protection from IPV • Improved quality of life • Improved mental health • Improved outcomes for children • Improved family functioning • Improved modelling 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014) ✓ Caring for people beyond tomorrow - strategic framework (2015) ✓ Stopping Domestic and Sexual Violence and Abuse in Northern Ireland (2016)

<p>13. Provide therapeutic interventions for adults who have been incarcerated or subject to post-release supervision</p>	<ul style="list-style-type: none"> a. Comprehensive RSE b. Access to counselling support from the outset of sentencing c. Supporting social network and friendship development d. Address trauma gap with men who have been imprisoned e. Gender specific family reunification programmes f. Access to couple's therapy g. Psychological support during and after incarceration h. Access to community-based interventions after release i. Policy makers can support with economic resources j. Support for children of parents and families who are affected by incarceration using appropriate evidence-based approaches k. Families of incarcerated individuals are provided with economic support l. Provide or fund programmes to address intergenerational offending 	<ul style="list-style-type: none"> • Improved economic outcomes • Improved mental health and well-being • Improved family relationships • Improved parent-child relationships • Reduced IPV perpetration • Reduced recidivism rates • Improve public safety • Improved community health • Improved economic opportunities • Reduced substance-use issues • Reduce intergenerational cycles of crime involvement 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014) ✓ Stopping Domestic and Sexual Violence and Abuse in Northern Ireland (2016) ✓ Preventing Harm, Empowering Recovery - Substance Use Strategy 2021-2031 (2021)
<p>14. Provide therapeutic interventions for adults with</p>	<ul style="list-style-type: none"> a. Ecosystem approach b. Provide relationship centred treatment 	<ul style="list-style-type: none"> • Reduction in addiction severity • Improved mental health and well-being 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022)

substance use or alcohol issues	<ul style="list-style-type: none"> c. Access to peer led support programs d. Provide community-based interventions e. Ensure cross-sector collaboration f. Comprehensive RSE g. Support individual, relationship, and parenting needs h. Improve relationship capacity 	<ul style="list-style-type: none"> • Improved outcomes for children • Improved outcomes for the community • Improved safe sex practices • Protection from homelessness 	<ul style="list-style-type: none"> ✓ Making Life Better (2014) ✓ Caring for people beyond tomorrow - strategic framework (2015) ✓ Preventing Harm, Empowering Recovery - Substance Use Strategy 2021-2031 (2021)
15. Support individuals and families experiencing homelessness	<ul style="list-style-type: none"> a. Relationship interventions combined with effective service delivery b. Support families experiencing homelessness in social and recreational activities c. Providing parents with high quality preschool childcare d. Support with substance-use issues e. Support for young people experiencing family conflict 	<ul style="list-style-type: none"> • Improved opportunities for secure housing • Improved parent-child relationship • Improved well-being • Protection from homelessness 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014) ✓ Caring for people beyond tomorrow - strategic framework (2015) ✓ Stopping Domestic and Sexual Violence and Abuse in Northern Ireland (2016) ✓ Preventing Harm, Empowering Recovery - Substance Use Strategy 2021-2031 (2021)

16. Support for families involved in alternative care provision	<ul style="list-style-type: none"> a. Provide therapeutic approaches to families experiencing intergenerational care placements b. Trauma and grief support to families who have had a child removed to care c. Ensure family networks are supported with contact and communication d. Support for foster parents with grief and loss and allowing breaks between placements to process loss of foster child 	<ul style="list-style-type: none"> • Improved well-being and mental health • Improved family relationships • Improved quality of life • Reduce intergenerational cycles of care involvement 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014) ✓ Caring for people beyond tomorrow - strategic framework (2015) ✓ Stopping Domestic and Sexual Violence and Abuse in Northern Ireland (2016)
17. Support for older people	<ul style="list-style-type: none"> a. Assess for loneliness, quality of social relationships and elder maltreatment b. Promote active involvement in social opportunities c. Transport in rural areas d. Support independence 	<ul style="list-style-type: none"> • Improved health • Improved cognitive function • Improved social and emotional outcomes in later life • Reduced suicidality in older people 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014) ✓ Caring for people beyond tomorrow - strategic framework (2015) ✓ Framework for older people (2014)
18. Support for caring families	<ul style="list-style-type: none"> a. Provision of accurate, accessible and age-appropriate information for carers 	<ul style="list-style-type: none"> • Improved health • Improved well-being • Improved social and emotional outcomes in later life • Improved family functioning 	<ul style="list-style-type: none"> ✓ Mental health strategy delivery plan for 2021/31 (2022) ✓ Making Life Better (2014)

	<ul style="list-style-type: none"> b. Supporting people to be cared for at home for as long as possible c. Early care planning and supported decision making d. Provision of economic and physical resources e. Stage-based care plans f. Support with family relationships 	<ul style="list-style-type: none"> • Reduction of stress and isolation 	<ul style="list-style-type: none"> ✓ Caring for people beyond tomorrow - strategic framework (2015) ✓ Framework for older people (2014)
<p>19. Conduct further research on the central role of healthy relationships</p>	<ul style="list-style-type: none"> a. Research the role of relationships from a positive standpoint b. Address identified gaps from the wider literature c. Ensure cultural and local relevancy d. Research children’s wellbeing and family relationships of people who are part of a family seeking asylum or who have refugee status in NI 	<ul style="list-style-type: none"> • Improved understanding on the role of relationships across the lifespan • Research is embedded within the Northern Ireland context • Inclusive research that addresses the needs of people who are part of a family seeking asylum or who have refugee status 	
<p>20. Develop a healthy relationships strategy which can overarch and inform policy</p>	<ul style="list-style-type: none"> a. Use evidence-based research b. Consult practitioners and relevant stakeholders c. Establish strategic drivers 	<ul style="list-style-type: none"> • Improved approach to policy development • Improved promotion and application of programmes • Reduced system inefficiencies and inadequacies • Improved wellbeing and life chances for everyone in society 	

Healthy relationships strategy

The role of relationships across the lifespan is not a single policy issue but a broad and fundamental aspect of multiple policies. As one commissioner noted: *“a lot of what the recommendations are talking about are so interlinked ... it's wider than health - it's health, it's education, it's Department for Communities, Department of Justice...”*. It is also apparent that programmes that can support healthy relationships are to some extent already embedded implicitly within policy and associated commissioning but are not guided by an explicit strategy. There is a need to develop a *Healthy Relationships Strategy* that can support a more cohesive and consistent approach to policy, commissioning, and practice. This lack of a distinct strategy can result in appropriate and evidence-based relationship interventions and programmes lacking recognition and promotion, with funding being diverted elsewhere, despite the cost effectiveness of early relational intervention. Another commissioner highlighted the effects of family relationship breakdown and its connection to mental health, violence, homelessness, crime and addiction issues. They spoke of the importance of supporting a relationship strategy, not just for the positive impact on individuals and society but also to reduce the financial cost to the state: *“when that breaks up [parental relationships] there can be homelessness, addiction issues can come to the fore and mental health ... and from a public policy perspective ... it goes across so many government departments - community, health, addiction services, and then there's justice and the costs to the justice system as a result of all these other issues”*. The appropriate development of a *Healthy Relationships Strategy* that can support a cohesive approach across departments and services could reduce fragmented and siloed approaches, which have been described in other research as ultimately contributing to increased system inefficiencies and inadequacies (Dopp & Lantz, 2019). To support the development of a *Healthy Relationships Strategy*, this research has brought together findings from practice, policy, and research with insight into the NI context. The combination of a robust and extensive literature review and field work with counsellors and commissioners has supported the development of a comprehensive and systematic list of recommendations, which can positively inform government policy, support public policy objectives, and most importantly promote wellbeing and life chances for everyone in society.

Conclusion

The overall aim of this project was to explore the role of healthy relationships and their importance to a range of areas to provide recommendations for improved commissioning in public policy. Employing a scoping review methodology, 137 studies were selected and read in depth for key findings and recommendations on the role of relationships. Further analysis of the literature review identified 16 recommendations for evaluation in stage two of this research project, with counsellors (n=2) and commissioners (n=3).

These findings were thematically analysed and a *literature review* that mapped the available evidence on the topic was presented under four themes including: 1. *Attachment and the family environment*; 2. *the social and community environment*; 3. *intimate relationships*; and 4. *Interventions*. This research found that the role of relationships to play a central and fundamental role in individual wellbeing, as well as family and community environments. The quality of relationships with family, friends, and romantic partners was found to have important implications across multiple domains in society including education, employment, and healthcare. The *recommendations* were based on the findings and were reviewed by the counsellors and commissioners as relevant to both policy and practice and comprehensive in their scope. However, gaps were identified by counsellors and commissioners and 23 amendments were proposed which informed the final list of 20 recommendations, including developing a Healthy Relationships Strategy. Additionally, this research also identified eight *key strategic drivers* that are important in programme commissioning decisions which included: 1. *Consultation*; 2. *Evidence-based approaches*; 3. *Programme for government*; 4. *Unmet or emergent needs*; 5. *Significant or impactful events*; 6. *Financial constraints or limitations*; 7. *Activities in other jurisdictions* and 8. *Improving society*.

Limitations of this project have been considered, and with more project time allocation, more interviews with Counsellors and Commissioners could have been included, which would have provided a greater representation of professional and policymaker views. Further research would include exploring the identified strategic drivers, and also developing and evaluating the proposed *Healthy Relationships Strategy*.

This research concluded that the role of relationships was a multi-policy issue but that there existed no guiding or centrally driven strategy which can embed the role of relationships in government policy. The lack of a cohesive or consistent approach can contribute to system inadequacies and inefficiencies. The final recommendation also represents one of the most important outcomes of this research which is the need to develop a *Healthy Relationships Strategy* which can positively inform government policy, support public policy objectives, protect individuals and communities, and most importantly promote wellbeing and life chances for everyone in society.

References

- Abramson, L., Paz, Y. and Knafo-Noam, A., 2019. From negative reactivity to empathic responding: Infants high in negative reactivity express more empathy later in development, with the help of regulation. *Developmental science*, 22(3), p.e12766.
- Abreu-Afonso, J., Ramos, M.M., Queiroz-Garcia, I. and Leal, I., 2022. How couple's relationship lasts over time? A model for marital satisfaction. *Psychological Reports*, 125(3), pp.1601-1627.
- Adhia, A., Schleimer, J.P. and Mazza, J., 2022. Trends in Secondary School Practices Related to Violence Prevention, 2012-2018. *Journal of school health*.
- Ainsworth, M. D. (1972). *Attachment and dependency: A comparison*. In J. L. Gewirtz, *Attachment and dependency*. V. H. Winston & Sons.
- Allen, J.P., McElhaney, K.B., Land, D.J., Kuperminc, G.P., Moore, C.W., O'Beirne-Kelly, H. and Kilmer, S.L., 2003. A secure base in adolescence: Markers of attachment security in the mother-adolescent relationship. *Child development*, 74(1), pp.292-307
- Amo-Adjei, J., 2022. Local realities or international imposition? Intersecting sexuality education needs of Ghanaian adolescents with international norms. *Global Public Health*, 17(6), pp.941-956.
- Antle, B., Sar, B., Christensen, D., Karam, E., Ellers, F., Barbee, A. and van Zyl, M., 2013. The impact of the within my reach relationship training on relationship skills and outcomes for low-income individuals. *Journal of Marital and Family Therapy*, 39(3), pp.346-357.
- Anumba, N., Dematteo, D. and Heilbrun, K., 2012. Social functioning, victimization, and mental health among female offenders. *Criminal Justice and Behavior*, 39(9), pp.1204-1218.
- Arefi, F., Abazari, F. and Tirgary, B., 2018. Prevalence of Aggression Behavior and its Associated Factors in High School Students in Southeast of Iran. *La Prensa 104:5 Medica Argentina*.
- ARK (2020), *Northern Ireland Life and Times Survey*, June 2021 (2020) available at <https://www.ark.ac.uk/nilt/2020/>
- Astin, M. and Smith, M., 2021. Influence of Gender and School-Based Information Sharing About Dating Violence Among Foster Children. *Violence and Gender*, 8(1), pp.21-27.

Ball, B., Kerig, P.K. and Rosenbluth, B., 2009. Like a family but better because you can actually trust each other. *Health Promotion Practice*, 10(1_suppl), pp.45S-58S.

Ball, B., Sevillano, L., Faulkner, M. and Belseth, T., 2021. Agency, genuine support, and emotional connection: Experiences that promote relational permanency in foster care. *Children and Youth Services Review*, 121, p.105852.

Bámaca-Colbert, M.Y., Tilghman-Osborne, E.M., Calderón-López, S. and Moore, A.M., 2017. Perceptions of support from mothers, fathers, and friends: Direct and indirect associations with the psychological adjustment of Mexican-origin girls. *Journal of Latina/o Psychology*, 5(3), p.142.

Barden, S.M., Carlson, R.G., Toomey, T., Locklear, L., Taylor, D.D. and Silverio, N., 2022. Examining the Effects of Relationship Education for Same-Sex Couples: A Randomized Control Trial. *Marriage & Family Review*, 58(4), pp.291-311.

Birk, S.L., Stewart, L. and Olino, T.M., 2022. Parent–Child Synchrony After Early Childhood: A Systematic Review. *Clinical Child and Family Psychology Review*, pp.1-23.

Beckett, C. and Taylor, H. (2019) *Human Growth and Development*. London: Sage.

Best, P., Taylor, B., Manktelow, R., & McQuilkin, J. (2014). Systematically retrieving research in the digital age: Case study on the topic of social networking sites and young people's mental health. *Journal of Information Science*, 40(3), 346–356

Benham-Clarke, S., Roberts, G., Janssens, A. and Newlove-Delgado, T., 2022. Healthy relationship education programmes for young people: systematic review of outcomes. *Pastoral Care in Education*, pp.1-23.

Birk, S.L., Stewart, L. and Olino, T.M., 2022. Parent–Child Synchrony After Early Childhood: A Systematic Review. *Clinical Child and Family Psychology Review*, pp.1-23.

Blume, J., Park, S., Cox, M. and Mastergeorge, A.M., 2022. Explicating Child-Driven Patterns of Parent-Child Responsivity in Fragile Families: A Longitudinal Approach. *Frontiers in Pediatrics*, 10, p.813486.

Boel-Studt, S.M. and Landsman, M.J., 2017. Mixed methods study of the effectiveness of intensive family finding services with youth in congregate care. *Journal of Public Child Welfare*, 11(2), pp.190-210.

Boss, L., Kang, D.H. and Branson, S., 2015. Loneliness and cognitive function in the older adult: a systematic review. *International Psychogeriatrics*, 27(4), pp.541-553.

Bouchard, K.L. and Smith, J.D., 2017, January. Teacher–student relationship quality and children's bullying experiences with peers: Reflecting on the mesosystem. In *The Educational Forum* (Vol. 81, No. 1, pp. 108-125). Routledge.

Bourdeau, B., Miller, B.A., Byrnes, H.F., Woodall, W.G., Buller, D.B. and Grube, J.W., 2021. Efficacy of a Web-Based Intervention (Smart Choices 4 Teens) for

Facilitating Parent-Adolescent Communication About Relationships and Sexuality: Randomized Controlled Trial. *JMIR Pediatrics and Parenting*, 4(2), p.e19114.

Bowen, E. and Swift, C., 2019. The prevalence and correlates of partner violence used and experienced by adults with intellectual disabilities: a systematic review and call to action. *Trauma, Violence, & Abuse*, 20(5), pp.693-705.

Bowlby, J. (1988) *A secure base*. Routledge: London.

Boyd, D. and Bee, H.L. (2014) *Lifespan Development* (6th Ed.). Essex: Pearson.

Bradford, A.B., Erickson, C., Smith, T.A., Adler-Baeder, F. and Ketring, S.A., 2014. Adolescents' intentions to use relationship interventions by demographic group: Before and after a relationship education curriculum. *The American Journal of Family Therapy*, 42(4), pp.293-303.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.

Bronfenbrenner, U. (1995). Developmental ecology through space and time: A future perspective. In P. Moen, G. H. Elder, Jr., & K. Lüscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development* (pp. 619–647). American Psychological Association.

Brown, M., Whiting, J., Haque, A. and Kahumoku-Fessler, E., 2020. A Summative content analysis of stress and coping among parents of children with autism. *The American Journal of Family Therapy*, 49(3), pp.237-250.

Bruggencate, T.I.N.A., Luijckx, K.G. and Sturm, J., 2018. Social needs of older people: A systematic literature review. *Ageing & Society*, 38(9), pp.1745-1770.

Burrus, B.B., Krieger, K., Rutledge, R., Rabre, A., Axelson, S., Miller, A., White, L. and Jackson, C., 2018. Building bridges to a brighter tomorrow: A systematic evidence review of interventions that prepare adolescents for adulthood. *American journal of public health*, 108(S1), pp.S25-S31.

Burcher, S.A., Corey, L.A., Mentzer, K.M., Davis, L., McNamee, H., Horning, M.L., Brown, S.J. and Shlafer, R.J., 2021. Family home visiting and fathers: A scoping review. *Children and Youth Services Review*, 128, p.106132.

Burns, S., Leitch, R. and Hughes, J., 2015. Education Inequalities in Northern Ireland. *Belfast: Equality Commission for Northern Ireland. Childhood neglect—the Northern Ireland experience*, 61.

Campbell, A., Taylor, B. J., Bates, J., & O'Connor-Bones, U. (2018). Developing and applying a protocol for a systematic review in the social sciences. *New Review of Academic Librarianship*, 24(1), 1–22.

Cannon, J.L. and Murray, C.E., 2019. Promoting healthy relationships and families: An exploratory study of the perceptions of resources and information and skill needs among couples, single adults, and parents. *The Family Journal*, 27(3), pp.309-318.

Casey, P., Cowan, P.A., Cowan, C.P., Draper, L., Mwamba, N. and Hewison, D., 2017. Parents as partners: A UK trial of a US couples-based parenting intervention for at-risk low-income families. *Family Process*, 56(3), pp.589-606.

Casey, E.A., Ihrig, A., Roman, M., Hoxmeier, J.C., Carlson, J. and Greer, K., 2022. Life course and socioecological influences on gender-equitable attitudes among men: a scoping review. *Trauma, Violence, & Abuse*, 23(3), pp.764-777.

Chang, Q., Sha, F., Chan, C.H. and Yip, P.S., 2018. Validation of an abbreviated version of the Lubben Social Network Scale ("LSNS-6") and its associations with suicidality among older adults in China. *PLoS One*, 13(8), p.e0201612.

Cheung, S.P. and Huang, C.C., 2022. Childhood Exposure to Intimate Partner Violence and Teen Dating Violence. *Journal of Family Violence*, pp.1-12.

Chung, G., Smith, Q., Frey, J. and Lanier, P., 2021. Associations between depression and parenting of fathers in Head Start and parental self-efficacy as a protective factor. *Children and Youth Services Review*, 120, p.105758.

Clark, M., Buchanan, R., Kovensky, R. and Leve, L.D., 2018. Partner influences on young women's risky drug and sexual behavior. *Reproductive health*, 15(1), pp.1-15.

Cleary Bradley, R.P. and Gottman, J.M., 2012. Reducing situational violence in low-income couples by fostering healthy relationships. *Journal of marital and family therapy*, 38, pp.187-198.

Cowie, H. and Colliety, P., 2016. Who cares about the bullies?. *Pastoral Care in Education*, 34(1), pp.24-33.

Coyle, K.K., Anderson, P., Franks, H.M., Walker, J.D. and Glassman, J.R., 2019. You-Me-Us: Results of a cluster randomized trial of a healthy relationships approach to sexual risk reduction. *The Journal of Primary Prevention*, 40(6), pp.607-629.

Crandall, A., Magnusson, B.M., Hanson, C.L. and Leavitt, B., 2021a. The effects of adverse and advantageous childhood experiences on adult health in a low-income sample. *Acta Psychologica*, 220, p.103430.

Crandall, A., Daines, C., Barnes, M.D., Hanson, C.L. and Cottam, M., 2021b. Family well-being and individual mental health in the early stages of COVID-19. *Families, Systems, & Health*, 39(3), p.454.

Crooks, C.V., Exner-Cortens, D., Burm, S., Lapointe, A. and Chiodo, D., 2017. Two years of relationship-focused mentoring for First Nations, Métis, and Inuit adolescents: Promoting positive mental health. *The journal of primary prevention*, 38(1), pp.87-104.

Cudjoe, E., Amoateng, I., Nti-Gyeabour, J. and Wisti, P., 2022. Exploring the support services of foster care leavers: An institutional ethnographic study. *Health & Social Care in the Community*, 30(2), pp.685-694.

Cuesta-Briand, B., Taran, M. and Coleman, M., 2022. A rural ecosystem of recovery: Lessons from substance users' experiences of accessing services in Western Australia's South West. *Drug and Alcohol Review*, 41(4), pp.963-973.

Dalton III, W.T., Frick-Horbury, D. and Kitzmann, K.M., 2006. Young adults' retrospective reports of parenting by mothers and fathers: Associations with current relationship quality. *The Journal of general psychology*, 133(1), pp.5-18.

Dantchev, S. and Wolke, D., 2019. Trouble in the nest: Antecedents of sibling bullying victimization and perpetration. *Developmental Psychology*, 55(5), p.1059.

Department of Health NI (2021). Mental Health Strategy 2021-2031. Available at : <https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031> Last Accessed on 22/04/22.

Depner, C.E. and Ingersoll-Dayton, B., 1988. Supportive relationships in later life. *Psychology and Aging*, 3(4), p.348.

Di Bianca, M. and Mahalik, J.R., 2022. A relational-cultural framework for promoting healthy masculinities. *American Psychologist*, 77(3), p.321.

Dill, L.J., Mahaffey, C., Mosley, T., Treadwell, H., Barkwell, F. and Barnhill, S., 2016. "I Want a Second Chance" Experiences of African American Fathers in Reentry. *American Journal of Men's Health*, 10(6), pp.459-465.

Dimmock, J., Krause, A.E., Rebar, A., Jackson, B. (2022) Relationships between social interactions, basic psychological needs, and wellbeing during the COVID-19 pandemic. *Psychology & Health*, 37 (4): 457-469

Dopp, A.R. and Lantz, P.M., 2020. Moving upstream to improve children's mental health through community and policy change. *Administration and Policy in Mental Health and Mental Health Services Research*, 47(5), pp.779-787.

Drennan, J., Treacy, M., Butler, M., Byrne, A., Fealy, G., Frazer, K. and Irving, K., 2008. The experience of social and emotional loneliness among older people in Ireland. *Ageing & Society*, 28(8), pp.1113-1132.

Downes, C., Harrison, E., Curran, D. and Kavanagh, M., 2013. The trauma still goes on...: The multigenerational legacy of Northern Ireland's conflict. *Clinical child psychology and psychiatry*, 18(4), pp.583-603.

Eisman, A.B., Hicks, M., Kernsmith, P.D., Rupp, L., Smith-Darden, J.P. and Zimmerman, M.A., 2021. Adapting an evidence-based positive youth development intervention to prevent sexual and teen dating violence. *Translational behavioral medicine*, 11(1), pp.74-86.

Emanuel, S.K., Toews, M.L., Spencer, C.M. and Anders, K.M., 2022. Family-of-Origin Factors and Physical Teen Dating Violence Victimization and Perpetration: A Meta-Analysis. *Journal of Child and Family Studies*, pp.1-11.

Erden, S., 2015. How Does Group Counseling Work for Adolescents' Mothers to Improve Healthy Relationships?. *Education & Science/Egitim ve Bilim*, 40(177).

Espinet, S.D., Motz, M., Jeong, J.J., Jenkins, J.M. and Pepler, D., 2016. 'Breaking the Cycle' of maternal substance use through relationships: a comparison of integrated approaches. *Addiction Research & Theory*, 24(5), pp.375-388.

Exner-Cortens, D., Wolfe, D., Crooks, C.V. and Chiodo, D., 2020. A preliminary randomized controlled evaluation of a universal healthy relationships promotion program for youth. *Canadian journal of school psychology*, 35(1), pp.3-22.

Exner-Cortens, D., Wells, L., Lee, L. and Spiric, V., 2021. Building a culture of intimate partner violence prevention in Alberta, Canada through the promotion of healthy youth relationships. *Prevention science*, 22(1), pp.40-49.

Exner-Cortens, D., Claussen, C., Lewis, S., Orukpe, A.M. and Coupland, K., 2022. Friendship quality and ethnocultural boys: An exploratory evaluation of the WiseGuyz Program. *Psychology in the Schools*, 59(10), pp.2106-2121.

Fadlillah, M., 2020. The roles of parenting style towards mental health of early childhood. *Medico-legal Update*, 20(2), pp.668-672.

Felix, O.C.A., Oguebe, T.M., Ezeanyanwu, C.F. and Chinenyenwa Felicitas, I., 2021. Intimate relationship among Nigerian university undergraduates: the predictive effects of self-esteem and identity. *Journal of Human Behavior in the Social Environment*, 31(7), pp.929-940.

Fogarty, A., Woolhouse, H., Giallo, R., Wood, C., Kaufman, J. and Brown, S., 2019. Promoting resilience and wellbeing in children exposed to intimate partner violence: A qualitative study with mothers. *Child abuse & neglect*, 95, p.104039.

Forenza, B. and Bermea, A.M., 2017. An exploratory analysis of unhealthy and abusive relationships for adults with serious mental illnesses living in supportive housing. *Community mental health journal*, 53(6), pp.679-687.

Frost, D.M. and Meyer, I.H., 2009. Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of counseling psychology*, 56(1), p.97.

Gerressu, M., Elam, G., Shain, R., Bonell, C., Brook, G., Champion, J.D., French, R., Elford, J., Hart, G., Stephenson, J. and Imrie, J., 2009. Sexually transmitted infection risk exposure among black and minority ethnic youth in northwest London: findings from a study translating a sexually transmitted infection risk-reduction intervention to the UK setting. *Sexually transmitted infections*, 85(4), pp.283-289.

Gilmer, T.P., Ojeda, V.D., Leich, J., Heller, R., Garcia, P. and Palinkas, L.A., 2012. Assessing needs for mental health and other services among transition-age youths, parents, and providers. *Psychiatric Services*, 63(4), pp.338-342.

Goldstein, A. and Flicker, S., 2021. "It's been a good time to reflect on... who isn't worth keeping around": COVID-19, adolescent relationship maintenance and implications for health education. *Health Education*.

Gomez, A.M., Speizer, I.S. and Moracco, K.E., 2011. Linkages between gender equity and intimate partner violence among urban Brazilian youth. *Journal of Adolescent Health*, 49(4), pp.393-399.

Goodey, S., Spuhler, B. and Bradford, K., 2019. Relationship education among incarcerated populations. *Marriage & Family Review*, 55(7), pp.651-666.

Gowen, L.K. and Wings-Yanez, N., 2014. Lesbian, gay, bisexual, transgender, queer, and questioning youths' perspectives of inclusive school-based sexuality education. *The Journal of Sex Research*, 51(7), pp.788-800.

Groton, D.B. and Radey, M., 2019. Social networks of unaccompanied women experiencing homelessness. *Journal of community psychology*, 47(1), pp.34-48.

Ha, T., Otten, R., McGill, S. and Dishion, T.J., 2019. The family and peer origins of coercion within adult romantic relationships: A longitudinal multimethod study across relationships contexts. *Developmental psychology*, 55(1), p.207.

Hagen, J.W., Skenandore, A.H., Scow, B.M., Schanen, J.G. and Clary, F.H., 2012. Adolescent pregnancy prevention in a rural Native American community. *Journal of Family Social Work*, 15(1), pp.19-33.

Haglund, K., Belknap, R.A., Edwards, L.M., Tassara, M., Hoven, J.V. and Woda, A., 2019. The influence of masculinity on male Latino adolescents' perceptions regarding dating relationships and dating violence. *Violence against women*, 25(9), pp.1039-1052.

Hawkins, A.J. et al. (2022) Do Couple Relationship Education Programs Affect Coparenting, Parenting, and Child Outcomes? A Meta-Analytic Study. *Journal of Child & Family Studies*, 31 (2): 588-598.

Hayward, R.A., Honegger, L. and Hammock, A.C., 2018. Risk and protective factors for family violence among low-income fathers: Implications for violence prevention and fatherhood programs. *Social work*, 63(1), pp.57-66.

Hayward, K., & McManus, C. (2019). Neither/nor: The rejection of unionist and nationalist identities in post-agreement Northern Ireland. *Capital & Class*, 43(1), 139–155.

Heerde, J.A., Bailey, J.A., Kelly, A.B., McMorris, B.J., Patton, G.C. and Toumbourou, J.W., 2021. Life-course predictors of homelessness from adolescence into adulthood: A population-based cohort study. *Journal of Adolescence*, 91, pp.15-24.

Heifetz, M., Lake, J., Weiss, J., Isaacs, B. and Connolly, J., 2020. Dating and romantic relationships of adolescents with intellectual and developmental disabilities. *Journal of Adolescence*, 79, pp.39-48.

- Jamison, T.B. and Lo, H.Y., 2021. Exploring parents' ongoing role in romantic development: Insights from young adults. *Journal of Social and Personal Relationships*, 38(1), pp.84-102.
- Johnson, W.L., Manning, W.D., Giordano, P.C. and Longmore, M.A., 2015. Relationship context and intimate partner violence from adolescence to young adulthood. *Journal of Adolescent Health*, 57(6), pp.631-636.
- Joly, L.E. and Connolly, J., 2019. It can be beautiful or destructive: Street-involved youth's perceptions of their romantic relationships and resilience. *Journal of adolescence*, 70, pp.43-52.
- Kidd, K.N., Prasad, D., Cunningham, J.E., de Azevedo Cardoso, T. and Frey, B.N., 2022. The relationship between parental bonding and mood, anxiety and related disorders in adulthood: A systematic review and meta-analysis. *Journal of Affective Disorders*.
- Knight, D.K., Wallace, G.L., Joe, G.W. and Logan, S.M., 2001. Change in psychosocial functioning and social relations among women in residential substance abuse treatment. *Journal of Substance Abuse*, 13(4), pp.533-547.
- Kobak, R.R. and Kerig, P.K., 2015. Introduction to the special issue: Attachment-based treatments for adolescents. *Attachment & human development*, 17(2), pp.111-118
- Kulakci-Altintas, H. and Ayaz-Alkaya, S., 2019. Parental attitudes perceived by adolescents, and their tendency for violence and affecting factors. *Journal of interpersonal violence*, 34(1), pp.200-216.
- Lapshina, N., Crooks, C.V. and Kerry, A., 2019. Changes in depression and positive mental health among youth in a healthy relationships program. *Canadian journal of school psychology*, 34(4), pp.300-316.
- Lawless, A., Coveney, J. and MacDougall, C., 2014. Infant mental health promotion and the discourse of risk. *Sociology of health & illness*, 36(3), pp.416-431.
- Lee, Y. and Guterman, N.B., 2010. Young mother–father dyads and maternal harsh parenting behavior. *Child abuse & neglect*, 34(11), pp.874-885.
- Li, T., Dobinson, C., Scheim, A.I. and Ross, L.E., 2013. Unique issues bisexual people face in intimate relationships: A descriptive exploration of lived experience. *Journal of Gay & Lesbian Mental Health*, 17(1), pp.21-39.
- Li, D., Li, X., Wang, Y. and Bao, Z., 2016. Parenting and Chinese adolescent suicidal ideation and suicide attempts: The mediating role of hopelessness. *Journal of Child and Family Studies*, 25(5), pp.1397-1407.
- Lind, C., 2013. What builds student capacity in an alternative high school setting?. *Educational Action Research*, 21(4), pp.448-467.

Long, M., 2022. *A Psychosocial Understanding of Self-injury and Trauma: Wounds and their Meanings*. McGraw-Hill Education (UK).

Lopez, A. and Burt, I., 2013. Counseling groups: A creative strategy increasing children of incarcerated parents' sociorelational interactions. *Journal of Creativity in Mental Health*, 8(4), pp.395-415.

Markman, H.J., Hawkins, A.J., Stanley, S.M., Halford, W.K. and Rhoades, G., 2022. Helping couples achieve relationship success: A decade of progress in couple relationship education research and practice, 2010–2019. *Journal of Marital and Family Therapy*, 48(1), pp.251-282.

Maxwell, D., Robinson, S.R., Williams, J.R. and Keaton, C., 2020. "A short story of a lonely guy": a qualitative thematic analysis of involuntary celibacy using reddit. *Sexuality & Culture*, 24(6), pp.1852-1874.

McElwain, A., McGill, J. and Savasuk-Luxton, R., 2017. Youth relationship education: A meta-analysis. *Children and Youth Services Review*, 82, pp.499-507.

McFadden, P., Taylor, B. J., Campbell, A., & McQuilkin, J. (2012). Systematically identifying relevant research: Case study on child protection social workers' resilience. *Research on Social Work Practice*, 22(6), 626–636.

McGinn, A. H., Taylor, B. J., McColgan, M., & McQuilkin, J. (2016). Social work literature searching: Current issues with databases and online search engines. *Research on Social Work Practice*, 26(3), 266–277.

McLanahan, S. and Beck, A.N., 2010. Parental relationships in fragile families. *The Future of children/Center for the Future of Children, the David and Lucile Packard Foundation*, 20(2), p.17.

Miller, S., Williams, J., Cutbush, S., Gibbs, D., Clinton-Sherrod, M. and Jones, S., 2015. Evaluation of the Start Strong initiative: preventing teen dating violence and promoting healthy relationships among middle school students. *Journal of adolescent health*, 56(2), pp.S14-S19.

Mitchell, G. and Pistrang, N., 2011. Befriending for mental health problems: processes of helping. *Psychology and Psychotherapy: Theory, Research and Practice*, 84(2), pp.151-169.

Mitnick, D.M., Heyman, R.E. and Smith Slep, A.M., 2009. Changes in relationship satisfaction across the transition to parenthood: a meta-analysis. *Journal of Family Psychology*, 23(6), p.848.

Munn, Z., Peters, M. D., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC medical research methodology*, 18(1), 1-7.

Munn, Z., Pollock, D., Khalil, H., Alexander, L., McInerney, P., Godfrey, C.M., Peters, M. and Tricco, A.C., 2022. What are scoping reviews? Providing a formal definition of scoping reviews as a type of evidence synthesis. *JBI evidence synthesis*, 20(4), pp.950-952.

Murphy, S., Elklit, A. and Shevlin, M., 2020. Child maltreatment typologies and intimate partner violence: findings from a Danish national study of young adults. *Journal of interpersonal violence*, 35(3-4), pp.755-770.

Naidoo, P., Chirinda, W., Mchunu, G., Swartz, S. and Anderson, J., 2015. Social and structural factors associated with vulnerability to HIV infection among young adults in South Africa. *Psychology, health & medicine*, 20(3), pp.369-379.

Naudé, L., Nel, L. and de Beer, A., 2022. Towards interdependence: reciprocal relationships between students living with disability and their significant others. *Disability & Society*, pp.1-21.

Nho, C.R., Park, E.H. and McCarthy, M.L., 2017. Case studies of successful transition from out-of-home placement to young adulthood in Korea. *Children and Youth Services Review*, 79, pp.315-324.

Northern Ireland Statistics and Research Agency (2022). *PSNI statistics*. Available at <https://www.nisra.gov.uk/statistics/crime-and-justice/psni-statistics>

O'Connor, T.G., Woolgar, M., Humayun, S., Briskman, J.A. and Scott, S., 2019. Early caregiving predicts attachment representations in adolescence: Findings from two longitudinal studies. *Journal of Child Psychology and Psychiatry*, 60(9), pp.944-952.

Page, M.J., Moher, D. and McKenzie, J.E., 2022. Introduction to PRISMA 2020 and implications for research synthesis methodologists. *Research Synthesis Methods*, 13(2), pp.156-163.

Park, J., Grogan-Kaylor, A. and Han, Y., 2021. Trajectories of childhood maltreatment and bullying of adolescents in South Korea. *Journal of Child and Family Studies*, 30(4), pp.1059-1070.

Pearson, A., Rees, J. and Forster, S., 2022. "This Was Just How This Friendship Worked": Experiences of Interpersonal Victimization Among Autistic Adults. *Autism in Adulthood*.

Penney, S.C., Young, G., Butler, E., Maich, K. and Philpott, D.F., 2019. The role of quality ECE in facilitating mental health and well-being in children. *Exceptionality Education International*, 29(3), pp.57-76.

Pepler, D., 2012. The development of dating violence: What doesn't develop, what does develop, how does it develop, and what can we do about it?. *Prevention Science*, 13(4), pp.402-409.

- Pettus-Davis, C., Renn, T., Lacasse, J.R. and Motley, R., 2019. Proposing a population-specific intervention approach to treat trauma among men during and after incarceration. *Psychology of Men & Masculinities*, 20(3), p.379.
- Perlowski, K.M. and Wright, L.E., 2021. The influence of perceived job flexibility and spousal support on the marital satisfaction of parents of children with special needs. *Community, Work & Family*, 24(1), pp.1-19.
- Pietromonaco, P.R. and Overall, N.C., 2021. Applying relationship science to evaluate how the COVID-19 pandemic may impact couples' relationships. *American Psychologist*, 76(3), p.438.
- Racionero-Plaza, S., Duque, E., Padrós, M. and Molina Roldán, S., 2021. "Your Friends Do Matter": Peer Group Talk in Adolescence and Gender Violence Victimization. *Children*, 8(2), p.65.
- Ragavan, M., Syed-Swift, Y., Elwy, A.R., Fikre, T. and Bair-Merritt, M., 2021. The influence of culture on healthy relationship formation and teen dating violence: A qualitative analysis of South Asian female youth residing in the United States. *Journal of interpersonal violence*, 36(7-8), pp.NP4336-NP4362.
- Ramisetty-Mikler, S. and Caetano, R., 2005. Alcohol use and intimate partner violence as predictors of separation among US couples: a longitudinal model. *Journal of Studies on Alcohol*, 66(2), pp.205-212.
- Reigstad, K.M., Gunlicks-Stoessel, M.L., Westervelt, A. and Gearity, A.R., 2022. Healthy emotions and relationships with teens—a guide for parents: An intervention development study of a parent-based intervention for adolescents with depression. *Clinical child psychology and psychiatry*, p.13591045221078416.
- Renner, L.M., Driessen, M.C. and Lewis-Dmello, A., 2020. A pilot study evaluation of a parent group for survivors of intimate partner violence. *Journal of family violence*, 35(2), pp.203-215.
- Roberts, Y.H., Campbell, C.A., Ferguson, M. and Crusto, C.A., 2013. The role of parenting stress in young children's mental health functioning after exposure to family violence. *Journal of traumatic stress*, 26(5), pp.605-612.
- Robl, J.M., Jewell, T.D. and Kanotra, S., 2012. The effect of parental involvement on problematic social behaviors among school-age children in Kentucky. *Maternal and child health journal*, 16(2), pp.287-297.
- Rossen, L., Mattick, R.P., Wilson, J., Burns, L., Macdonald, J.A., Olsson, C., Allsop, S., Elliott, E.J., Jacobs, S., McCormack, C. and Hutchinson, D., 2018. Mother–infant and partner–infant emotional availability at 12 months of age: findings from an australian longitudinal study. *Infancy*, 23(6), pp.893-916.
- Rothman, E.F. and Graham Holmes, L., 2022. Using formative research to develop HEARTS: A curriculum-based healthy relationships promoting intervention for individuals on the autism spectrum. *Autism*, 26(1), pp.160-168.

Rueda, H.A., Nagoshi, J.L. and Williams, L.R., 2014. Mexican American and European American adolescents' dating experiences across the ecosystem: Implications for healthy relationships within an ecodevelopmental framework. *Journal of Human Behavior in the Social Environment*, 24(3), pp.358-376.

Ruff, S. and Baron, J., 2012. Fostering relationships with children who are "Too Much to Handle". *Journal of Infant, Child, and Adolescent Psychotherapy*, 11(4), pp.387-399.

Sacchi, C., Miscioscia, M., Visentin, S. and Simonelli, A., 2021. Maternal–fetal attachment in pregnant Italian women: multidimensional influences and the association with maternal caregiving in the infant's first year of life. *BMC Pregnancy and Childbirth*, 21(1), pp.1-8.

Schanen, J.G., Skenandore, A., Scow, B. and Hagen, J., 2017. Assessing the impact of a healthy relationships curriculum on native American adolescents. *Social Work*, 62(3), pp.251-258.

Schutter, M.E., Scherman, A. and Carroll, R.S., 1997. Grandparents and children of divorce: Their contrasting perceptions and desires for the postdivorce relationship. *Educational Gerontology: An International Quarterly*, 23(3), pp.213-231.

Shields, M., Tonmyr, L., Hovdestad, W.E., Gonzalez, A. and MacMillan, H., 2020. Exposure to family violence from childhood to adulthood. *BMC public health*, 20(1), pp.1-15.

Silovsky, J., Bard, D., Owora, A.H., Milojevich, H., Jorgensen, A. and Hecht, D., 2022. Risk and protective factors associated with adverse childhood experiences in vulnerable families: results of a randomized clinical trial of SafeCare®. *Child maltreatment*, p.10775595221100723.

Sumari, M., R. Subramaniam, S.D. and Md Khalid, N., 2020. Coping with parental divorce: A study of adolescents in a collectivist culture of Malaysia. *Journal of Divorce & Remarriage*, 61(3), pp.186-205.

Swick, K.J., 2008. Empowering the parent–child relationship in homeless and other high-risk parents and families. *Early Childhood Education Journal*, 36(2), pp.149-153.

Taylor, S. and Xia, Y., 2022. Dating violence among rural adolescents: Perpetration and victimization by gender. *Journal of Interpersonal Violence*, 37(9-10), pp.NP7729-NP7750.

Tharp, A.T., Simon, T.R. and Saul, J., 2012. Preventing violence against children and youth. *Journal of safety research*, 43(4), pp.291-298.

The Simon Community, 2022. 'Hidden' homelessness in Northern Ireland. Available at https://simoncommunity.org/assets/pdfs/Hidden-Homelessness_Report_FINAL_2022-03-04-122611_qzze.pdf

The Simon Community, 2022. *Pathways to youth homelessness: a research report*. Available at <https://simoncommunity.org/assets/pdfs/Pathways-to-Youth-Homelessness-Final-Research-Piece-24.07.2019.pdf>

Uytun, M.C., Oztop, D.B. and Esel, E., 2013. Evaluating the attachment behaviour in during puberty and adulthood. *Dusunen Adam: Journal of Psychiatry & Neurological Sciences*, 26(2).

Vaughan, J., McCullough, E. and Burnell, A., 2016. Neuro-Physiological Psychotherapy (NPP): the development and application of an integrative, wrap-around service and treatment programme for maltreated children placed in adoptive and foster care placements. *Clinical child psychology and psychiatry*, 21(4), pp.568-581.

Vyšniauskytė-Rimkienė, J. and Matulevičiūtė, D., 2016. How creative group work helps adolescents create relations with self and peers.

Waddell, M. (2019) *Inside Lives: Psychoanalysis and the Growth of Personality*. London: Routledge.

Walker, E.K., 2011. Risk and protective factors in mothers with a history of incarceration: Do relationships buffer the effects of trauma symptoms and substance abuse history?. *Women & Therapy*, 34(4), pp.359-376.

Weiser, D.A., Lieway, M., Brown, R.D., Shrout, M.R., Russell, K.N., Weigel, D.J. and Evans, W.P., 2022. Parent communication about sexual and relationship violence: Promoting healthy relationships or reinforcing gender stereotypes?. *Family Relations*, 71(1), pp.181-200.

Whitton, S.W., Dyar, C., Godfrey, L.M. and Newcomb, M.E., 2021. Within-person associations between romantic involvement and mental health among sexual and gender minorities assigned female-at-birth. *Journal of family psychology*.

Wilson, H.W., 2018. Development of sexual risk in minority youth: Risk and protective factors in early adolescence. *The Journal of Early Adolescence*, 38(1), pp.5-11.

Wilson, K.L., Szucs, L.E., Shipley, M., Fehr, S.K., McNeill, E.B. and Wiley, D.C., 2019. Identifying the inclusion of National Sexuality Education Standards utilizing a systematic analysis of teen dating violence prevention curriculum. *Journal of school health*, 89(2), pp.106-114.

Worthen, M.G., 2011. Gender differences in parent–child bonding: implications for understanding the gender gap in delinquency. *Journal of Crime and Justice*, 34(1), pp.3-23.

World Health Organisation 2018. *International technical guidance on sexuality education: an evidence-informed approach*. Available at <https://www.who.int/publications/m/item/9789231002595>

Xia, M., Fosco, G.M., Lippold, M.A. and Feinberg, M.E., 2018. A developmental perspective on young adult romantic relationships: Examining family and individual factors in adolescence. *Journal of youth and adolescence*, 47(7), pp.1499-1516.

Yao, Z. and Enright, R., 2022. Social class and prosocial behavior in early adolescence: The moderating roles of family and school factors. *Journal of Moral Education*, pp.1-15