

# **Care experienced young people's experiences of natural mentoring and trust in professional relationships**

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Thesis submitted in partial fulfilment of the requirements of University of Staffordshire for the degree of Doctorate in Clinical Psychology

August 2025

Total word count: 19,051

## THESIS PORTFOLIO: CANDIDATE DECLARATION

<b>Title of degree programme</b>	<b>Professional Doctorate in Clinical Psychology</b>
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<p>I confirm that the thesis submitted is the outcome of work that I have undertaken during my programme of study, and except where explicitly stated, it is all my own work.</p> <p>I confirm that the decision to submit this thesis is my own.</p> <p>I confirm that except where explicitly stated, the work has not been submitted for another academic award.</p> <p>I confirm that the work has been conducted ethically and that I have maintained the anonymity of research participants at all times within the thesis.</p>	
Signed: 	Date: 15.08.2025

## Acknowledgements

First and foremost, I would like to pay a special thank you to all the young people who took part in this research. Thank you for being so open and honest. It was a real privilege that you trusted me with your stories, and without you, this research would not have been possible.

Thank you to all the organisations, charities, and individuals who have had conversations with me about this topic area and helped to advertise my study. A special thanks goes to *Become Charity* and *The National House Project* for your support. I would also like to thank the *Care Experienced Psychologists Network*, for giving up valuable time and offering incredibly helpful suggestions in the planning stages of this study.

Words cannot express how grateful I am to Dr Yvonne Melia, my research supervisor, whose unwavering support, guidance and knowledge over the past three years made this research possible. Thank you, Yvonne. Also, thank you to Dr Gabija Srejjic, my clinical supervisor, for igniting a passion for carrying out the research, and for the time and space you have given to talk things through and share your knowledge of this area.

To all the placement supervisors who allowed space for me to talk about my research, shared suggestions and ideas, and supported me across the three years of training, thank you.

A special thank you to my fellow trainees, for listening when I needed to talk through my project, and for your compassion and humour – in particular to Krishna, Katie and Hayley, who have been there through the highs and lows!

Finally, to Emma and Isabelle.

Emma, you have been by my side and a constant cheerleader since the beginning. Words cannot express how grateful I am for you, especially over these past three years. Thank you for believing in me. Isabelle, thank you for being *you*, and for being the best possible distraction. Thank you both for your patience – and to Isabelle in particular, for understanding when ‘daddy couldn’t play.’

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## Thesis abstract

This thesis contributes to an understanding of relationally focused support for care experienced young people (CEYP), with attention paid to both informal and professional relationships.

Paper one presents a narrative literature review of nine studies examining the outcomes and experiences of natural mentoring for CEYP across all ages and care settings. Natural mentors are trusted adults from a young person's existing social network, chosen by the young person. Across the included studies, natural mentoring was often reported to be linked with positive psychosocial, educational, and vocational outcomes, particularly during transitions such as leaving care or entering higher education. Mentors frequently provided both emotional support and practical resources. However, the overall methodological quality of the studies was low to moderate, with inconsistent definitions and underrepresentation of younger children. As such, these findings should be interpreted cautiously, and there is a need for more rigorous, longitudinal research to clarify the potential benefits of natural mentoring and to inform practice approaches that identify and foster these relationships.

Paper two reports an empirical study exploring how CEYP experience trust in relationships with professionals, outside of therapeutic contexts. Using Interpretative Phenomenological Analysis, five female participants aged 14 - 21 took part in semi-structured interviews. Four Group Experiential Themes were developed: I mattered to them; keeping it real through genuine connection; scars of betrayal; and shortchanged by the system. Trust was built gradually through consistent, attuned interactions, shaped by earlier relational harm and wider systemic conditions, and remained vulnerable to rupture. Findings emphasise the importance of trauma-informed, relationally attuned practice, supported by organisational approaches that enable continuity and meaningful engagement.

Paper three is an executive summary which aims to provide an accessible overview of paper two. The summary was designed for CEYP and professionals in social care, health, and education. It presents the research in accessible language, centring participants' voices, and offers clear, practical implications for fostering trust. Four participants provided feedback on its suitability and accessibility. The paper will be disseminated to all study participants as well as to professionals and organisations who may benefit from the findings.

## **Paper one: Literature Review**

**What are the outcomes and experiences of natural mentoring for care experienced young people? A review of the literature**

Word Count: 7921

(Excluding title page, references and appendices)

Student Number: 22042138

Target Journal: Children and Youth Services Review

*The paper has been written in the style of the target journal. Author guidelines can be found in appendix F. Further amendments will be made prior to submission to the journal.*

## **Abstract**

Supportive, consistent relationships with non-parental adults can play a crucial role in shaping young people's development and future opportunities. Natural mentoring, in which the young person selects a mentor from their existing social network, may be particularly valuable for care experienced young people. This review builds on previous work by examining the outcomes of natural mentoring for care experienced young people across all ages. Seven databases were searched, and nine studies met the inclusion criteria. Studies were appraised using Crowe's Critical Appraisal Tool (Crowe, 2013). Findings suggest that natural mentoring may be associated with positive psychosocial outcomes and could support educational and vocational development through skill-building and resources access, although the evidence is limited by methodological weakness. Further research with more rigorous designs is needed to clarify the potential impact of natural mentoring across different developmental stages and care settings.

## Introduction

'It takes a village to raise a child' is a well-known statement referring to the wider social networks of children and young people that can positively contribute to their physical, psychological, social and emotional development (Van Dam, 2018). Children or young people who live under the care of a local authority until the age of 18 have been removed from the care of their biological parents, typically due to neglect or abuse (NSPCC, 2024). Supportive relationships for care experienced children and young people have been well recommended in policy guidance and empirical evidence (Ahrens et al., 2011; Children's Commissioner, 2018; DuBois et al., 2011; National Institute for Health & Care Excellence [NICE], 2021) as a way of helping to mitigate the impact of adverse early experiences.

Previous reviews have found positive associations between mentoring, defined as a positive, supportive relationship between a young person and an adult who is not a biological parent (Rhodes et al., 2006), and a range of psychosocial outcomes. Some of this evidence is specific to care experienced young people (Ahrens et al., 2008; Taussig & Weiler, 2017;), while other studies focus on youth more generally (DuBois et al., 2011). Rhodes' model of mentoring (2002, 2005) proposes that these outcomes arise through interrelated processes across three domains: social-emotional development, cognitive development and identity development. The model emphasises the importance of mutuality, trust and empathy as a relational foundation. In addition to providing opportunities to socialise and practise emotional regulation, a key outcome in the social-emotional domain is the experience of a corrective, trusting relationship. Such relationships may modify perceptions of others (Bowlby, 1988; Rhodes et al., 2006; Sroufe & Fleeson, 1986; Sulimani-Aidan et al., 2020). It may also alter internal working models, meaning the mental representations of self, others and relationships formed through early attachment experiences, which in some cases may not have been supportive, caring or positive (Sulimani-Aidan et al., 2020).

Interest has grown in the concept of natural mentoring, where the mentor is a non-parental important adult already known within the young person's social network. A review conducted in 2016 (Thompson et al., 2016) was the first to examine natural mentoring amongst adolescents in foster care, finding support for its benefits but noting methodological limitations in the evidence and the rapid growth of literature in this area. The present review builds on Thompson et al's. work by examining more recent evidence and exploring the outcomes and experience of natural mentoring for care experienced young people of all ages

Natural mentoring has been defined as “a very important, nonparental adult that exists in a youth’s social network, like a teacher, extended family member, service provider, community member, or coach who provides ongoing guidance, instruction, and encouragement aimed at developing the competence and character of the young person” (Greeson, 2013; Rhodes, 2002; Thompson et al., 2016). Key features are that the mentor is already part of the young person’s social network and is selected by the young person. This is particularly important for care experienced young people, who may face challenges in building trust with unfamiliar adults (Britner et al., 2013). Choosing their own mentor may enable stronger emotional connections (Greeson, 2013; Thompson et al., 2016) and more positive outcomes in care.

Findings from Thompson et al’s. (2016) review described benefits consistent with Rhodes’ model across psychosocial, educational, vocational and behavioural domains. Natural mentoring may be especially valuable for care experienced young people as it allows them to self-select adults from existing networks, increasing the likelihood that a genuine relational bond already exists and can endure over time (Britner et al., 2013; Greeson, 2013; Spencer et al., 2010).

## **Aims and rationale of the review**

### *Rationale*

Care experienced young people have often experienced adverse early life events and relational trauma, which can significantly affect their ability to develop supportive, close relationships with primary caregivers (Munford, 2022; Taussig & Weiler, 2017). Interventions that focus on developing healthy, supportive relationships and repairing harm caused in the context of important relationships are widely promoted (Ludy-Dobson & Perry, 2010). As noted in Thompson et al’s. (2016) review, there is a growing body of literature on mentoring and, more recently, natural mentoring. Mentoring has also received policy attention: the UK government established an all-party parliamentary group to promote mentoring between 2017 and 2021 (UK Parliament, 2021) and the Department for Education (DfE) also allocated over £9 million to support mentoring projects for children in care and care leavers (DfE, 2023). NICE guidance (2021), the Children’s Commissioner (2018) and The Diana Award (Harroche & Gorostiza, 2025) also highlight the importance of mentoring for children and young people.

Since Thompson et al. (2016) published their review of natural mentoring outcomes for adolescents in foster care, no subsequent reviews have examined outcomes for care experienced children and young people. A meta-analysis by Van Dam et al. (2018) explored natural mentoring more broadly but was not specific to this group. Given the literature was already growing rapidly when Thompson et al. (2016) conducted their review, it is timely to synthesise the current evidence and expand the scope to include care experienced young people of all ages, not just those in foster care. This review focuses on outcomes and experiences of natural mentoring across social-emotional development, cognitive development and identity development, as outlined in Rhodes' (2002, 2005) model. By understanding these outcomes, recommendations can be made to inform practice, particularly if evidence reveals nuances in how natural mentoring may vary depending on age or care setting.

### *Aim*

The aim of this literature review is to synthesise the evidence and evaluate the outcomes and experiences of natural mentoring for care experienced young people. As this review builds on Thompson et al. (2016), the primary focus was on studies published from 2015 onwards, although earlier studies were included if they provided relevant data not included in the previous review.

**Review question:** What are the outcomes and experiences of natural mentoring for care experienced young people?

## **Method**

### **Scoping searches**

Scoping searches were completed using Google Scholar and University of Staffordshire library resources in September 2024 to determine whether the review would be viable. The scoping searches indicated that there was sufficient evidence to conduct a review at that time. As part of the scoping searches, search terms were collated, and a search strategy was developed in attempt to capture the broad terminology used around natural mentoring.

## Search strategy

Searches were conducted in October 2024. The following databases were included in the searches: PsycINFO, CINAHL, MEDLINE, PubMed, Scopus, Cochrane Library and Google Scholar. The full search strategy can be found in appendix A; however, the following terms were combined to capture the concept of natural mentoring:

("natural mentor\*" OR mentor\* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor\*" OR "youth mentor\*" OR "non-kin mentor\*").

This search string was then combined with each of the following in turn:

- "child\* in care"
- "care experienced young person"
- "care experienced"
- "looked after child\*"
- "care leaver"
- "foster youth"
- "foster child\*"
- "aging out youth"
- "transitional age youth"
- "emancipated youth"
- "out of home care"
- "residential care"

Although an aim of this review was to provide an updated synthesis of evidence since the publication of Thompson et al. (2016), no date limiter was set for the majority of databases. This was to ensure all evidence was captured in relation to natural mentoring across the age ranges of children and young people. The only exception to this was for searches conducted using Google Scholar, results were limited to research published 2015 onwards (to follow on from Thompson et al., (2016)) due to the large number of results returned. In cases where searches produced extensive results via Google Scholar, only the first 200 records were screened as suggested by Haddaway et al. (2015).

Searches also included subject headings where the databases allowed, such as PsycINFO, CINAHL and MEDLINE. In some databases, initial searches produced a large number of irrelevant results. To improve the relevance of results for PubMed, Scopus and Cochrane Library, the search was restricted to terms appearing in the title and, where possible, the abstract. This helped to focus the results on studies more closely related to the review topic. Searches were limited to peer-reviewed articles only. Citation searching was carried out using citation chaining (searching for papers that had cited a key article) and reviewing the reference lists of included studies. Hand searching of key journals and reference lists was conducted at the full-text review stage. No additional studies were identified through these methods.

Inclusion and exclusion criteria for the review can be found in table 1, this guided the review process.

<b>Criteria</b>	<b>Inclusion</b>	<b>Exclusion</b>
<i>Population</i>	Care experienced young people: any young person who has been living away from their biological parents and 'in care'. This also includes young people who are termed 'care leavers' or who have emancipated from care.	Studies whereby care experienced young people are not the focus of the research.
<i>Design</i>	Any quantitative or qualitative study design that focuses on outcomes or experiences of natural mentoring for care experienced young people.	Theoretical studies, case studies with no empirical focus, commentaries/opinion pieces
<i>Exposure</i>	Studies exploring the outcome or experiences of natural mentoring for care experienced young people.  Language may alter surrounding natural mentoring so this will	Any study consisting of formal mentoring or peer mentoring

	also include: informal mentoring, very important non-parental adult, youth initiated mentor, non-kin mentor.	
<i>Language</i>	English language only	

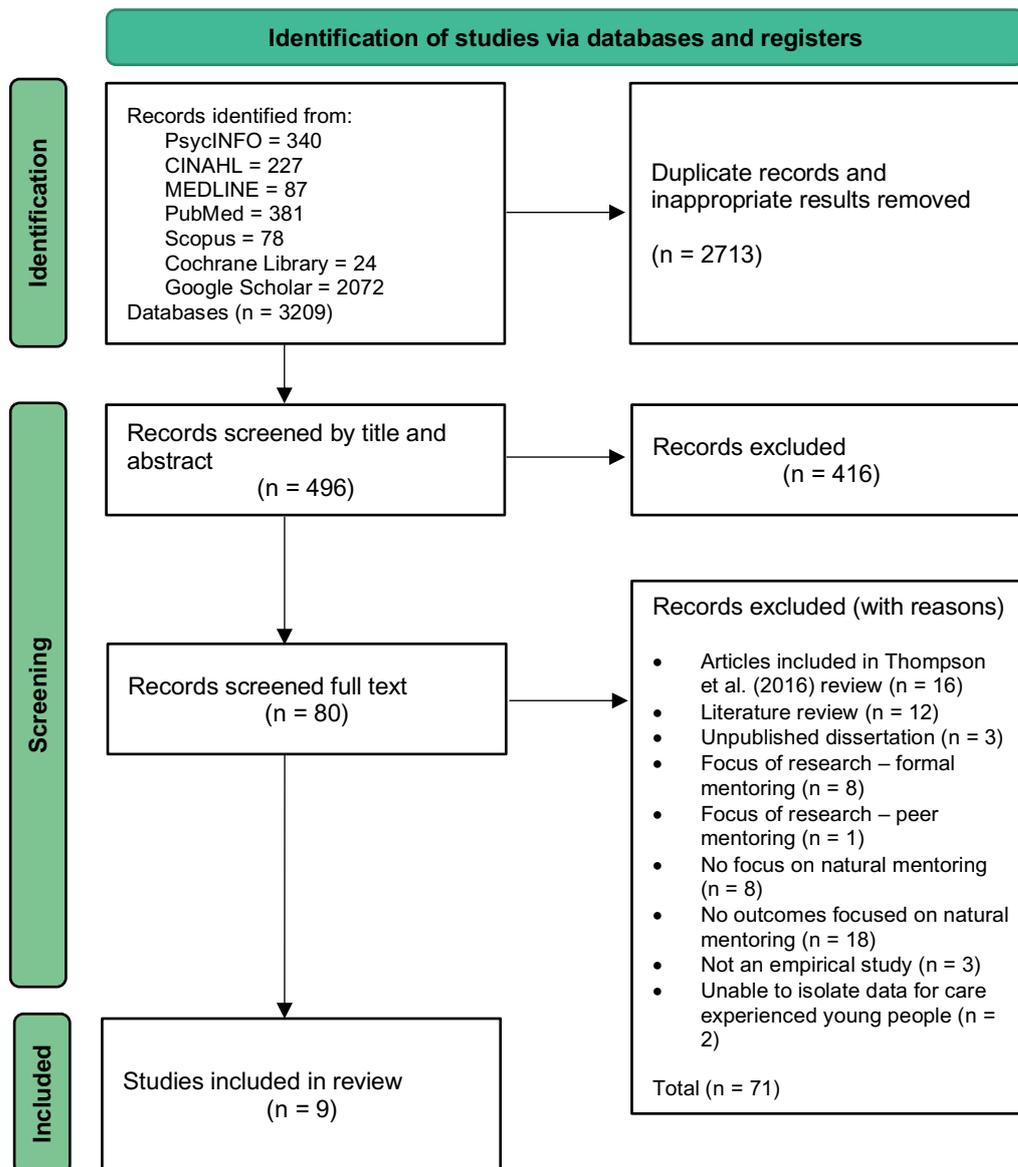
**Table 1 - Inclusion and exclusion criteria**

### **Publication bias**

Publication bias is used to describe a tendency where studies with positive or significant results are more likely to be published (Song et al., 2013). To mitigate this, grey literature was searched using Google Scholar and the Ethos database to identify any unpublished studies. No additional studies that met the review criteria were discovered. Three unpublished dissertations were identified but excluded as they did not meet the inclusion criteria.

### **Overview of the search**

The search process is detailed in Figure 1. A total of 3209 results were obtained through database searching. Prior to screening, duplicate records were removed using reference management software, along with records that were irrelevant to the review question. These steps were conducted together; therefore, a separate count of duplicate records was not retained. This process left 496 records for title and abstract screening, of which 416 were excluded. The remaining 80 studies were retrieved for full-text review against the inclusion and exclusion criteria. Reasons for exclusion at the full-text stage are provided in Figure 1. Nine studies met the criteria and were included in the review.



**Figure 1 PRISMA diagram - flowchart of searching (Page et al., 2021)**

## Data extraction

The following information was extracted for the purposes of the review and included in a study characteristics table (appendix C): sample information, conceptualisation of natural mentoring, aim of the study, methodology, key findings, strengths and limitations. Table 2 provides an abridged overview of the studies.

## **Quality assessment**

The CCAT (Crowe, 2013) was selected as an appropriate appraisal tool for all included studies. A particular merit of the CCAT is its ability to review mixed methodological approaches (Crowe et al., 2012) as well as evidenced superiority over an informal appraisal of studies (Crowe et al., 2011). The CCAT reviews a study against 8 categories, the preliminaries (title, abstract and overview of writing), followed by the 7 aspects of the paper: introduction, research design, sampling, data collection methods, ethical matters, results and discussion (see appendix E for a CCAT review form). Each category is scored out of 5 with an overall score out of 40. The CCAT provides guidance on calculating a quality score percentage. As per the CCAT guidance, each paper was read twice. Given the previously discussed methodological issues with research in this topic area (Thompson et al., 2016), no studies were excluded based on their quality assessment score. The overall quality score percentage is included in the overview of studies table (table 2) and a full description of quality assessment scores for each study can be found in appendix B.

## **Synthesis**

A narrative approach was used to synthesise the findings from the studies by way of drawing out themes across research methodologies following data extraction (Popay et al., 2006; Centre for Reviews & Dissemination, 2009). Data was inputted to the data extraction table and textual descriptions of outcomes and themes considered for each. A written synthesis was then developed.

## **Results**

### **Overview of studies**

Nine studies were included in the final synthesis and were appraised using the CCAT (Crowe, 2013). The data extraction table (Table 2) provides a summary of the included studies, and a more detailed version can be found in appendix C. Research was predominantly conducted across either USA (Duke et al., 2017; Gowdy & Hogan, 2021; Gowdy et al., 2023; Greeson et al., 2016) or Israel (Sulimani-Aidan & Schwartz-Tayri, 2021; Sulimani-Aidan, 2018; Sulimani-Aidan et al., 2020). One study took place in the UK (Newton et al., 2017) and one was a multi-site study across Ireland and Catalonia (Arnau-Sabatés & Gilligan, 2020).

Four of the studies focused on care leavers only (Arnau-Sabatés & Gilligan, 2020; Duke et al., 2017; Newton et al., 2017; Sulimani-Aidan, 2018), two focused on older adolescents still in care (Sulimani-Aidan et al., 2020; Sulimani-Aidan & Schwartz-Tayri, 2021), another two studies included a mix of participants who were care leavers or older adolescents in care (Gowdy & Hogan, 2021; Gowdy et al., 2023) and one study focused on pre-adolescent children in foster care (Greeson et al., 2016).

The main aim of the majority of studies was to understand both the make-up of natural mentoring relationships (i.e. who filled this role) and the function or impact of this role on the young person's life. Six of the studies considered the role of natural mentoring in the context of a key transitional point for the young person. Largely this was the transitional point out of care (Duke et al., 2017; Newton et al., 2017; Sulimani-Aidan et al., 2020; Sulimani-Aidan & Schwartz-Tayri, 2021), but two studies considered the transition into higher education (Gowdy & Hogan, 2021; Gowdy et al., 2023). Newton et al's. (2017) study was slightly different in that it was a small-scale qualitative care leaver consultation to inform a future mentoring intervention, rather than a more conventional research study. Arnau-Sabatés and Gilligan (2020) explored the role of natural mentors in a workplace setting and considered the impact that natural mentoring from colleagues, managers and employers had on care leavers. Greeson et al. (2016) was the only study that included pre-adolescent children in foster care and aimed to describe the natural mentoring relationships with their sample as well as any association with psychosocial outcomes. Sulimani-Aidan (2018) considered the influence of natural mentoring on the lives of care leavers from residential care only.

<b>Author, year and setting</b>	<b>Aims of study</b>	<b>Study design</b>	<b>Key findings</b>	<b>CCAT Score (/40) and %</b>
Arnau-Sabatés & Gilligan (2020)  Ireland & Catalonia	To examine the role that natural mentors in the workplace (colleagues and employers) had on care leavers.	Qualitative – individual interviews analysed using content analysis	<ul style="list-style-type: none"> <li>• 14/22 participants reported explicitly positive relationships with colleagues or managers</li> <li>• Workplace was an environment where care leavers could develop their social network via natural mentors as well as broaden employment skills</li> <li>• Natural mentors acted as coaches and offered personal, emotional support beyond the remit of employment</li> </ul>	19/40  48%
Duke, Farruggia, & Geramo (2017)  Los Angeles, USA	To identify characteristics of very important adults (VIPs) in the lives of care leavers and understand how they have supported the care leaver during the transition out of care.	Cross sectional survey – VIP characteristics  Qualitative – thematic analysis	<ul style="list-style-type: none"> <li>• 46% of VIPs = ‘truly key’ in the young person’s life. 43% = ‘very important’</li> <li>• 86% described VIP as ‘parent like’</li> <li>• 3 themes; positive relationships with VIPs, supportive during transition, VIPs prevent negative outcomes and support with personal growth</li> </ul>	19/40  48%
Gowdy & Hogan (2021)  California, USA	To explore typologies of natural mentoring relationship – ‘core’ or ‘capital’ and whether these relationships offer different kinds of support	Quantitative - Individual structured interview  Cluster analysis- identify type of mentor  Chi-square model – association between mentor type and support type	<ul style="list-style-type: none"> <li>• Two types of mentor relationships mapped onto ‘core’ or ‘capital’ mentoring</li> <li>• Core – most likely to come via extended family or foster networks – characterised as close</li> <li>• Capital – mentor relationships with professionals – offered bridging capital and informational support</li> <li>• Both types of mentors provided emotional support</li> </ul>	22/40  55%
Gowdy, Hogan, Roosevelt, Saastamoinen & Levine (2023)	Explore informal mentoring relationships with transitional age youth entering higher education. Explore whether core mentoring relationships	Quantitative – longitudinal structured interviews over 3 time points  Cluster analysis	<ul style="list-style-type: none"> <li>• Core mentors = provided instrumental support and emotional support. Were more stable over time</li> <li>• Capital mentors = provided informational support and bridging capital</li> </ul>	17/40  43%

California, USA	were more stable than capital relationships. Determine whether capital relationships promote relationships with other capital mentors.		<ul style="list-style-type: none"> <li>No relationship found between capital mentors and introduction of additional capital mentoring relationships</li> </ul>	
Greeson, Weiler, Thompson & Taussig (2016)  USA	Describe natural mentoring relationships amongst pre-adolescent foster children. Explore association between natural mentoring and demographics, maltreatment history, care experience and functioning. Comparison between children who had ever had a natural mentor vs. those who have never had one.	Quantitative – chi-square and t-tests to compare differences	<ul style="list-style-type: none"> <li>Natural mentors were most likely to be school personnel</li> <li>Natural mentors were rated highly on attachment scale</li> <li>No difference between groups on psychosocial characteristics</li> <li>Children with mentor found to have stronger attachments than children without mentor</li> <li>Children who experienced sexual abuse were less likely to have a natural mentor compared to children who experienced other maltreatment types</li> </ul>	23/40  58%
Newton, Harris, Hubbard & Craig (2017)  UK	Qualitative small-scale consultation with care leavers to inform a mentoring intervention to reduce depression in young females during their transition out of care	Qualitative – focus groups  Thematic analysis	<ul style="list-style-type: none"> <li>Natural mentors were highly valued by participants</li> <li>Support received from care leavers was ‘crucial’ – general day-to-day support, academic support, motivation, emotional support</li> <li>Value in natural mentors over a mentor offering support as part of paid role</li> <li>Following the consultation the authors abandoned the development of a formal mentoring scheme due to the comments regarding the value of natural mentoring</li> </ul>	13/40  33%
Sulimani-Aidan & Schwartz-Tayri (2021)  Israel	To explore the mechanism by which natural mentoring relationships and a sense of belonging contribute to resilience (life skills and hope)	Quantitative – cross-sectional survey design  Structural equation modelling	<ul style="list-style-type: none"> <li>Direct relationship of the mentoring relationship to resilience = non-significant</li> <li>When sense of belonging added as a mediator - young people who had a more supportive relationship with their mentor = higher sense of belonging to their placement and had higher levels of resilience</li> </ul>	22/40  55%

<p>Sulimani-Aidan (2018)</p> <p>Israel</p>	<p>Describe who the natural mentors were for care leavers and what influence (roles and functions) they had on their lives.</p>	<p>Mixed-methods - Semi-structured interviews</p> <p>Descriptive statistics – mentor characteristics</p> <p>Thematic analysis</p>	<ul style="list-style-type: none"> <li>• 2 main themes regarding mentor role and function: <ul style="list-style-type: none"> <li>○ Present and supportive</li> <li>○ Motivator and catalyst</li> </ul> </li> <li>• Participants described mentors as offering concrete and emotional support, positive role models and as parental figures.</li> <li>• Participants reported that mentors were a catalyst for positive change in their lives – emotionally/socially/behaviourally. They also encouraged adaptive coping skills and a motivator towards achievements and future aspirations.</li> <li>• Mentors were also described as a person who ‘restrained’ against negative outcomes.</li> </ul>	<p>17/40</p> <p>43%</p>
<p>Sulimani-Aidan, Melkman, &amp; Greeson (2020)</p> <p>Israel</p>	<p>Examine the contribution of natural mentoring relationships to life skills (educational attainment, employment skills and avoidance of risk behaviours) of young people who were due to emancipate from care</p> <p>Do specific characteristics from mentoring relationships relate to life skills of the young person?</p>	<p>Quantitative – cross-sectional survey design</p> <p>T-test and chi-square analyses</p> <p>Multivariate hierarchical regressions to test the overall contribution of variables to the prediction of readiness</p>	<ul style="list-style-type: none"> <li>• Length of mentoring relationships and all 4 functions of mentoring relationship were positively and significantly associated with overall readiness for independence and greater employment skills.</li> <li>• Avoidance of risk behaviours was associated with 3 mentoring functions</li> <li>• Higher education skills were significantly associated with one mentoring function</li> <li>• Multivariate hierarchical regression analyses revealed mentoring characteristics all contributed significantly to the prediction of three life skills when controlling for individual and placement history variables.</li> </ul>	<p>22/40</p> <p>55%</p>

**Table 2 - Data extraction table**

## **Definition of natural mentoring**

In line with findings from Thompson et al. (2016), a difficulty with the literature surrounding mentoring and specifically natural mentoring is the variation in language and definitions. See Appendix D for an overview of the definitions used.

## **Sample**

### *Care setting*

Overall, participants across all studies had experienced either foster care or residential care. Most studies included care leavers (Arnau-Sabatés & Gilligan, 2020; Duke et al., 2017; Newton et al., 2017; Sulimani-Aidan, 2018) or a mix of older adolescents still in care and care leavers (Gowdy et al., 2023; Gowdy & Hogan, 2021). Studies by Sulimani-Aidan et al. (2020) and Sulimani-Aidan & Schwartz-Tayri (2021) recruited older adolescents who were still living in the care system. Greeson et al. (2016) was the only study to focus on pre-adolescent children in care, specifically foster care.

### *Sample size and demographics*

Sample sizes varied considerably due to the design of the study. Sizes ranged from 11 participants (Newton et al., 2017) to 263 participants (Greeson et al., 2016). The mean number of participants included in this review was 123.

The amount of detail provided on demographic information differed between studies. Most reported a greater proportion of female participants than males, although two of the four Israeli studies included more male participants. Ethnicity was inconsistently reported<sup>1</sup>. No data were provided by Arnau-Sabatés and Gilligan (2020) or Newton et al. (2017). US-based studies generally included participants identifying as Hispanic/Latino (34-46%), African American (22-43%), Caucasian/European American (8-49%) and smaller proportions identifying as Asian, multiracial or other. Israeli studies reported the majority of participants as native-born Israelis (45-80%), with smaller proportions from Ethiopia (11-35%) and the former Soviet Union (6-20%). This variation in reporting limits the ability to examine differences in natural mentoring experiences across cultural or ethnic groups.

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<sup>1</sup> Terminology used to describe ethnicity in this section is taken directly from the original articles.

Eight out of the nine studies recruited older adolescents or young adults. The mean age, where reported, ranged from 17.5 years (Sulimani-Aidan et al., 2020), to 20.5 years (Sulimani-Aidan, 2018). Newton et al's. (2017) study participants ranged between 17 and 23 years old. Arnau-Sabatés and Gilligan (2020) recruited a slightly older range of participants who were aged between 23 and 33 years old. Pre-adolescent participants who took part in Greeson et al's (2016) study were, on average, aged 9.8 years (range = 9-11). Given the variation in ages across studies, it is therefore difficult to make generalisations regarding the outcomes of natural mentoring on particular age groups.

#### *Maltreatment history and time in care*

Only one study (Greeson et al., 2016) reported data on maltreatment history. In this sample, maltreatment categories were coded from legal petitions and social histories; these categories may not directly correspond to the specific reasons for a young person's entry into care. The most frequent category was supervisory neglect, failure to provide adequate protection from harmful people or situations (85.9%), and the least frequent was sexual abuse (12.5%). Within this study, there was a group comparison between children who had never had a natural mentor and those who had ever had a natural mentor. Educational neglect was the most cited maltreatment type for children who had ever had a mentor (60%) and sexual abuse was the least cited (45.5%). The omission of maltreatment history in many studies means that inferences cannot be drawn on whether natural mentoring leads to certain outcomes depending on a young person's history or past experiences.

Two studies provided data on the average time participants had spent in care, which ranged from 2 years to 3.5 years. Another two studies reported the age that the young person had originally entered care. Sulimani-Aidan and Schwartz-Tayri (2021) and Sulimani-Aidan et al. (2020) participants mean age of entry to care was 11.4 years (SD = 3.74) and 11.44 years (SD = 4.09) respectively. Again, conclusions could not be drawn regarding whether natural mentors' impact on a young person varied depending on length of time in care, as this data was largely not present.

#### ***Recruitment***

Details about recruitment to the studies were limited overall. Three studies recruited participants that were already engaged in a wider research study, no details were provided about the rationale for this, but it could be assumed that this method provides 'easier' access to participants from a vulnerable population. Three other studies recruited participants

directly from the care setting following ethical approval and two studies recruited directly from a university campus support program that was open to prospective students who had left foster care. No studies presented a definition of natural mentoring as part of the recruitment process. In the majority of studies, no definition of natural mentoring was provided to the participants, instead researchers appeared to ascertain the presence of a natural mentor through the initial survey or interview questions. Three studies did present a definition of a natural mentor to the participants at the beginning of the data collection process (Duke et al., 2017; Greeson et al., 2016; Sulimani-Aidan, 2018).

### ***Natural mentoring relationship***

Eight out of nine studies provided data on who the natural mentor was in the young person's network. In three of the studies conducted in the USA, natural mentors were predominantly from the wider family network of the young person (50% or more across all three studies), followed by a professional already known to the young person. In contrast, all three studies conducted in Israel found that natural mentors largely came from the young person's professional network (48-52%), closely followed by the wider family network. Greeson et al's. (2016) study with younger children also found that many natural mentors were from the child's professional (33.8%) or education network (31%), followed by the wider family network (21.8%). Arnau-Sabatés and Gilligan (2020) reported that mentors were typically 'bosses or co-workers.' Taken together, these findings provide insight into potential cultural differences in how young people select natural mentors from their pre-existing networks. They also suggest that younger children may tend to have more exposure to natural mentors from a professional or education networks due to their age and the likelihood of increased professional involvement.

Four studies reported on length of the mentoring relationship. Gowdy and Hogan (2021) and Gowdy et al's. (2023) studies that considered core and capital mentoring reported core mentoring relationships lasting substantially longer than capital mentoring. On average, capital mentoring relationships had lasted around three years, whereas core mentoring relationships had lasted over 11 years. There were large variations in the length of mentoring relationships reported in the other two studies to be able to draw any meaningful conclusions.

## **Design of studies**

Two studies (Arnau-Sabatés & Gilligan, 2020; Newton et al., 2017) used a purely qualitative design in their studies, Arnau-Sabatés and Gilligan (2020) used individual semi-structured interviews to explore participants' views on natural mentoring within the workplace. Newton et al. (2017) used a focus group design in their small-scale consultation with care leavers in the UK, to elicit views on a mentoring intervention. Two of the studies (Duke et al., 2017; Sulimani-Aidan, 2018) utilised a mixed-methods design whereby they collected quantitative data on the characteristics of the mentors and qualitative data from individual semi-structured interviews to explore more nuanced detail about the outcome or impact of the mentoring relationships.

The remaining five studies adopted a quantitative design. Gowdy and Hogan (2021) and Gowdy et al. (2023) both used structured interviews with participants to collect data to perform a cluster analysis to determine the typologies of mentoring relationships. Greeson et al. (2016), Sulimani-Aidan & Schwartz-Tayri (2021) and Sulimani-Aidan, Melkman, & Greeson (2020) all utilised a cross-sectional survey design.

## **Outcomes**

Study outcomes were predominantly psychosocial, focusing on how natural mentors had contributed to young people's emotional wellbeing, identity development and/or personal growth as well as mitigating against negative psychological outcomes. Qualitative studies consisted of themes related to psychological and social benefits of the natural mentoring relationship. Consistently across all qualitative studies, experiences of the natural mentoring relationship were regarded as very positive. There were also outcomes reported in relation to skill development, academic or employment focused, to support the young person in terms of their life skills as well as support with transition into adulthood and out of the care system.

In terms of quantitative research, Gowdy and Hogan (2021) and Gowdy et al. (2023) used a cluster analysis to define the mentoring relationships as either 'core' or 'capital' and described the outcomes associated with both. Core mentoring was related to instrumental and emotional support, whereas capital provided informational support and bridging capital.

Three studies used outcome measures in their research. Greeson et al. (2016) used the following measures to capture psychosocial outcome measures related to natural mentoring: 'The Social Skills Rating System' (Gresham & Elliott, 1990) to assess social skills, perceived future opportunities was measured using a scale within a youth survey (Huizinga & Esbensen, 1990) and finally attachment to family, caregivers, peers and natural mentors was measured using 'The Inventory of Parent and Peer Attachment-Short Form' (Gifford-Smith, 2000). Sulimani-Aidan and Schwartz-Tayri (2021) and Sulimani-Aidan et al. (2021) used 'Ansell-Casey Life Skills Assessment' (Pecroa et al., 2003; Benbenishty & Schiff, 2009) to measure the young people's life skills. Sulimani-Aidan and Schwartz-Tayri (2021) used the 'Children's Hope Scale' (Snyder et al., 1997) to measure hope. Sense of belonging to care placement was measured using the 'Sense of School Membership Scale' (Goodenow, 1993). All scales used were validated and demonstrated acceptable or good internal consistency.

### **Ethical considerations**

Seven studies reported they had received ethical approval, two studies did not (Gowdy & Hogan, 2021; Gowdy et al., 2023). Gowdy et al. (2023) reported that they obtained informed consent, however Gowdy and Hogan (2021) did not report any information regarding consent.

### **Synthesis**

The main findings from the studies are discussed thematically below. Overall, the findings highlight that care experienced young people who have access to a natural mentoring relationship experienced positive outcomes across several domains.

### **Resources**

Eight out of the nine studies described outcomes of natural mentoring being a 'resource' of some form. This generally took the form of mentors offering something to the young person for them to progress either academically, in employment, into adulthood, or a combination of these. Studies reported outcomes such as employment coaching or skill development in the workplace (Arnau-Sabatés & Gilligan, 2020). This was also reflected in educational settings as capital mentors were likely to offer bridging capital to the young people, conceptualised as links to employment resources, as well as informational support

such as advice related to education or general life advice (Gowdy & Hogan, 2021; Gowdy et al., 2023). Sulimani-Aidan et al.'s (2020) research with older adolescents who were approaching their transition out of care, examined the contribution natural mentoring relationships had on the development of life skills such as educational attainment and employment skills. The length of the mentoring relationship as well as the young person's classification of the mentoring relationship function (four domains: role model, parent figure, independence promoter and promoter of academic and career decisions) were significantly related to overall readiness for independence and greater employment skills. Higher education skills were positively associated with mentoring relationships that actively promoted academic and career decisions. Regression analyses found all the mentoring characteristics made significant contributions to the prediction of the young people's life skills when controlling for individual characteristics and placement history. This study also found that natural mentoring mitigated against the young person engaging in risk behaviours, which was also supported by two qualitative studies (Duke et al., 2017; Sulimani-Aidan, 2018) where young people described their experience of natural mentoring as preventative against negative outcomes or engaging in risk behaviours.

Outcomes related to a transitional point in the young person's lives were described in six of the studies (Duke et al., 2017; Gowdy et al., 2023; Gowdy & Hogan, 2021; Newton et al., 2017; Sulimani-Aidan et al., 2020; Sulimani-Aidan & Schwartz-Tayri, 2021). Gowdy and Hogan (2021) and Gowdy et al. (2023) both considered care experienced young people's transition to higher education and defining the function of a natural mentoring relationship as either 'core' (bonding, emotional closeness and support) or 'capital' (bridging capital linked to developing resources and information), using theoretical ideas from social capital theory (Bourdieu, 1986). In both of their studies, Gowdy and Hogan (2021) and Gowdy et al. (2023) found that young people who had access to these natural mentors experienced outcomes linked to either 'core' or 'capital' functions. Gowdy et al. (2023) also discovered that 'core' relationships were more stable over time which may suggest that the psychosocial benefits of these relationships were important to the young people.

Duke et al. (2017), Newton et al. (2017) Sulimani-Aidan et al. (2020) and Sulimani-Aidan & Schwartz-Tayri (2021) focused on the transition point from care into adulthood. Findings across all highlighted that young people's experiences of natural mentoring at this point had been important for them. Duke et al. (2017) reported that young people considered natural mentors as 'truly key' in their lives and 43% as 'very important'. Thematic analysis of interviews with the care leavers revealed that natural mentors had been key in the transition period, with mentors providing support and guidance as well as financial support. Less

frequently reported were housing and transport support and academic support. Duke et al. (2017) draw on ideas from social capital theory (Coleman, 1988) and the deficits that care experienced youth may have as they enter the transition out of care. The findings from this qualitative study highlight that young people believe their mentors helped to mitigate some of these deficits, as a main theme of the study captured the importance of natural mentor's support during the transition phase. Another theme described the positive outcomes in the young people's development and growth, which they attributed to their natural mentoring relationships.

## **Psychosocial outcomes**

### *Emotional support*

Outcomes of natural mentoring across several psychosocial domains were positive and featured in all nine of the included studies. Four out of the nine studies found that emotional support was an important outcome of natural mentoring for young people (Arnau-Sabatés and Gilligan 2020; Duke et al., 2017; Gowdy & Hogan, 2021; Gowdy et al., 2023) but that this was secondary to the resource-focused functions of the relationship, for example practical, employment or financial support. Two studies (Sulimani-Aidan, 2018; Newton et al., 2017) reported that a major outcome of the natural mentoring relationships was emotional support and described as vital or crucial by some participants. By contrast, Greeson et al's. (2016) study with pre-adolescent children in foster care found no difference in terms of psychosocial characteristics and outcomes when comparing children who did and did not have a natural mentor.

### *Relational outcomes*

Seven studies described aspects of the natural mentoring relationship in terms of closeness, as a role model or representation of a parent figure (Arnau-Sabatés and Gilligan 2020; Duke et al., 2017; Gowdy & Hogan, 2021; Gowdy et al., 2023; Sulimani-Aidan, 2018; Sulimani-Aidan et al., 2020; Sulimani-Aidan & Schwartz-Tayri, 2021). Outcomes for the young person due to the qualities of the relationship or it being a catalyst for change were considered. Mentor's acting as a role model in a work environment, developing trust with the young person and helping to improve their sense of self helped the young people to broaden their social network and have a positive experience of a relationship (Arnau-Sabatés and Gilligan 2020). Two studies (Duke et al., 2017; Sulimani-Aidan & Schwartz-Tayri, 2021)

found that young people perceived natural mentors akin to 'parent like' or a 'role model' and three studies (Duke et al., 2017; Sulimani-Aidan, 2018; Sulimani-Aidan & Schwartz-Tayri, 2021) described the closeness and qualities of the relationship. This had positive implications in terms of outcomes as it seemed to provide a corrective emotional experience, a catalyst for positive change in their lives and increased emotional resilience. Another study (Greeson et al., 2016) found that children in care with a mentor, rated their attachment highly and were also found to be more highly attached to their friends than children without a mentor. Of note, when considering maltreatment type, young people who had experienced sexual abuse were less likely to have a mentor which may be linked to the nature of the abuse.

### **Resilience and behavioural outcomes**

Resilience was a concept that featured in several studies. Sulimani-Aidan and Schwartz-Tayri (2021) specifically examined the mechanism by which natural mentoring and sense of belonging to care placement contribute to levels of resilience, defined as life skills and hope. The direct contribution of the mentoring relationship on resilience was not significant but when the relationship was mediated by sense of belonging to the care placement, young people who had a more supportive mentoring relationship in turn felt a greater sense of belonging and higher levels of resilience. The skills and qualities reportedly gained from natural mentoring in the workplace (Arnau-Sabatés & Gilligan, 2020) was suggested to have had an increase in workplace related resilience for the care leavers but this claim would need to be substantiated with further evidence.

Two studies reported directly on the mitigation of negative outcomes or the reduction of risk behaviours (Sulimani-Aidan, 2018; Sulimani-Aidan et al., 2020) for young people who had a natural mentor. This may suggest that natural mentors may act a role model to care experienced young people and prevent negative consequences due to mental health difficulties or engaging in risky health behaviours due to a lack of parental guidance or support.

### **Critical appraisal**

Appendix B provides an overview of how each study was scored using the CCAT. The CCAT requires professional judgement when assessing each domain against set criteria. Overall, scores across all studies were low to medium, ranging from 13 (33%) (Newton et al., 2017) to 23 (58%) (Greeson et al., 2016). The mean overall score was 19

(48%). There were notable methodological limitations with the included studies, particularly surrounding research design, sampling and data collection methods. Most of the studies scored low on ethical matters also.

Newton et al. (2017) was the lowest scoring study; however, it should be noted that this was a small scale qualitative consultation with care leavers and therefore was not a 'typical' research study. Little information was provided regarding the study design and sampling method in terms of how the care leavers had been recruited into the focus group consultation. No information beyond the data collection method was provided which, again, is likely to be due to the nature of the study. This study also scored low on the results section due to minimal description of analysis methods and no reference to the contribution of participants to each theme.

The highest rated study was Greeson et al. (2016) which recruited participants from another randomised controlled trial (RCT) study. A comprehensive overview of the background and the objective of the research was provided for this novel study. The results were well reported, and the findings were discussed well in the context of the wider evidence-base. The authors also referred to the strengths of their study with appropriate caution. Sources of potential bias in the research was not addressed by the authors and no reference to specific inclusion and exclusion criteria was present. Similarly to the other studies, a weakness of Greeson et al. (2016) was information related to sampling and data collection. There is no information available on the sampling method, size calculation or sampling protocol beyond reference to the RCT which the authors recruited participants from. Ethical considerations were also very limited which was disappointing given the young age of participants and sensitive nature of the study.

The highest rated subsections across the studies were the introduction as they largely provided a clear and comprehensive overview of the background and significance of the research. Unfortunately, design, sampling and data collection were areas of weakness for all studies. Interestingly, ethical matters were the lowest scored subsection with many studies not reporting any information beyond ethical approval and consent obtained. This was surprising given the vulnerable population that were participating in the research and the sensitive nature of the topic area, particularly for studies that used an interview data collection approach.

## Discussion

The aim of this review was to synthesise what is known about the outcomes and experiences of natural mentoring on the lives of care experienced young people. The rationale for the present review was to provide an updated evidence synthesis specifically on outcomes related to natural mentoring for care experienced young people as no review has been published since Thompson et al. (2016). Another rationale was to expand the criteria to include care experienced young people from all age groups and care types, as Thompson et al. (2016) looked specifically at older adolescent foster care youth.

Thompson et al. (2016) found a positive link between natural mentoring and wellbeing outcomes for youth in foster care overall, and specifically in the domains of psychosocial, behavioural and academic outcomes. Findings reported positive associations for foster youth transitioning out of care and into adulthood, successful academic or employment outcomes and mitigation of negative experiences such as psychological distress. Thompson et al. (2016) also described the importance of longevity and quality in terms of the mentoring relationship itself.

Overall, the findings from the present review were in keeping with findings from Thompson et al. (2016), positive outcomes related to natural mentoring could be seen across psychosocial, academic, vocational and behavioural domains. However, conclusions drawn from this review should be considered with caution as the methodological quality in the included studies makes it difficult to generalise the findings.

Eight of the nine studies described the benefits of natural mentoring in terms of acquiring resource, this varied from skill development, social capital and/or tangible practical support at key transition points (e.g. into higher education or emancipating from care). Although difficult to draw comparisons with young people without a natural mentor, it could be inferred that a natural mentor fulfils the role of a parent-like figure, acting as a catalyst to some of these positive outcomes. The experiences captured within the studies of young people also confirm the value they placed on having a natural mentor present during key transitional periods.

Six studies specifically refer to emotional support being an outcome of their natural mentoring relationship, sometimes this was secondary to more practical support. Only one study (Greeson et al., 2016) found no difference in psychosocial outcomes between children with a natural mentor and those without. It is difficult to consider the implications of this given

this study was the only one that recruited pre-adolescent children; however, it could be important learning about the role of natural mentors for specific age ranges. Seven studies also described the relational benefits of having a natural mentor present in their lives, which may have offered a different relational or attachment experience to former caregiver relationships.

Several studies referred to the increased resilience that young people gained from having a natural mentor in their lives which was important for development of life skills. Two studies reported the impact that natural mentoring can have on mitigating negative outcomes by way of reducing risk behaviours.

The findings from this review, as well as Thompson et al's. (2016) review support the theoretical model of mentoring by Rhodes (2002, 2005). This model suggests that a mentoring relationship founded on trust, empathy and mutuality can lead to positive psychosocial outcomes: social-emotional development, cognitive development and identity development. The findings from this review can be linked to this model. Natural mentors had clearly provided a different social and emotional experience for young people which in turn had helped with developing a positive sense of self and others. From an attachment theory perspective, the formation and experiencing of a supportive, positive relationship may have helped mediate the outcomes for young people. There were clear gains for young people in terms of cognitive development, particularly skills development, educational attainment, and positive influence on career skills and goals. Linked to this is the findings that support positive identity development, young people were able to consider future opportunities in terms of educational and/or vocational attainment. In addition, a supportive 'parent-like' natural mentor may also positively increase young people's self-concept.

### **Limitations of the studies**

There were limitations of the included studies which impact on the ability to generalise. Most studies used a cross-sectional design, which limits the ability to infer causality or examine how outcomes change over time. Longitudinal designs would enable exploration of how mentoring relationships, and their impact evolve across different stages of care and transition to adulthood. Only one study (Greeson et al., 2016) included a comparison group to consider differences between having a natural mentor or not. Many studies provided little detail about the sample or recruitment process, making it difficult to consider whether natural mentoring is linked with positive outcomes at a particular life stage or whether issues such

as maltreatment history or care type are relevant. Studies also failed to acknowledge other potential confounding factors that may have been related to positive outcomes experienced.

### **Implications for practice**

This review adds to the body of evidence that highlights natural mentoring may be a useful form of support for care experienced young people. However, further investigation is warranted. There are also clear cost benefits of natural mentoring over formal mentoring as the mentor is a pre-existing relationship within the young person's social or professional network. Services and organisations may benefit in trying to identify and foster natural mentoring relationships in the lives of care experienced young people. The evidence suggests that natural mentoring may be particularly helpful for older adolescents in care who are about to embark on a transitional phase (e.g. higher education, emancipation from care, employment). However, less is known about the relevance for practice regarding younger children.

### **Implications for research**

In line with Thompson et al. (2016), further robust research practices such as longitudinal and comparison studies should be carried out to contribute to the evidence surrounding natural mentoring. Further clarification and agreement on a definition of natural mentoring would improve consistency in study design and measurement, enable more accurate comparison across studies, and strengthen the evidence base by ensuring researchers are examining the same construct. The studies were clustered in either the USA or Israel, so research in a more diverse range of countries, with varied care types and systems, would be valuable. Further research into the outcomes of natural mentoring across a broader range of ages and development stages would also help to inform practice.

### **Limitations of the review**

This review would have benefited from a second rater to review articles during the screening process as well as the critical appraisal using the CCAT. Although the CCAT was chosen due to its applicability across methodology and ease of use, it relies on subjective assessment and scoring which could have benefited from a second rater. The review may have also benefited from specifying age ranges or type of care experience to support with the synthesis of outcomes in a similar way to Thompspon et al., (2016).

## **Conclusion**

This review aimed to synthesise up-to-date evidence regarding the outcomes and experiences of natural mentoring for care experienced young people. Largely, positive outcomes were found across a range of psychosocial, relational and resource or skill-focused outcomes. Although all studies provided clear depictions of natural mentoring and were able to draw on a substantial body of background literature to support their definition, there are still some adaptations necessary regarding standardising the terminology. Although the findings indicate benefits of natural mentoring for care experienced young people, these should be considered in the context of the methodological limitations of the research.

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## **Appendix**

- Appendix A – Search strategy
- Appendix B – CCAT scores
- Appendix C – Detailed study characteristics table
- Appendix D – Definitions of natural mentoring
- Appendix E – CCAT Review Form
- Appendix F – Author guidelines: Children and Youth Services Review

## Appendix A – Detailed search strategy

Database: PsycINFO			
Date of search: 09/10/2024			
Search number	Search string	Limiters	Number of results
1	(DE "Mentor") AND (DE "Foster Care" OR DE "Foster Children" OR DE "Residential Care Institutions")	- Not limited to date range - Peer reviewed articles only	67
2	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("child* in care")	- Not limited to date range - Peer reviewed articles only	97
3	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("care experienced young person")	- Not limited to date range - Peer reviewed articles only	0
4	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND "care experienced"	- Not limited to date range - Peer reviewed articles only	6
5	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("looked after child*")	- Not limited to date range - Peer reviewed articles only	3
6	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("care leaver")	- Not limited to date range - Peer reviewed articles only	1

7	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("foster youth")	- Not limited to date range - Peer reviewed articles only	47
8	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("foster child*")	- Not limited to date range - Peer reviewed articles only	25
9	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("aging out youth")	- Not limited to date range - Peer reviewed articles only	1
10	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("transitional age youth")	- Not limited to date range - Peer reviewed articles only	0
11	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("emancipated youth")	- Not limited to date range - Peer reviewed articles only	1
12	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("out of home care")	- Not limited to date range - Peer reviewed articles only	25
13	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("residential care")	- Not limited to date range - Peer reviewed articles only	67
		Total number of results	340

Database: CINAHL			
Date of search: 09/10/2024			
Search number	Search string	Limiters	Number of results
1	(MH "Mentorship") AND ((MH "Foster Home Care") OR (MH "Child, Adopted") OR (MH "Child, Foster") OR (MH "Residential Care"))	- Not limited to date range - Peer reviewed articles only	108
2	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("child* in care")	- Not limited to date range - Peer reviewed articles only	6
3	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("care experienced young person")	- Not limited to date range - Peer reviewed articles only	0
4	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND "care experienced"	- Not limited to date range - Peer reviewed articles only	7
5	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("looked after child*")	- Not limited to date range - Peer reviewed articles only	6
6	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("care leaver")	- Not limited to date range - Peer reviewed articles only	1
7	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("foster youth")	- Not limited to date range - Peer reviewed articles only	34

8	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("foster child*")	- Not limited to date range - Peer reviewed articles only	1
9	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("aging out youth")	- Not limited to date range - Peer reviewed articles only	0
10	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("transitional age youth")	- Not limited to date range - Peer reviewed articles only	0
11	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("emancipated youth")	- Not limited to date range - Peer reviewed articles only	1
12	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("out of home care")	- Not limited to date range - Peer reviewed articles only	17
13	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("residential care")	- Not limited to date range - Peer reviewed articles only	46
		Total number of results	227

Database: MEDLINE			
Date of search: 09/10/2024			
Search number	Search string	Limiters	Number of results

1	(MH "Mentoring" OR MH "Mentors") AND (MH "Foster Home Care" OR MH "Child, Foster" OR MH "Residential Facilities")	<ul style="list-style-type: none"> <li>- Not limited to date range</li> <li>- Peer reviewed articles only</li> </ul>	35
2	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("child* in care")	<ul style="list-style-type: none"> <li>- Not limited to date range</li> <li>- Peer reviewed articles only</li> </ul>	1
3	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("care experienced young person")	<ul style="list-style-type: none"> <li>- Not limited to date range</li> <li>- Peer reviewed articles only</li> </ul>	0
4	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND "care experienced"	<ul style="list-style-type: none"> <li>- Not limited to date range</li> <li>- Peer reviewed articles only</li> </ul>	5
5	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("looked after child*")	<ul style="list-style-type: none"> <li>- Not limited to date range</li> <li>- Peer reviewed articles only</li> </ul>	2
6	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("care leaver")	<ul style="list-style-type: none"> <li>- Not limited to date range</li> <li>- Peer reviewed articles only</li> </ul>	1
7	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("foster youth")	<ul style="list-style-type: none"> <li>- Not limited to date range</li> <li>- Peer reviewed articles only</li> </ul>	17
8	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("foster child*")	<ul style="list-style-type: none"> <li>- Not limited to date range</li> <li>- Peer reviewed articles only</li> </ul>	1

9	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("aging out youth")	- Not limited to date range - Peer reviewed articles only	0
10	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("transitional age youth")	- Not limited to date range - Peer reviewed articles only	0
11	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("emancipated youth")	- Not limited to date range - Peer reviewed articles only	0
12	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("out of home care")	- Not limited to date range - Peer reviewed articles only	10
13	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("residential care")	- Not limited to date range - Peer reviewed articles only	15
		Total number of results	87

Database: PubMed			
Date of search: 14/10/2024			
Search number	Search string	Limiters	Number of results
1	((("natural mentor*"[Title] OR mentor*[Title] OR "important non-parental adult"[Title] OR "youth initiated mentor"[Title] OR "supportive non-parental adult"[Title] OR "informal mentor*"[Title] OR "youth mentor*"[Title] OR "non-kin mentor*"[Title])) AND "child* in care"[Title])	- Not limited to date range - Peer reviewed articles only	0

2	((("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*")) AND "care experienced young person"	- Not limited to date range - Peer reviewed articles only	0
3	((("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*")) AND "care experienced"	- Not limited to date range - Peer reviewed articles only	116
4	((("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*")) AND "looked after child*"	- Not limited to date range - Peer reviewed articles only	2
5	((("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*")) AND "care leaver"	- Not limited to date range - Peer reviewed articles only	13
6	((("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*")) AND "foster youth"	- Not limited to date range - Peer reviewed articles only	0
7	((("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*")) AND "foster child*"	- Not limited to date range - Peer reviewed articles only	44
8	((("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*")) AND "aging out youth"	- Not limited to date range - Peer reviewed articles only	0
9	((("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*")) AND "transitional age youth"	- Not limited to date range - Peer reviewed articles only	16

10	((("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*")) AND "emancipated youth"	- Not limited to date range - Peer reviewed articles only	4
11	((("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*")) AND "out of home care"	- Not limited to date range - Peer reviewed articles only	178
12	((("natural mentor*"[Abstract] OR mentor*[Abstract] OR "important non-parental adult"[Abstract] OR "youth initiated mentor"[Abstract] OR "supportive non-parental adult"[Abstract] OR "informal mentor*"[Abstract] OR "youth mentor*"[Abstract] OR "non-kin mentor*"[Abstract])) AND "residential care"[Abstract]	- Not limited to date range - Peer reviewed articles only	8
		Total number of results	381

Database: Scopus			
Date of search: 14/10/2024			
Search number	Search string	Limiters	Number of results
1	( "natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor*" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*" ) AND TITLE ( "child* in care" )	- Not limited to date range - Peer reviewed articles only	5
2	( "natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor*" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*" ) AND "care experienced young person"	- Not limited to date range - Peer reviewed articles only	0
3	TITLE ( "natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor*" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*" ) AND TITLE ( "care experienced" )	- Not limited to date range - Peer reviewed articles only	2

4	TITLE ( "natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor*" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*" ) AND TITLE ( "looked after child*" )	- Not limited to date range - Peer reviewed articles only	3
5	TITLE ( "natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor*" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*" ) AND TITLE ( "care leaver" )	- Not limited to date range - Peer reviewed articles only	2
6	TITLE ( "natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor*" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*" ) AND TITLE ( "foster youth" )	- Not limited to date range - Peer reviewed articles only	9
7	TITLE ( "natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor*" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*" ) AND TITLE ( "foster child*" )	- Not limited to date range - Peer reviewed articles only	2
8	( "natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor*" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*" ) AND ( "aging out youth" )	- Not limited to date range - Peer reviewed articles only	36
9	TITLE ( "natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor*" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*" ) AND TITLE ( "transitional age youth" )	- Not limited to date range - Peer reviewed articles only	0
10	( "natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor*" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*" ) AND ( "emancipated youth" )	- Not limited to date range - Peer reviewed articles only	7
11	TITLE ( "natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor*" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*" ) AND ABS ( "out of home care" )	- Not limited to date range - Peer reviewed articles only	5

12	TITLE ( "natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor*" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*" ) AND TITLE ( "residential care" )	- Not limited to date range - Peer reviewed articles only	7
		Total number of results	78

Database: Cochrane Library			
Date of search: 18/10/2024			
Search number	Search string	Limiters	Number of results
1	((natural NEXT mentor*) OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR (informal NEXT mentor*) OR (youth NEXT mentor*) OR (non-kin NEXT mentor*)) in Title Abstract Keyword AND (child* NEXT in NEXT care) in Title Abstract Keyword - in Cochrane Reviews, Cochrane Protocols, Trials (Word variations have been searched)	Not limited to date range	0
2	((natural NEXT mentor*) OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR (informal NEXT mentor*) OR (youth NEXT mentor*) OR (non-kin NEXT mentor*)) in Title Abstract Keyword AND "care experienced young person" in Title Abstract Keyword - in Cochrane Reviews, Cochrane Protocols, Trials (Word variations have been searched)	Not limited to date range	0
3	((natural NEXT mentor*) OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR (informal NEXT mentor*) OR (youth NEXT mentor*) OR (non-kin NEXT mentor*)) in Title Abstract Keyword AND "care experienced" in Title Abstract Keyword - in Cochrane Reviews, Cochrane Protocols, Trials (Word variations have been searched)	Not limited to date range	1
4	((natural NEXT mentor*) OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR (informal NEXT mentor*) OR (youth NEXT mentor*) OR (non-kin NEXT mentor*)) in Title Abstract Keyword AND	Not limited to date range	2

	(looked NEXT after NEXT child*) in Title Abstract Keyword - in Cochrane Reviews, Cochrane Protocols, Trials (Word variations have been searched)		
5	((natural NEXT mentor*) OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR (informal NEXT mentor*) OR (youth NEXT mentor*) OR (non-kin NEXT mentor*)) in Title Abstract Keyword AND "care leaver" in Title Abstract Keyword - in Cochrane Reviews, Cochrane Protocols, Trials (Word variations have been searched)	Not limited to date range	1
6	((natural NEXT mentor*) OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR (informal NEXT mentor*) OR (youth NEXT mentor*) OR (non-kin NEXT mentor*)) in Title Abstract Keyword AND "foster youth" in Title Abstract Keyword - in Cochrane Reviews, Cochrane Protocols, Trials (Word variations have been searched)	Not limited to date range	1
7	((natural NEXT mentor*) OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR (informal NEXT mentor*) OR (youth NEXT mentor*) OR (non-kin NEXT mentor*)) in Title Abstract Keyword AND (foster NEXT child*) in Title Abstract Keyword - in Cochrane Reviews, Cochrane Protocols, Trials (Word variations have been searched)	Not limited to date range	0
8	((natural NEXT mentor*) OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR (informal NEXT mentor*) OR (youth NEXT mentor*) OR (non-kin NEXT mentor*)) in Title Abstract Keyword AND "aging out youth" in Title Abstract Keyword - in Cochrane Reviews, Cochrane Protocols, Trials (Word variations have been searched)	Not limited to date range	0
9	((natural NEXT mentor*) OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR (informal NEXT mentor*) OR (youth NEXT mentor*) OR (non-kin NEXT mentor*)) in Title Abstract Keyword AND "transitional age youth" in Title Abstract Keyword - in Cochrane Reviews, Cochrane Protocols, Trials (Word variations have been searched)	Not limited to date range	5
10	((natural NEXT mentor*) OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR (informal NEXT mentor*) OR (youth NEXT mentor*) OR (non-kin NEXT mentor*)) in Title Abstract Keyword AND	Not limited to date range	0

	"emancipated youth" in Title Abstract Keyword - in Cochrane Reviews, Cochrane Protocols, Trials (Word variations have been searched)		
11	((natural NEXT mentor*) OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR (informal NEXT mentor*) OR (youth NEXT mentor*) OR (non-kin NEXT mentor*)) in Title Abstract Keyword AND "out of home care" in Title Abstract Keyword - in Cochrane Reviews, Cochrane Protocols, Trials (Word variations have been searched)	Not limited to date range	6
12	((natural NEXT mentor*) OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR (informal NEXT mentor*) OR (youth NEXT mentor*) OR (non-kin NEXT mentor*)) in Title Abstract Keyword AND "residential care" in Title Abstract Keyword - in Cochrane Reviews, Cochrane Protocols, Trials (Word variations have been searched)	Not limited to date range	8
		Total number of results	24

Database: Google Scholar			
Date of search: 19/10/2024			
Search number	Search string	Limiters	Number of results
1	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("child* in care")	Articles published 2015 onwards*	160
2	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("care experienced young person")	Articles published 2015 onwards*	31
3	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("care experienced")	Articles published 2015 onwards*	1220**

4	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("looked after child*")	Articles published 2015 onwards*	283**
5	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("care leaver")	Articles published 2015 onwards*	419**
6	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("foster youth")	Articles published 2015 onwards*	3830**
7	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("foster child*")	Articles published 2015 onwards*	2030**
8	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("aging out youth")	Articles published 2015 onwards*	81
9	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("transitional age youth")	Articles published 2015 onwards*	227**
10	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("emancipated youth")	Articles published 2015 onwards*	422**
11	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("out of home care")	Articles published 2015 onwards*	2500**
12	("natural mentor*" OR mentor* OR "important non-parental adult" OR "youth initiated mentor" OR "supportive non-parental adult" OR "informal mentor*" OR "youth mentor*" OR "non-kin mentor*") AND ("residential care")	Articles published 2015 onwards*	6460**
		Total number of results returned	17663**
		Total number of results screened	2072

\* Due to the large number of results produced by Google Scholar, a decision was made to limit the date range to follow on from the Thompson et al. (2016) review

\*\* Only the first 200 results of these searches were screened by title or title and abstract

## Appendix B – CCAT Scores

Author, year	Preliminaries	Introduction	Design	Sampling	Data collection	Ethical matters	Results	Discussion	Total / 40	Total %
Arnau-Sabatés & Gilligan (2020)	2	3	2	2	3	3	3	1	19	48%
Duke, Farruggia, & Germa (2017)	3	4	3	2	1	1	2	3	19	48%
Gowdy & Hogan (2021)	3	4	3	2	3	1	3	3	22	55%
Gowdy, Hogan, Roosevelt, Saastamoinen, & Levine (2023)	2	3	2	2	3	1	2	2	17	43%
Greeson, Weiler, Thompson & Taussig (2016)	4	4	3	2	2	1	3	4	23	58%
Newton, Harris, Hubbard, & Craig (2017)	2	2	1	1	2	2	2	1	13	33%
Sulimani-Aidan, & Schwartz-Tayri (2021)	3	4	3	1	2	2	3	4	22	55%
Sulimani-Aidan (2018)	3	3	1	2	1	1	3	3	17	43%
Sulimani-Aidan, Melkman, & Greeson (2020)	4	5	2	1	1	2	4	3	22	55%

**Appendix C – Detailed study characteristics table**

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
<p>Arnau-Sabatés &amp; Gilligan (2020)</p> <p>Ireland &amp; Catalonia</p>	<p>Data taken from a broader qualitative research study. 22 care leavers, 10 from Ireland (whom had predominantly been placed in foster care) and 12 from Catalonia (predominantly residential home care). Aged 22-33 – with successful experiences in work since leaving care.</p> <p>No ethnicity data reported; participants from Ireland (n = 10) and Catalonia (n = 12).</p>	<p>Utilises definition from Thompson et al. (2016), in terms of a naturally occurring mentoring relationship within a young person's social network.</p>	<p>To examine the role that relationships with bosses and co-workers have as supporters or natural mentors to care experienced young people in the workplace and more widely.</p>	<p>Individual semi-structured interviews lasting approximately 90mins. Open-ended questions regarding 1) what helped with being successful entering the workplace and subsequently progress. 2) what relevant support they had found.</p> <p>Data analysed using qualitative content analysis – coding categories developed from the data</p>	<p>14/22 reported (explicitly) positive relationships with employers/managers (past &amp; present), and co-workers.</p> <p>The workplace was an environment where care leavers could develop their social network and access natural mentoring – resources to develop.</p> <p>Workplace was found to be an environment with the potential of developing social networks and building social capital for care experienced young people.</p> <p>Personal support / recognition</p>	<p>Novel study Considered findings from two geographical contexts with varying approaches to child welfare/care system</p>	<p>CCAT score = 48%</p> <p>Lack of consideration for participants who did not report explicit good relationships with employers/co-workers. Lack of consideration of bias e.g. sampling – only care leavers in 'successful' jobs. No limitations discussed. Difficult to understand how findings relate to breadth of sample. Limited information about sample e.g. care experience</p>

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
					<p>Mentoring – work skills and development            Career aspirations &amp; coaching            Informal mentors – co-workers – emotional support/advice            Personal support outside of workplace &amp; friendship</p> <p>Themes:            1 - Personal support by managers/employers in relation to work roles            A – showing trust &amp; giving recognition            B – mentoring and encouraging participants in developing work related skills            C – shaping career aspirations            D – Coaching certain skills and giving encouragement</p> <p>2 - Personal support in wider life beyond</p>		

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
					<p>the workplace from managers and co-workers</p> <p>3 – Friendships beyond the workplace</p>		
<p>Duke, Farruggia, &amp; Geramo (2017)</p> <p>Los Angeles, USA</p>	<p>99 young people within foster care system, age 17 and over.</p> <p>Sample taken from a wider, longitudinal study.</p> <p>Participants who took part in the current study had emancipated from care and had identified a very important non-parental adult (VIP) in their lives.</p> <p>Self-reported ethnicity data: 43% African American, 28% Latino, 8%</p>	<p>Very important non-parental adults (VIPs); adults that youth identify as important and can be counted on (Greenberger, Chen, &amp; Beam, 1998)</p>	<p>To identify characteristics of very important non-parental adults (VIPs) in the lives of young people who have been in foster care and how they supported them during the transition out of care.</p> <p>Secondary aim = to explore with VIPs themselves and gain further insight into these relationships</p>	<p>Survey and semi-structured interview.</p> <p>Survey – to ascertain whether the young person had a VIP in their lives and subsequent questions about the nature of this relationship.</p> <p>Semi-structured interview – focused on the relationship with the VIP and any influence or</p>	<p>Survey data: 40% of VIPs = met through family/kinship network</p> <p>46% described as truly key in the young person's life 43% as very important</p> <p>86% of young people described the relationship with their VIP as 'parent-like'.</p> <p>Interviews: 3 major themes</p> <ol style="list-style-type: none"> <li>1) Positive relationships</li> <li>2) Supportive VIPs</li> <li>3) Benefits to youth</li> </ol>	<p>Multiple data collection methods to gain understanding of natural mentoring relationships and young people's experiences and perceived benefits of natural mentors in their lives. Multiple viewpoints – inclusion of data from natural mentors themselves.</p>	<p>CCAT Score = 48%</p> <p>Limited information provided regarding the sample, as data taken from wider study. Sample size and use of thematic analysis resulted in inability to provide rich detail (e.g. quotations). Trustworthiness of analysis is of concern as it is difficult to know representation of participants per theme.</p>

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
	European American, 21% other.			<p>impact on the young person's lives.</p> <p>Thematic analysis used to develop themes from the data.</p>	<p>Majority of participants reported positive qualities in relation to their VIP</p> <p>Theme 1 = Subthemes: high quality relationship / close relationship dynamic / life-changing relationship</p> <p>Some participants described relationship with mentor as 'parent-like' or crucial for survival ("I don't know where I would be right now if it wasn't for them")</p> <p>Theme 2 = Highlighted VIPs support with transition out of the foster care system. Described providing general support/guidance. Financial support. Other types of support reported</p>		

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
					<p>less frequently = emotional support, academic support, support with transport and housing. Open communication, able to discuss many topics/subjects with VIP.</p> <p>Theme 3 = Subthemes: VIPs help prevent negative outcomes / VIPs support personal growth / VIPs made transition easier/more successful.</p> <p>VIP interview themes: Outlooks for the youth, strengthening the connection, youth's present wellbeing.</p>		
Gowdy & Hogan (2021) California, USA	113 former and current foster care youth (Mean age = 19.51) who were about to embark on a 4-year	Youth identified important adult who was not a biological parent and not someone younger than	To explore the different types of informal mentoring defined as either core (Defined as having a	Individual 90 minute interview – structured questions (200 q's).	Two different types of mentoring identified from young person's social network and that mapped onto either		CCAT Score = 55%  Sample – young people about to embark on higher education

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
	<p>undergraduate degree</p> <p>Self-reported ethnicity data: 34.5% Hispanic, 28.3% African American, 17.7% Caucasian, 9.7% Asian, 8% multiracial or 1.8% other.</p>	<p>the young person. Spouses, partners, friends, roommates or co-workers were all excluded.</p>	<p>'closeness', typically within a person's family, frequent communication and offers deep emotional support) or capital (relationships with somebody typically from a formal setting i.e. a professional, does not have same level of closeness and frequent communication as core mentoring. Provision of informational support as well as bridging capital – connecting people to resources they do not typically have access to, and bonding capital – increasing a person's feeling of closeness to their common institution such as</p>	<p>Questions were mapped onto a number of key variables.</p> <p>Cluster analysis – different types of informal mentors and chi-square model – association between type of mentor and type of support</p>	<p>core or capital mentors.</p> <p>Core – most likely to come from extended family, including foster families.</p> <p>Capital – relationships with education staff and other professionals in paid roles – bridging capital and informational support.</p> <p>No difference in likelihood to provide emotional support.</p>		<p>Ethical considerations</p>

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
			school or work) mentoring and whether these typologies offer different types of support.				
Gowdy, Hogan, Roosevelt, Saastamoinen & Levine (2023)  California, USA	77 former and current foster youth (Mean age = 19) who were about to enter higher education. All participants received payment for participation.  Self-reported ethnicity data: 42.86% Hispanic, 22.08% African American, 18.18% Caucasian, 6.49% Asian, 7.79% multiracial or 2.6% other.	Informal mentoring, defined as any naturally occurring relationship with a nonparental adult from with a youth's existing social network whom the young person identifies as caring, reliable, supportive and trustworthy (Spencer, 2007; Sterrett et al., 2011; Skyes et al., 2014)	Explores informal mentoring relationships with transitional age foster youth, entering higher education.  Study aimed to explore whether core mentoring relationships were more stable over time than capital mentoring relationships. In addition, whether capital mentoring relationships promote relationships with other capital mentors.	Longitudinal study collecting data at 3 different time points – prior to entering higher education (1), end of academic year 1 (2) and 2 (3). Individual face-to-face interviews with each participant took place, asking over 200 questions regarding the young person's social network, social capital and access to an informal mentor. Also asked about engagement with on-campus	Cluster analysis to determine core/capital mentors was carried out.  53% = core mentors 47% = capital mentors  Core mentors were more likely to provide instrumental support i.e. financial support, support at home, transport, housing and emotional support.  Capital mentors were more likely to provide informational support and bridging capital.  Core mentors were found to be more stable over time.	Categorises types of mentors available to young people in care and associated support/impact on their lives.	CCAT Score = 43%  Brief methodological information available.  Approach to data collection meant that nuanced information about relationships omitted.

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
				<p>support programs, social support, mental health and physical health, substance use, food insecurity, housing, education, religion and spirituality, victimisation and experience in foster care system.</p> <p>Social capital was measured using adapted questionnaire from existing social capital measurement tools – ‘Integrated questionnaire for the measurement of social capital (Grootaert et al., 2004)’, ‘Social Capital Harmonised</p>	<p>No relationship found between capital mentor relationships and the introduction of additional capital mentoring relationships.</p>		

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
				Question Set (Green & Fletcher, 2003)'. Questions specific to young people with care experience and social relationships in higher education also constructed and added.			
Greeson, Weiler, Thompson & Taussig (2016)  USA	263 children in foster care, aged between 9-11.  Participants recruited from an intervention study (Taussig, Culhane, & Hettleman, 2007).  142 children (54%) reported having a natural mentor at some point and 121 children (46%) reported that they	Significant nonparental, caring adult whom a child identifies in their existing social network.	To describe natural mentoring relationships amongst pre-adolescent foster children. To explore the association between natural mentoring and children's demographic characteristics, histories of maltreatment and care experience and the child's functioning.	Structured interviews carried out with young people and their caregivers. Care givers were asked questions about the young person's social skill. Young people reported on their perceived opportunities, support from peers, adults and natural	54% of children reported ever having a natural mentor. Natural mentors characterised as school personnel were identified as providing the most support. Children rated natural mentors highly on attachment scale.  Group comparison: Psychosocial characteristics – no difference regarding social skills, perceived	Novel study looking at preadolescent children.  Provided insight into nature of mentoring relationship for young people of a different age group and with different developmental needs compared to the majority of	CCAT Score = 58%  Cross-sectional study  Foster care only.  Methodological limitations – specifically around reporting of ethical considerations.

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
	<p>had never had a natural mentor.</p> <p>Ethnicity data: 49.4% Caucasian, 46.0% Hispanic, 23.2% African American.</p>		<p>Study also considers the findings in terms of whether they are the same for children who ever had a mentor and for children still in contact with their mentor, both groups compared with children who never had a mentor.</p>	<p>mentors, additionally asked questions about natural mentoring relationships.</p>	<p>opportunities and relationship quality with caregivers.</p> <p>Children with a current mentor were found to have stronger attachments to friends than children without a mentor.</p> <p>Children who had experienced sexual abuse were less likely to have a natural mentor compared to other maltreatment types.</p>	<p>other research in this area.</p>	
<p>Newton, Harris, Hubbard &amp; Craig (2017)</p> <p>UK</p>	<p>11 care leavers recruited from South London and the Care Leavers Foundation.</p> <p>No ethnicity data reported.</p>	<p>No formal definition of natural mentoring used</p>	<p>Qualitative consultation with a group of care leavers to inform a pilot mentoring scheme which aimed to reduce depression in young women during their transition out of care.</p>	<p>Focus groups with care leavers, guided by questions about the support received during transition from care and mentoring. Focus group transcripts were analysed</p>	<p>One of the key themes that emerged from the data was that 'existing 'natural' mentors highly valued'. The authors recognised that this theme emerged but was not related directly to the questions asked. Care leavers described the</p>	<p>Study acknowledged changing context of mentoring support.</p> <p>Insight into mentoring experiences from care leavers</p>	<p>CCAT Score = 33%</p> <p>Lack of methodological rigour due to nature of the study and being a consultation with care leavers.</p> <p>Unable to ascertain</p>

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
				using thematic analysis.	<p>support received from natural mentors as 'crucial' and were able to offer support related to general day-to-day support, academic support and motivation as well as emotional support. Another theme that was identified was the recognition that mentors who offered support that was not part of their paid role was valued more highly than those whereby it was part of their paid role.</p> <p>As part of this consultation, the authors did not pursue a formal mentoring scheme due to the focus of comments regarding natural mentoring as opposed to formal mentoring.</p>		representation of themes/views from participants

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
Sulimani-Aidan & Schwartz-Tayri (2021)  Israel	213 adolescents living in care aged 16-19; all participants reported having a natural mentor at the time of the study or prior.  Care settings consisted of: therapeutic residential care, youth villages (residential care) or foster care.  Ethnicity data: 77% native-born Israelis, 11.5% from Ethiopia, 7.2% from former Soviet Union.	A relationship formed with an older, experienced and supportive adult figure who is significant to the young person and part of their natural environment (Cavell, Meehan, Heffer, & Holladay, 2002).	Explore individual factors (life skills and hope) in relation to environmental factors that may play a role (separately and together) in enhancing resilience within youth in care.  To explore the mechanism by which mentoring relationships and a sense of belonging contribute to level of resilience (defined as life skills and hope).  3 hypotheses:  1) Support from a mentor would be positively associated with resilience  2) Sense of belonging	Cross-sectional survey design.  Participants completed a self-report questionnaire on the following measures:  Resilience (two variables; life skills and hope)  Mentoring relationship – measured via 3 inventories: mentor as a 'role model', mentor as a 'parent figure', mentor as an 'autonomy promoter'.  Sense of belonging to the current care placement.  Demographic and background	52% of young people indicated they had a natural mentor who was a professional and 48% indicated a mentor who was from their family or social network.  The direct contribution of the mentoring relationship to resilience was not significant.  When sense of belonging was added as a mediator, it was found that young people who had a more supportive relationship with their mentor, had a higher sense of belonging to their care placement and had higher levels of resilience.	Provides insight into the mechanisms involved in contributing to building resilience in care experienced young people.  Supportive mentoring relationships may help to increase a young person's sense of belonging to their placement which in turn may have other social and psychological benefits.	CCAT Score = 55%  Study only looked at one mechanism (sense of belonging).  Useful to include additional viewpoints in the study (e.g. mentors) as well as using a longitudinal design to examine specific outcomes.  Methodologically the study provided very limited information about the sample used.

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
			would be positively associated with resilience 3) Sense of belonging would act as a mediator in the relationship between support from a mentor and resilience	characteristics were also collected regarding age, gender, ethnicity, mother's level of education and parents' family status.  Structural equation modelling (SEM) was used to analyse the data and examine the fit of the model.			
Sulimani-Aidan (2018)  Israel	140 care leavers (mean age = 20.5 years).  Residential care only.  82% of the participants had left care between 1-3 years before the interview had taken place. Average length of	Older, experienced non-parental adult whom the young person self-selects from their existing social network. The mentor is a significant, supportive adult to the young person. The mentoring	To describe who the mentors were for care leavers and what influence (roles and functions) they had on their lives.	Mixed methods study – semi-structured interviews. Quantitative data captured to examine characteristics of the mentors. Qualitative data – analysis of open-ended questions about how mentors had	Quantitative data 47.44% of mentors were professionals involved in the young person's care placement. 36.49% of mentors were family members (siblings, grandparents, other relatives). 8.02% were from informal social networks and 7.29% were from networks established	Mixed methods approach gave useful data on who typically fulfilled the role of a natural mentor as well as the impact had on a young person's life.	CCAT Score = 43%  Methodologically very limited information about multiple aspects of the study.  Difficult to generalise the findings due to the specific cultural context

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
	<p>time in care was 3.5 years.</p> <p>Ethnicity data: 45% native-born Israelis, 35% from Ethiopia, 20% from former Soviet Union.</p>	<p>relationship is considered one of the most significant relationships with a non-parental adult (Cavell et al., 2002).</p>		<p>influenced the lives of the young person. Thematic analysis was used to develop themes drawing on pre-existing theoretical frameworks of mentoring.</p>	<p>after leaving care such as employers.</p> <p>Qualitative data 2 main themes arose from the data regarding the mentor's roles and functions:</p> <ul style="list-style-type: none"> <li>- present and supportive</li> <li>- motivator and catalyst.</li> </ul> <p>Participants described mentors as a life coach and confidante, offering both concrete and emotional support. Participants also described mentors as a positive role model, offering inspiration and encouragement as well as advice. Mentors were also described as parental figures.</p> <p>Participants reported that mentors were a catalyst for positive</p>	<p>The large proportion of mentors identified as a professional involved in a young person's life may have implications for services and organisations.</p> <p>Qualitative data revealed areas that mentors can exert positive change and offer support to young people in care.</p>	<p>of the participants and type of care setting.</p>

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
					change in their lives, having impacts emotionally, socially and behaviourally. They also encouraged adaptive coping skills and a motivator towards achievements and future aspirations. Mentors were also described as a person who 'restrained' against negative outcomes.		
Sulimani-Aidan, Melkman, & Greeson (2020)  Israel	169 adolescents aged 16-19 (Mean age = 17.5) living in care. Care settings were therapeutic residential care, youth villages (residential care) and foster care.  Ethnicity data: 80.1% native-born Israelis, 10.8% from Ethiopia, 6.6% from former Soviet Union.	No operationalised definition used in the study; however, background information explores the differences between natural and formal mentoring. This is in-keeping with other studies included in the review.	1) Examine the contribution of natural mentoring relationships to life skills (educational attainment, employment skills and avoidance of risk behaviours) of young people who were due to emancipate from care. Controlling for	Self-report questionnaire.  Measures: Life skills  Mentoring  Control variables (gender, ethnicity, family status, number of care placements and total length of stay in	Length of mentoring relationships and all 4 functions of mentoring relationship (mentor as a role model / mentor as a parent figure / mentor as an independence promoter / mentor as a promoter of academic and career) were positively and significantly associated with overall readiness for independence and	Findings suggest that natural mentoring relationships can play an important role in developing life skills and preparing for transition out of care. Natural mentoring relationships may also buffer against negative	CCAT Score = 55%  Residential care only.  Cross sectional design.  Limited mentoring characteristics.

Author(s), publication year and location of research	Sample	Description of natural mentoring	Aim	Methods	Key findings	Strengths	Limitations and quality score (CCAT)
			<p>personal characteristics and placement history.</p> <p>2) Also explore whether specific characteristics from mentoring relationships relate to life skills of the young person.</p>	<p>current placement).</p>	<p>greater employment skills.</p> <p>Avoidance of risk behaviours was associated with 3 mentoring functions – promoting academic and career, independence and parental figure.</p> <p>Higher education skills were significantly associated with one mentoring function – promoting academic and career.</p> <p>Multivariate hierarchical regression analyses revealed mentoring characteristics all contributed significantly to the prediction of three life skills when controlling for individual and placement history variables.</p>	<p>outcomes and behaviours.</p>	

## Appendix D – Definitions of natural mentoring

Author's	Term used	Definition
Arнау-Sabatés & Gilligan (2020)	Natural mentor	Based on the definition used by Thompson et al. (2016): naturally occurring mentoring relationships within a youth's social network.
Duke et al. (2017)	Very important non-parental adults (VIPs)	Utilises Thompson et al. (2016) definition and states that VIPs are adults identified by youth who provides some degree of support or guidance.
Gowdy & Hogan (2021)	Informal mentor	Non-parental adult who, determined by the youth, inspires them, cares for them, and is someone they can count on for support (Sterrett et al., 2011; Sykes et al., 2014).
Gowdy et al. (2023)	Informal mentor	Any naturally occurring relationship with a nonparental adult from within a youth's existing social network (i.e., a coach, educator, neighbour, extended family member, etc.) whom the youth identify as caring, reliable, supportive, and trustworthy (Spencer, 2007; Sterrett et al., 2011; Sykes et al., 2014).
Greeson et al. (2016)	Natural mentor	A significant non-parental, caring adult whom a child identifies in his or her existing social network; youth typically identify teachers, coaches, religious leaders, and/or adult relatives as natural mentors.
Newton et al. (2017)	Natural mentor	Importance of people in their existing social network at key points
Sulimani-Aidan & Schwartz-Tayri (2021)	Natural mentor	The mentoring relationship is formed with an older, experienced, and supportive adult figure who is significant to the youth and is part of the youth's natural environment (Cavell, Meehan, Heffer, & Holladay, 2002).
Sulimani-Aidan (2018)	Natural mentor	An older, experienced non-parental person, whom youth self-select from their existing social networks (e.g., school staff, neighbours, adult relatives). The mentor is a supportive adult figure who is significant to the youth, and these types of relationships are considered among the most significant relationships that youth develop with nonparental figures (Cavell et al., 2002).

Sulimani-Aidan, Melkman, & Greeson (2020)	Natural mentor	Mentoring relationships are formed with an older, experienced, and supportive adult figure that is significant to the youth (Cavell, Meehan, Heffer, & Holladay, 2002).

## Appendix E – CCAT Review Form

### Crowe Critical Appraisal Tool (CCAT) Form (v1.4)

Reference

Reviewer

This form must be used in conjunction with the CCAT User Guide (v1.4); otherwise validity and reliability may be severely compromised.

Citation	
	Year

Research design (add if not listed)	
<input type="checkbox"/> Not research	Article   Editorial   Report   Opinion   Guideline   Pamphlet   ...
<input type="checkbox"/> Historical	...
<input type="checkbox"/> Qualitative	Narrative   Phenomenology   Ethnography   Grounded theory   Narrative case study   ...
<input type="checkbox"/> Descriptive, Exploratory, Observational	A. Cross-sectional   Longitudinal   Retrospective   Prospective   Correlational   Predictive   ...
	B. Cohort   Case-control   Survey   Developmental   Normative   Case study   ...
Experimental	<input type="checkbox"/> True experiment Pre-test/post-test control group   Solomon four-group   Post-test only control group   Randomised two-factor   Placebo controlled trial   ...
	<input type="checkbox"/> Quasi-experiment Post-test only   Non-equivalent control group   Counter balanced (cross-over)   Multiple time series   Separate sample pre-test post-test (no Control) [Control]   ...
	<input type="checkbox"/> Single system One-shot experimental (case study)   Simple time series   One group pre-test/post-test   Interactive   Multiple baseline   Within subjects (Equivalent time, repeated measures, multiple treatment)   ...
<input type="checkbox"/> Mixed Methods	Action research   Sequential   Concurrent   Transformative   ...
<input type="checkbox"/> Synthesis	Systematic review   Critical review   Thematic synthesis   Meta-ethnography   Narrative synthesis   ...
<input type="checkbox"/> Other	...

Variables and analysis		
Intervention(s), Treatment(s), Exposure(s)	Outcome(s), Output(s), Predictor(s), Measure(s)	Data analysis method(s)

Sampling					
Total size	Group 1	Group 2	Group 3	Group 4	Control
Population, sample, setting					

Data collection (add if not listed)	
Audit/Review a) Primary   Secondary   ... b) Authoritative   Partisan   Antagonist   ... c) Literature   Systematic   ...	Interview a) Formal   Informal   ... b) Structured   Semi-structured   Unstructured   ... c) One-on-one   Group   Multiple   Self-administered   ...
Observation a) Participant   Non-participant   ... b) Structured   Semi-structured   Unstructured   ... c) Covert   Candid   ...	Testing a) Standardised   Norm-ref   Criterion-ref   Ipsative   ... b) Objective   Subjective   ... c) One-on-one   Group   Self-administered   ...

Scores					
Preliminaries		Design		Data Collection	
				Results	Total [/40]
Introduction		Sampling		Ethical Matters	Discussion
					Total [%]

General notes



Appraise research on the merits of the research design used, not against other research designs.

Category Item	Item descriptors [ <input checked="" type="checkbox"/> Present; <input type="checkbox"/> Absent; <input type="checkbox"/> Not applicable]	Description [Important information for each item]	Score [0–5]
<b>1. Preliminaries</b>			
Title	1. Includes study aims <input type="checkbox"/> and design <input type="checkbox"/>		
Abstract (assess last)	1. Key information <input type="checkbox"/> 2. Balanced <input type="checkbox"/> and informative <input type="checkbox"/>		
Text (assess last)	1. Sufficient detail others could reproduce <input type="checkbox"/> 2. Clear/concise writing <input type="checkbox"/> , table(s) <input type="checkbox"/> , diagram(s) <input type="checkbox"/> , figure(s) <input type="checkbox"/>		
<b>Preliminaries [ /5]</b>			
<b>2. Introduction</b>			
Background	1. Summary of current knowledge <input type="checkbox"/> 2. Specific problem(s) addressed <input type="checkbox"/> and reason(s) for addressing <input type="checkbox"/>		
Objective	1. Primary objective(s), hypothesis(es), or aim(s) <input type="checkbox"/> 2. Secondary question(s) <input type="checkbox"/>		
<b>Is it worth continuing?</b>			<b>Introduction [ /5]</b>
<b>3. Design</b>			
Research design	1. Research design(s) chosen <input type="checkbox"/> and why <input type="checkbox"/> 2. Suitability of research design(s) <input type="checkbox"/>		
Intervention, Treatment, Exposure	1. Intervention(s)/treatment(s)/exposure(s) chosen <input type="checkbox"/> and why <input type="checkbox"/> 2. Precise details of the intervention(s)/treatment(s)/exposure(s) <input type="checkbox"/> for each group <input type="checkbox"/> 3. Intervention(s)/treatment(s)/exposure(s) valid <input type="checkbox"/> and reliable <input type="checkbox"/>		
Outcome, Output, Predictor, Measure	1. Outcome(s)/output(s)/predictor(s)/measure(s) chosen <input type="checkbox"/> and why <input type="checkbox"/> 2. Clearly define outcome(s)/output(s)/predictor(s)/measure(s) <input type="checkbox"/> 3. Outcome(s)/output(s)/predictor(s)/measure(s) valid <input type="checkbox"/> and reliable <input type="checkbox"/>		
Bias, etc	1. Potential bias <input type="checkbox"/> , confounding variables <input type="checkbox"/> , effect modifiers <input type="checkbox"/> , interactions <input type="checkbox"/> 2. Sequence generation <input type="checkbox"/> , group allocation <input type="checkbox"/> , group balance <input type="checkbox"/> , and by whom <input type="checkbox"/> 3. Equivalent treatment of participants/cases/groups <input type="checkbox"/>		
<b>Is it worth continuing?</b>			<b>Design [ /5]</b>
<b>4. Sampling</b>			
Sampling method	1. Sampling method(s) chosen <input type="checkbox"/> and why <input type="checkbox"/> 2. Suitability of sampling method <input type="checkbox"/>		
Sample size	1. Sample size <input type="checkbox"/> , how chosen <input type="checkbox"/> , and why <input type="checkbox"/> 2. Suitability of sample size <input type="checkbox"/>		
Sampling protocol	1. Target/actual/sample population(s): description <input type="checkbox"/> and suitability <input type="checkbox"/> 2. Participants/cases/groups: inclusion <input type="checkbox"/> and exclusion <input type="checkbox"/> criteria 3. Recruitment of participants/cases/groups <input type="checkbox"/>		
<b>Is it worth continuing?</b>			<b>Sampling [ /5]</b>
<b>5. Data collection</b>			
Collection method	1. Collection method(s) chosen <input type="checkbox"/> and why <input type="checkbox"/> 2. Suitability of collection method(s) <input type="checkbox"/>		
Collection protocol	1. Include date(s) <input type="checkbox"/> , location(s) <input type="checkbox"/> , setting(s) <input type="checkbox"/> , personnel <input type="checkbox"/> , materials <input type="checkbox"/> , processes <input type="checkbox"/> 2. Method(s) to ensure/enhance quality of measurement/instrumentation <input type="checkbox"/> 3. Manage non-participation <input type="checkbox"/> , withdrawal <input type="checkbox"/> , incomplete/lost data <input type="checkbox"/>		
<b>Is it worth continuing?</b>			<b>Data collection [ /5]</b>
<b>6. Ethical matters</b>			
Participant ethics	1. Informed consent <input type="checkbox"/> , equity <input type="checkbox"/> 2. Privacy <input type="checkbox"/> , confidentiality/anonymity <input type="checkbox"/>		
Researcher ethics	1. Ethical approval <input type="checkbox"/> , funding <input type="checkbox"/> , conflict(s) of interest <input type="checkbox"/> 2. Subjectivities <input type="checkbox"/> , relationship(s) with participants/cases <input type="checkbox"/>		
<b>Is it worth continuing?</b>			<b>Ethical matters [ /5]</b>
<b>7. Results</b>			
Analysis, Integration, Interpretation method	1. A.I.I. method(s) for primary outcome(s)/output(s)/predictor(s) chosen <input type="checkbox"/> and why <input type="checkbox"/> 2. Additional A.I.I. methods (e.g. subgroup analysis) chosen <input type="checkbox"/> and why <input type="checkbox"/> 3. Suitability of analysis/integration/interpretation method(s) <input type="checkbox"/>		
Essential analysis	1. Flow of participants/cases/groups through each stage of research <input type="checkbox"/> 2. Demographic and other characteristics of participants/cases/groups <input type="checkbox"/> 3. Analyse raw data <input type="checkbox"/> , response rate <input type="checkbox"/> , non-participation/withdrawal/incomplete/lost data <input type="checkbox"/>		
Outcome, Output, Predictor analysis	1. Summary of results <input type="checkbox"/> and precision <input type="checkbox"/> for each outcome/output/predictor/measure 2. Consideration of benefits/harms <input type="checkbox"/> , unexpected results <input type="checkbox"/> , problems/failures <input type="checkbox"/> 3. Description of outlying data (e.g. diverse cases, adverse effects, minor themes) <input type="checkbox"/>		
<b>Results [ /5]</b>			
<b>8. Discussion</b>			
Interpretation	1. Interpretation of results in the context of current evidence <input type="checkbox"/> and objectives <input type="checkbox"/> 2. Draw inferences consistent with the strength of the data <input type="checkbox"/> 3. Consideration of alternative explanations for observed results <input type="checkbox"/> 4. Account for bias <input type="checkbox"/> , confounding/effect modifiers/interactions/imprecision <input type="checkbox"/>		
Generalisation	1. Consideration of overall practical usefulness of the study <input type="checkbox"/> 2. Description of generalisability (external validity) of the study <input type="checkbox"/>		
Concluding remarks	1. Highlight study's particular strengths <input type="checkbox"/> 2. Suggest steps that may improve future results (e.g. limitations) <input type="checkbox"/> 3. Suggest further studies <input type="checkbox"/>		
<b>Discussion [ /5]</b>			
<b>9. Total</b>			
Total score	1. Add all scores for categories 1–8		
<b>Total [ /40]</b>			

## Appendix F – Author guidelines: Children and Youth Services Review

Link to journal requirements: <https://www.sciencedirect.com/journal/children-and-youth-services-review/publish/guide-for-authors>

### **Types of Paper**

The journal publishes full-length articles, current research and policy notes, and book reviews. There are no submission fees or page charges.

### **Formatting requirements**

There are no strict formatting requirements, but all manuscripts must contain the essential elements needed to convey your manuscript, for example Abstract, Keywords, Introduction, Materials and Methods, Results, Conclusions, Artwork and Tables with Captions.

### **Reference style**

*Text:* Citations in the text should follow the referencing style used by the **American Psychological Association**.

## **Paper 2: Empirical Research Study**

**'I think trust is a beautiful thing at times...but also, it's such a scary thing': An interpretative phenomenological analysis of care experienced young people's experiences of trust with professionals**

Word Count: 7999

(Excluding title page, references and appendices)

**Target Journal: Adoption and Fostering**

*Author guidelines can be found in Appendix A. Further changes will be made prior to journal submission.*

## **Abstract**

Trust is central to safe and effective professional care, yet for care experienced young people (CEYP) it can be difficult to establish due to early relational trauma and instability within care systems. Despite its importance, little research has explored CEYP's own perspectives on trust outside therapeutic contexts. This study addresses that gap by exploring how CEYP experience trust in relationships with professionals.

Using Interpretative Phenomenological Analysis (IPA), five female participants aged 14-21 shared their experiences in semi-structured interviews. Four Group Experiential Themes were identified: 'I mattered to them', 'Keeping it real through genuine connection', 'Scars of betrayal', and 'Shortchanged by the system'.

Findings show that trust develops gradually through consistent, emotionally attuned interactions, and is shaped by earlier harm and ongoing systemic factors. Trust was dynamic, evolving with age and reflection, and remained vulnerable to rupture.

Implications highlight the need for relationally attuned, trauma-informed practice across health, social care and education, supported by systemic conditions that enable stability and continuity. Future research should examine how trust is built, sustained and repaired across diverse care contexts, placements and identities.

## Introduction

Erikson (1963) proposed that the earliest developmental task is to establish trust in the world, rooted in consistent, nurturing caregiving. For care experienced young people<sup>2</sup> (CEYP) who have faced abuse, neglect and disrupted attachments, forming trusting relationships with professionals can be complex. Attachment theory (Bowlby, 2005) suggests that early relational experiences shape internal working models (IWMs), influencing how trust is experienced. CEYP navigate care systems through the lens of these IWMs, often marked by fear and distrust (Graham & Johnson, 2019; Harkness, 2019). While the care system aims to be relational, it is frequently characterised by instability and high professional turnover (Social Care Wales, 2022; Woodall et al., 2022), which can reinforce relational insecurity (Emanuel, 2002). Despite the centrality of trust in policy and practice (Children's Commissioner, 2022; National Institute for Health & Care Excellence [NICE], 2021a), little research has examined how CEYP themselves experience trust in professional relationships, particularly outside therapeutic contexts. This study addresses that gap by exploring lived experiences, aiming to inform trauma-informed, relational practice across health, social care and education.

CEYP are individuals who have lived in the care of a local authority for 24 hours or more (NSPCC, 2023). In England, numbers have steadily increased, with 83,630 reported in 2024 (Department for Education [DfE], 2024). Most enter care due to neglect or abuse within primary caregiving relationships (DfE & Department of Health [DoH], 2015; Rahilly & Hendry, 2014). Such adverse childhood experiences, which may begin prenatally and persist through early childhood (Kim-Cohen et al., 2006), are strongly associated with psychological difficulties, including developmental trauma (Luke et al., 2014).

Developmental trauma refers to repeated interpersonal trauma within caregiving relationships (Cruz et al., 2022; Van der Kolk, 2009). It can impair secure attachment formation and disrupt IWMs, shaping expectations of others around mistrust, rejection or self-blame (Golding, 2020; Graham & Johnson, 2019). Neurodevelopmentally, chronic trauma can alter brain development to prioritise survival over connection, contributing to hypervigilance, emotional dysregulation and mistrust (Lyons et al., 2020; Perry, 2006).

Contemporary trauma-informed models, such as the 'Neurosequential Model of Therapeutics' (Cooke Douglas, 2021; Perry, 2006), emphasise meeting young people at

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<sup>2</sup> Care-experienced young people is the term used throughout this study following consultation with experts by experience

their developmental level and building safety through consistent, attuned relationships. Relational frameworks highlight that repeated, reliable interactions are key to restoring emotional regulation and a sense of connection (Cossar et al., 2013; Woodall, 2022). Many CEYP adopt a protective stance that blocks trust, resisting support even when offered (Baylin & Hughes, 2016). This mirrors Henry's (1974) notion of double deprivation, where relational loss is compounded by a later inability to accept care, and Emanuel's (2002) extension to triple deprivation, in which care systems may inadvertently replicate early neglect. These dynamics help explain why relational safety, particularly in professional contexts, can be difficult to establish (Golding, 2020).

Although policy recognises the importance of stable, trusting relationships (Asmussen et al., 2022; Children's Commissioner, 2022), CEYP often experience placement changes, multiple professionals and inconsistency (Ward, 2009; Woodall et al., 2022). Such instability risks replicating earlier patterns of unpredictability, reinforcing mistrust (Cossar et al., 2013). Experiences are shaped not only by systemic conditions but also by young people's internalised expectations, often rooted in fear or rejection.

### **Epistemology, ontology and reflexivity<sup>3</sup>**

This study is grounded in a social constructivist-interpretivist epistemology, which views knowledge as co-constructed through interaction, context and meaning-making (Boyland, 2019). Reality is understood as multiple and subjective, shaped by social and relational experiences (Nightingale & Cromby, 1999). This aligns with interpretative phenomenological analysis (IPA), which recognises the researcher's interpretative role and the double hermeneutic; participants make sense of their experiences, and the researcher interprets that meaning (Smith et al., 2021).

Ontologically, this reflects relativism, acknowledging multiple, subjective realities shaped by developmental histories, environments, and cultural contexts (Denzin & Lincoln, 2005; Levers, 2013). This stance allows for complexity, contradiction and variation without seeking universal truths.

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<sup>3</sup> This subsection is written in the first person to demonstrate the presence of the researcher, aligning with the epistemological position taken (Gilgun, 2005; Haraway, 1988).

Reflexivity involves recognising how one's values, experiences and social position influence research (Olmos-Vega et al., 2023; Willig, 2008). I approached this study as a trainee clinical psychologist from a working-class background, with an interest in relational trauma shaped by early experiences of adversity and a belief in the reparative potential of safe relationships. This belief likely influenced the questions I asked and the interpretations I drew. As a parent, hearing participants describe neglect and trauma at my daughter's developmental stage prompted moments of emotional reflection, particularly regarding vulnerability and protection. While I am not care experienced, I have benefited from meaningful professional relationships, which may influence assumptions about what such support can offer.

My position as a researcher situated both inside and outside systems CEYP engage with required careful navigation. Clinical training enabled understanding of relational dynamics and trauma but also brought assumptions that required reflection. Witnessing systemic pressures in the NHS and social care has increased my awareness of how services can cause disconnection or re-traumatisation, while also recognising the potential for attuned, consistent professionals to offer safety and connection. I drew on supervision and IPA peer discussions to examine interpretations, ensuring analysis remained grounded in participants' accounts.

## **Rationale and Significance**

Despite recognition of the importance of trust in care, little is known about how CEYP themselves experience it. While policy guidance highlights the need for stable, relationally attuned practice (Children's Commissioner, 2022; NICE, 2021a), the perspectives of young people remain underrepresented in psychological research, particularly regarding connection, rupture and repair in professional contexts (Gilmartin et al., 2023; McEvoy & Smith, 2011).

A recent study by Gilmartin et al. (2023) used IPA to explore the psychotherapy experiences of young people in foster care in Ireland. Their findings highlighted the importance of being seen, emotionally attuned to and understood, with trust identified as central to effective therapeutic relationships. However, their focus was specific to therapy. Given that many CEYP do not access therapeutic support, there remains a need to explore how trust is experienced across a wider range of professional relationships, including education, social care, and health settings.

Existing literature often focuses on systemic or clinical outcomes, with limited insight into the relational meaning-making of young people navigating these systems. While theoretical frameworks such as blocked trust (Baylin & Hughes, 2016) and double/triple deprivation (Emanuel, 2002; Henry, 1974) help illuminate how trauma and systemic dynamics interact, these must be grounded in accounts that centre young people's perspectives. Research indicates that care systems can limit opportunities for young people to share their experiences, due to systemic barriers, power imbalances and a lack of consistent, trusting relationships (Bromley et al., 2020). In children's healthcare, Coyne et al. (2016) similarly argue for shifting from system or family-centred models to approaches that actively prioritise children's voices and agency. These arguments align with the Children's Commissioner's (2022) call for reform that places children's perspectives at the heart of decision-making, emphasising the need for stable, trusting relationships and systemic conditions that enable them to feel safe, stable and loved. This study responds to these calls by exploring CEYP's lived experiences of trust in professional relationships, addressing a clear gap in both research and practice.

## **Research Aim**

This study aims to explore how CEYP make sense of their experiences of trust with professionals. Grounded in an IPA approach, it explores the nuanced relational processes involved and how these are shaped by previous experiences of adversity and care.

## **Research Question:**

How do CEYP experience trust with professionals?

## **Method**

### **Ethics**

Ethical approval was granted by the University of Staffordshire Ethics Committee and the NHS Health Research Authority (see appendices B-C). Written informed consent was obtained from all participants and, where applicable, from the person with parental responsibility, with consent reconfirmed verbally before interviews.

A distress protocol (appendix D) guided the researcher if a participant became distressed. Participants were regularly checked in with during interviews and reminded they could pause or stop at any time. No participants became distressed.

## **Design**

A qualitative design was chosen to explore the complexity of lived experience and meaning making around trust, which benefits from in-depth, interpretative inquiry (Foley & Timonen, 2015; Pietkiewicz & Smith, 2012). Interpretative Phenomenological Analysis (IPA; Smith et al., 2021) was selected for its idiographic focus and alignment with the study's social constructivist-interpretivist stance.

Semi-structured interviews were chosen for their flexibility in exploring participants' perspectives while enabling a conversational style that supports rapport-building, particularly important when working with CEYP. IPA's hermeneutic focus on subjective meaning making was preferred over explanatory approaches such as grounded theory or the life story emphasis of narrative methods (Padgett, 2016).

The design and interview schedule (appendix P) were developed with the research supervisor and reviewed by experts by experience to ensure accessibility, clarity and sensitivity to care contexts.

## **Recruitment**

As in previous research, recruitment of CEYP posed challenges due to factors such as emotional vulnerability, trust, and professional gatekeeping (Ellis et al., 2023). The study aimed to include both CEYP currently in care, through an NHS specialist service, and care leavers identified through care leaver charities, university care experienced networks and social media. In line with Article 12 of the United Nations Convention on the Rights of the Child (UNCRC, 1989), this study sought to amplify CEYP's voices, rather than relying solely on adult perspectives.

Participants were approached via two routes. The first included those currently in care, where professionals identified young people and shared study materials (information video and tailored information sheets) with CEYP, professionals and carers (appendices E-G). Interested individuals returned an opt-in form (appendix H), which led to an informal

conversation with the researcher (and carer if applicable) to answer questions and ensure informed participation. Participants were then given up to five days to decide. Where required, assent was obtained from the young person (appendix I), and consent from the person with parental responsibility (appendix J).

The second route included care leavers, recruited through the researcher’s and supervisor’s professional networks, care leaver charities, university care experienced networks, and social media. A study advert (appendix K) linked to an eligibility questionnaire (appendix L). Eligible participants were provided access to an information video and a participant information sheet (appendices M-N), followed by an informal discussion with the researcher. Participants were given up to five days to decide, and written consent was obtained before the interview (appendix O).

Due to recruitment challenges and in recognition of participants’ time, care leavers received a £25 Amazon voucher. This decision was informed by consultation with a care leaver organisation and literature on inclusive practice and financial pressures (Nicolaas et al., 2019; Parsons & Schoon, 2023; Smith, 2023).

### Sampling and Participants

IPA uses small, purposive samples prioritising experiential richness over size (Smith et al., 2021). Experiential homogeneity is important to support meaningful comparison within the analysis (Pietkiewicz & Smith, 2012) and was achieved by including participants who had long-term care experience from age 12 or younger and had engaged with multiple professionals. Participants were selected based on their experiences of long-term care and engagement with professionals, inclusion and exclusion criteria are in Table 1. Five participants were recruited, consistent with IPA’s focus on depth and nuance (Smith et al., 2021).

Inclusion Criteria	Exclusion Criteria
<p>Aged 13 and above (currently in care)</p> <p>Aged 16-30 (care leaver)</p> <p>Living or lived in the care of a local authority within England, with fostering or residential care arrangements.</p>	<p>A young person who entered care for reasons other than abuse/neglect/harm.</p> <p>Points for exclusion would include:</p> <ul style="list-style-type: none"> <li>• Death of a parent/caregiver</li> <li>• Biological parent(s) being incarcerated in prison</li> <li>• Due to biological parent(s) physical health difficulty</li> </ul>

<p>Entered the care of the local authority aged 12 or below*</p> <p>Young person placed in care due to risk of or experiences of abuse/neglect/harm</p> <p>Not at risk of placement breakdown (currently in care) and in a stable living environment for the past 1 year, with a support network</p> <p>Not experiencing severe psychological distress</p> <p>Participants must be able to read and speak English)</p>	<ul style="list-style-type: none"> <li>• Child/young person who entered the UK as an unaccompanied asylum seeker.</li> </ul> <p>Young person below the age of 13 due to sensitive nature of topic being discussed.</p> <p>Currently experiencing severe emotional distress and/or suicidal ideation or intention</p>
<p>*In order for the young person to have had enough time in care to comment on relationships with professionals. The reasons and experiences for young people who enter care aged 13 and above differ from children pre-adolescence (Clarke &amp; Penington, 2021). This is in keeping with the rationale for this research study i.e. capturing the experiences of young people in care who experienced abuse/neglect/harm and disruption to their attachment relationships at an early age.</p>	

**Table 1 - Inclusion and exclusion criteria**

Most of the participants were care leavers. All participants were female, entered care aged 12 or below, and lived in England during care. Ages ranged from 14 to 21 years (mean = 19). Three self-identified as ‘White British’, one as ‘Mixed British African/Indian’, and one as ‘Other – Arab’. Four additional individuals expressed interest but either did not respond further (n = 3) or declined (n = 1). Participant demographic details<sup>4</sup> are in Table 2.

<b>Pseudonym</b>	<b>Gender</b>	<b>Care type</b>	<b>Age entered care</b>
Grace	Female	Foster care	7
Jane	Female	Foster care	12
Ella	Female	Foster care & residential care	12
Chloe	Female	Foster care	9
Sarah	Female	Foster care	10

**Table 2 - Participant demographic information**

<sup>4</sup> To protect anonymity, only minimal demographic detail is provided

## **Procedure**

Interviews were conducted face-to-face (n = 1) or via Microsoft Teams (n = 4), audio recorded and transcribed verbatim by the researcher. Interviews lasted 55-101 minutes (mean = 70 minutes). At the end, a verbal debrief checked for distress, followed by a written debrief and support form, with contact details for the researcher and supervisor plus withdrawal information (appendix Q-R).

## **Analysis**

Analysis followed Smith et al. (2021), grounded in IPA's iterative and inductive principles. Each transcript was analysed individually before cross-case analysis, preserving the idiographic focus. The hermeneutic circle guided movement between understanding parts of the data (e.g., individual experiential statements) and the whole (participants shared experiences) (McAuley, 2004; Smith et al., 2021).

Immersion involved repeated reading and listening to the recordings. Descriptive, linguistic and conceptual exploratory comments were made on the right-hand side of the transcript (appendix S). These informed experiential statements, which were then printed and manually clustered to explore meaningful patterns (appendix T). This iterative process resulted in the development of Personal Experiential Themes (PETs) (appendix U), each capturing a facet of the participant's lived experience of trust.

Once all transcripts had been analysed individually, cross-case analysis was conducted to identify patterns of convergence and divergence. PETs were printed, randomly distributed, and physically sorted by the researcher to identify shared meanings across cases (appendix V). This process involved careful reflection on how individual experiences connected or diverged across participants. Through this iterative clustering, broader Group Experiential Themes (GETs) were developed to represent areas of convergence in how trust was experienced within professional relationships (appendix W). At least two participants were required to support a GET, ensuring themes reflected more than one individual's account while retaining idiographic nuance.

Reflexive journaling recorded emotional responses, positional reflections and analytic decisions. Discussions in supervision and IPA peer groups explored alternative

interpretations. Two master tables were developed. The first documented each GET, its subthemes and contributing participants (appendix X). The second presented each GET and subtheme alongside illustrative supporting quotes from participants (appendix Y). A chronological audit trail of GET development can be found in appendix Z; showing how themes and subthemes evolved through successive iterations in response to ongoing analysis, supervision, and reflexive engagement.

## **Reflexivity, Epistemology and Ontology**

The study's epistemological and ontological foundations are discussed in the introduction. In line with a social constructivist-interpretivist stance, IPA was selected to explore meaning making within relational and systemic contexts (Smith et al., 2021; Willig, 2008).

Reflexivity<sup>5</sup> was embedded throughout, acknowledging how personal and professional experiences shaped interpretation. These were actively reflected upon rather than bracketed. While IPA recognises that complete bracketing is not possible, and not recommended (Smith, 2004), I sought to remain mindful of my positionality and interpretative lens (Finlay, 2009).

To enhance trustworthiness and credibility, I maintained a detailed audit trail, including supervision notes, reflexive journal entries, and thematic development notes. I regularly returned to transcripts to ensure interpretations remained grounded in participants' accounts. Verbatim quotes were used to illustrate experiential claims and support transparency. Regular discussions with my research supervisor and IPA peer group helped explore alternative interpretations and maintain analytic accountability. These practices align with IPA's emphasis on reflexivity and transparency as core components of quality in qualitative research (Smith et al., 2021; Yardley, 2000).

## **Results**

Four Group Experiential Themes (GETs) and eleven subthemes were developed (see Table 4).

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<sup>5</sup> Written in the first person, in keeping with the epistemological position taken (Gilgun, 2005; Haraway, 1988).

GET	Subtheme	Supporting participants
<b>1. I mattered to them</b>	a) <i>First impressions open or close the door</i>	Chloe, Grace
	b) <i>Feels like home</i>	Chloe, Grace, Ella, Jane, Sarah
	c) <i>It's safe...showing up again and again</i>	Chloe, Grace, Ella, Jane, Sarah
<b>2. Keeping it real through genuine connection</b>	a) <i>Both giving our true selves</i>	Chloe, Ella, Jane, Sarah
	b) <i>"I wouldn't change for her" – permission to be myself</i>	Ella, Jane
	c) <i>Going at my pace</i>	Chloe, Grace, Ella, Jane, Sarah
<b>3. Scars of betrayal</b>	a) <i>Hurt and guarded</i>	Chloe, Grace, Ella, Jane, Sarah
	b) <i>Devastation of false promises</i>	Ella, Jane, Sarah
	c) <i>Older and wiser</i>	Chloe, Grace, Ella, Jane, Sarah
<b>4. Shortchanged by the system</b>	a) <i>I wanted more from them</i>	Chloe, Grace, Ella, Jane, Sarah
	b) <i>Lost and alone</i>	Chloe, Grace, Jane, Sarah

**Table 3 - Table of group experiential themes, subthemes and supporting participants**

### **Theme 1: I mattered to them**

Trust was built slowly, through ordinary moments that showed young people they mattered: a warm greeting, a shared snack, a toy on a bed. In lives shaped by instability, these gestures signalled care, safety and belonging. Participants described how trust deepened when professionals showed up consistently and offered warmth in small but meaningful ways, and how it faltered when these were absent. Trust lived in the details, in what professionals kept doing, or didn't.

#### *A) First impressions open or close the door*

For some, first encounters set the tone for whether trust could begin at all. A smile, greeting, or small gesture offered cues about approachability and safety. Grace recalled walking into a room to hear, "hi, you okay?", a simple welcome that made her feel able to open up, "but if I walked in and she just sat there and she didn't say anything, then it would be like awkward and I wouldn't know how to open up..." (p. 32).

In contrast, Chloe described abrupt arrivals from new social workers that closed down the possibility of developing trust, "...it was always an email or a text... they just turn up...we were probably told from somebody else who said, 'oh this is your new social worker'... but we never met her..." (p.16).

These first impressions were not trivial; they were emotional signals about whether someone mattered enough for professionals to meet them as a person. Early cues of warmth and presence opened the door to connection, while impersonal introductions closed it.

### *B) Feels like home*

Trust often began with gestures that made a space feel emotionally safe and personal. A teddy bear waiting on Chloe's bed in a new foster home became "*something of my own, it's for me*" (p. 9), signalling welcome and belonging. Jane recalled asking, "*I could have snacks?*" and being told, "*of course you can, you silly goose!*" (p. 16), a light moment that helped counter earlier experiences of restriction, control and powerlessness. Grace described a playful exchange with her foster carer:

*"Ah, that was funny!*

*[FC<sup>6</sup>] That just sort of opened everything up...*

*Well it left blue stains everywhere.*

*[FC] Small price to pay..." (p. 31-32)*

This moment mattered not for what was said, but what was shown. Grace entered the placement guarded, shaped by past hurt. Her carer's response symbolised a deeper truth that she was accepted. These small acts were pivotal, they gave choice, affirmed identity, and gave young people a place, creating a sense of belonging.

Participants also spoke about when this presence was absent. Jane stressed, "*No young person should ever be ignored...voices are meant to be heard*" (p. 21-23), while Sarah described how professionals avoided naming the harm she'd experienced:

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<sup>6</sup> Foster carer

*“...if they had then turned around and was like ‘yeah they’re actually like horrible people’...we would have built a relationship... I just would have loved that.” (p. 26)*

Sarah wasn’t asking for oversharing, just for someone to stand alongside her and name what had happened. When warmth and recognition were missing, whether in emotion, voice, or identity, trust was quietly eroded. Sarah recalled her cultural identity being overlooked, *“we used to eat with our hands and then all of a sudden I’m being shown how to use cutlery... there should be more knowledge on more mixed households going into care...”* (p. 33). Together, these accounts show that moments of being held in mind can seed trust, while their absence can close it down.

*C) It’s safe...showing up, again and again*

Once trust began to form, it was sustained through repetition; being remembered, checked in on, and simply being there. In lives marked by instability, such endurance often came as a surprise, yet it was the most powerful form of safety. Ella reflected that with trust, *“it’s not even about, like, going above and beyond, it’s just literally, like, showing up”* (p18). Chloe contrasted twenty-four social workers who had come and gone with *“only one from the beginning who is still in the picture”* (p. 4), capturing the rarity of a relationship that lasted.

Sarah likened this quiet security to *“when you save some snacks for later and then you remember...you get really happy that you’ve saved them”* (p30), conveying the joy and reassurance of someone still being there. Across participants’ accounts, consistency offered more than reliability. It showed them they still mattered, providing the emotional safety on which trust could rest.

Across these subthemes, trust was relational, layered and built through detail. It began in the way someone greeted you, held you in mind and demonstrated acceptance. It deepened when professionals stayed, not just in the role but in presence. It faltered when young people felt unheard or unseen. These moments were never just small, they were signals: about whether someone cared, whether they would stay, and whether the relationship could be safe. In systems where people often came and went, it was the ones who noticed the little things, again and again, who made the biggest difference.

## Theme 2: Keeping it real through genuine connection

For participants, trust wasn't simply about receiving help, it was about being met in ways that felt genuine, human and rooted in connection. Professionals who were authentic, emotionally available, and willing to share something of themselves created relationships that moved beyond formal roles. These interactions conveyed respect and equality, offering spaces where young people felt noticed, understood, and accepted without judgement. Across accounts, trust grew when professionals were honest and mutual in their interactions, created safety to be oneself, and adapted their approach to the young person's needs and pace.

### A) *Both giving our true selves*

Trust deepened when professionals related with openness and congruence, dismantling professional distance. Participants valued being met as equals, not as cases to be managed. Sarah explained, "*when you connect with someone, you're trusting them as well...it has to be two ways*" (p. 8), emphasising that trust required professionals to share something real of themselves. She also valued respect for her maturity, noting she was "*just a lot more mature*" and that when a professional "*just straight up said it like that*" it signalled that she "*trusted her*" (p. 11). Here the mechanism was directness, the professional spoke without sugar-coating.

Chloe valued professionals who were genuinely available and approachable, describing one as "*very quirky...and just made things easy... she made herself like readily available...and she was just a fun person...it made it easier to see the good in people...which made it easier to trust others*" (p. 20).

For both, authenticity meant allowing the relationship to flow both ways, with professionals showing their humanity and willingness to meet young people on equal terms.

### B) *"I wouldn't change for her" – permission to be myself*

While honesty and realness opened the door, trust was strengthened when young people felt they could be fully themselves; messy, tired, playful, or vulnerable, without fear of judgement. This was more than liking a professional, it was feeling safe enough to drop defences. Jane illustrated this sense of ease:

*“...she'd rock up, and I'm still in my pyjamas, I wouldn't change for her...She's like, 'I don't care what you look like! You're comfortable!’” (p. 9)*

The acceptance was not abstract; it was enacted in the professional's relaxed response, which reinforced that Jane's comfort mattered more than appearances. This comfort extended into her foster carers' home, where she found what she called *“inner peace”*, *“I can just, like, take my shoes off, chill on the sofa, like 'mum, want a cuppa tea”* (p. 4).

Ella's CAMHS worker built this safety through attentive, practical adaptations:

*“...she would bring bubbles or we'd go and sit outside...even on Teams, she would, like, tell my carers to have, like, a weekly allowance for me...and I'd go and get sensory stuff.” (p. 15)*

These actions demonstrated that the professional had noticed what supported Ella's regulation and had taken steps to make it happen.

Feeling safe to be oneself emerged when professionals accepted young people exactly as they were and responded with warmth, flexibility, and attunement.

### *C) Going at my pace*

Trusted professionals understood that relationships could not be rushed. They provided emotional scaffolding, meeting young people at their current capacity, responding without overwhelming them, and respecting boundaries.

Ella recalled a professional who would simply sit with her in distress and *“be the one that would come and sit with me, doesn't matter how long...she would give me that time”* (p. 7). The action, staying without pressuring, conveyed belief that Ella's feelings could be managed safely together.

Grace described how one worker chose to witness her circumstances directly rather than rely on her to explain, *“she would just come over randomly...she used to see it for herself and understand it more”* (p. 19-20). Viewed through a developmental lens, this removed an enormous burden, sparing Grace, at a young age, from the responsibility of reporting distressing events about her home life. By stepping in to see for herself, the professional

took ownership and accountability, showing that the weight of truth-telling did not rest on Grace's shoulders alone.

Sarah spoke of the freedom to *"have that one person just like colouring in with you"*, being alongside a professional, *"it felt very like freeing...I was learning more about emotions"* (p. 20). The colouring was not just an activity; it was a vehicle for connection. It allowed conversation and presence without pressure, creating comfort until enough safety existed for deeper sharing. The professional tolerated the pace of relationship building, not pushing for an outcome but trusting that something would emerge in its own time. This respect for process was reinforced by her decision to not *"ask questions about it...she'd respect that sort of space"* (p. 21).

These examples show how pacing, attunement, and respect for boundaries allowed trust to grow gradually. By adapting their presence and approach, professionals created conditions for engagement without intrusion.

Trust in these relationships was not the product of specific interventions but of how professionals were: honest, present, and responsive. Realness fostered equality, safety enabled authenticity, and sensitive pacing ensured that trust could deepen without fear. At their heart, these relationships were grounded in shared humanity, where keeping it real and being truly seen were as important as being supported.

### **Theme 3: Scars of betrayal**

Participants spoke with painful honesty about the enduring impact of broken trust. Betrayal, mistreatment and inconsistency left emotional scars that shaped how they approached future relationships. For some, the damage was immediate and long-lasting, creating guardedness and withdrawal. Others learned to ration trust carefully, investing only where there was clear evidence of safety and honesty. Even when care was later offered, it could feel alien.

This theme explores the hurt of betrayal, the defensive state it can create, the harm caused by unmet promises, and how understandings of trust evolved with age and experience.

A) *Hurt and guarded*

Betrayals in childhood often left deep unresolved anger and a reluctance to trust again. Early harm became a reference point, shaping expectations of impermanence and self-protection. Grace recalled how, at the start of a new foster placement, she instinctively kept her guard up:

*"[FC] I said, 'welcome to your new home' and you said, 'for a couple of years'. [Grace] Did I actually? ... Oh my god."* (p. 27)

Her surprise revealed how embedded her expectation of impermanence had become. It was easier not to believe in care than to risk being hurt again.

For Sarah, being misrepresented in a professional report, her distress reframed as hostility, created lasting mistrust:

*"...it was like 'Sarah can be very aggressive, and be hostile and vile towards us' ... I knew it wasn't me...things like that make you feel so bad about yourself...you obviously won't trust them if that you read stuff like that."* (p. 24)

Being misunderstood in moments of vulnerability eroded her willingness to rely on professionals.

Jane described disclosing abuse without it being handled sensitively, *"he did stuff, why would you not mention that it's a safeguarding matter...it still bothers me to this day."* (p. 18). The silence felt like a denial of her experience. Chloe's memories reflected both the absence of emotional support, *"alone, there's nobody to turn to"* (p. 19) and the difficulty of accepting genuine care when it was offered. She admitted she *"had to get used to being loved"* (p. 4). There was an enduring inability to trust that professionals could be reliable and show care.

Some responded by withdrawing entirely. Chloe told a new professional, *"I want nothing to do with you because no one ever sticks around"* (p. 13), while Ella admitted she was *"scared to give my all...you could literally take full advantage of me"* (p. 16). These were not impulsive rejections, but deliberate acts of self-preservation, a kind of relational hypervigilance, echoed in Chloe's choice to *"never let myself trust and engage with these people...it'd be as basic as I possibly could make it."* (p. 12).

Grace described the erosion of trust through constant changes in social workers, *"I'm just repeating myself because [they] just change all the time... they'll tell my new social worker and then it'll sort of be kind of wrong."* (p. 2). Retelling her story, only for it to be distorted, left her feeling it no longer mattered.

The mechanism was clear: without honesty and consistency, the cost of trusting again felt too high. As Jane put it, *"they ain't going to trust you straight away"* (p. 20).

#### B) *Devastation of false promises*

False assurances were another source of harm. Promises, once broken, reopened earlier wounds and could lead to regression, returning young people to earlier patterns of mistrust. Ella recalled being reassured of continued support after leaving care, but *"it never happened...I think that really damaged my trust as well... I started to live on my own, with no support."* (p. 4). The absence of promised help intensified her sense of abandonment and was compounded when a carer who had previously promised to stay with her throughout care took her out for the day to a theme park *"and then told us...I just thought it was such an insensitive way of doing things"* (p. 17). If this carer hadn't *"said to me that you would be there until I left, I probably wouldn't care"*, the hurt lay in the mismatch between words and actions.

Sarah discovered she had been deliberately kept in the dark about a professional's retirement which *"only increased anxiety...I started not to trust myself"* (p. 19). The concealment was intended to protect her but instead destabilised her sense of reality and reinforced the need for predictability.

Participants' accounts show that for those shaped by relational loss, authenticity mattered more than reassurance. A painful truth was preferable to a promise that could not be kept.

#### C) *Older and wiser*

Over time, participants reflected on earlier experiences with greater perspective. In childhood, trust was often held as a concrete expectation; carers would stay until adulthood, that relationships would be permanent. Grace recalled, *"I thought they were like my new parents until I was eighteen ... but kind of all failed"* (p. 16). With time, she recognised what

her younger self could not, *“I didn’t see the other side ... I thought everything was like good ... but then as I started to get older, I realised what they were kind of doing.”* (p. 15). This shift was not simply about becoming older, but about revisiting earlier events through a different lens. For some, early certainties gave way to a more cautious, layered understanding of who could be trusted and why.

Some relationships, despite earlier harm, succeeded in rebuilding trust. Ella described *“four key people”* who showed her that she could *“trust them and...feel safe with them”* (p. 16). One professional maintained contact throughout her time in care and beyond, Ella described her as *“just my friend now”* (p. 13). Chloe reflected that trust is a way of *“opening doors”* and a route to connection and possibility, *“giving a reason to keep going...and kind of strive for something”*, helping people with difficult early experiences to *“know life can be okay, no matter what the background is”* (p. 21). These enduring connections demonstrated that trust could be repaired, even after significant rupture.

For many, trust was no longer seen as absolute. It could be rebuilt, but it was fragile, changeable and shaped by the echoes of earlier experiences. As Ella reflected, *“I think trust is a beautiful thing at times, but also it’s such a scary thing”* (p. 16).

#### **Theme 4: Shortchanged by the system**

Participants reflected on how trust was shaped not only by individual relationships but by the systems surrounding them. While professionals often intended to protect and care, experiences of instability, silencing and procedural coldness meant that the structures meant to help instead undermined safety. Even kind and committed individuals were remembered as exceptions within services that often felt indifferent or disempowering. Trust faltered when the system failed to deliver the consistency, compassion, and cultural recognition young people expected.

##### *A) I wanted more from them*

Participants described moments where the care system, as an entity, failed to offer the warmth, validation or advocacy they needed. The gap between the role of a ‘corporate parent’ and the relational reality could be stark. Jane captured this:

*"...they're your corporate parents... they are supposed to be a role model...if you can't role model why do we want you in the first place? ... You need to know when to shut up and stand back so we can speak." (p. 21)*

For her, respect meant giving space for her voice to lead, an expectation often unmet.

Sarah described professionals who responded with procedural neutrality rather than real empathy, *"...all they'd say is like 'oh but it's not your fault, it's not your fault'. Give me something stronger, like tell me that my parents are fucking idiots!" (p. 26)*. Avoiding the reality of harm left her feeling invalidated, she *"was waiting for them to say... 'oh yeah no they have treated you horribly... what they did was actually quite bad, it was really awful.' I would have been like, 'yeah, it was, thank you.'" (p. 26)*.

Others described how systemic labelling and misplaced loyalty eroded trust. Chloe felt reduced to being the *"foster child"*, feeling *"different"* with *"no...emotional support in place"*, in Chloe's view this *"stems from being in care"* (p. 17). Sarah criticised professionals who seemed aligned with carers over children, *"they're not the foster carer's best mate. They're actually there for the child"* (p. 34). Her words revealed a sense of loneliness and mistrust, not just towards individual professionals but towards the system itself, which failed to show whose side it was really on.

Across these accounts, trust was undermined when care felt conditional, impersonal, or misaligned with lived experience. It was not neglect alone that caused harm, but the absence of the deeper connection and advocacy that young people expected from those in positions of care.

## *B) Lost and alone*

Systemic instability, frequent changes of staff, poor communication and abrupt transitions often left young people feeling alone. Grace reflected on the number of professionals who had been involved in her care, *"some that I haven't even met before. I've had some that have lasted like half an hour"* (p. 3). Without stable relationships, trust felt unsafe, *"I feel like they're just telling everyone and then they leave. So, they could do anything with that information"* (p. 4).

Jane questioned the point of trusting when turnover was so high, *"you start to trust the social worker, and then they're like, 'oh, I've got a new job. I'm leaving in two weeks.' OK,*

*well I've just built a relationship with you, what's the next person going to be like?"* (p. 1). For Ella, instability was even more extreme, *"I don't think there was ever a stable staff team for more than a month...it's just the trust...it's so damaging when you're having people coming and going"* (p. 4).

Transitions could also be abrupt and alienating. Chloe described being removed from school by strangers, *"random people... a police officer, a social worker and then other people...but none of them actually said who they were"* (p. 8). Sarah remembered *"going into care and not even being told I was going into care."* Not knowing *"what's going on around you"* created a constant state of hypervigilance, leading her to question, *"should I even be trusting myself?"* (p. 19).

These early experiences often set the tone for future relationships with the system. Instead of providing stability, structures mirrored the chaos participants had already known. As Chloe put it, *"it's just hard to kind of trust someone when you don't know who they are"* (p. 9). Even when individual professionals were caring, persistent instability meant connections rarely lasted long enough to feel safe.

For participants, trust depended not just on who showed up but on whether the system allowed those relationships to endure. When the wider structure was unpredictable, impersonal, or inattentive to their needs, even well-intentioned care could feel hollow. In systems meant to safeguard, the absence of stability and genuine connection became its own form of harm.

## **Discussion**

This study explored how CEYP experience trust with professionals, addressing a gap in the literature that has largely overlooked their perspectives outside therapeutic contexts. Four Group Experiential Themes (GETs) were developed: 'I mattered to them', 'Keeping it real through genuine connection', 'Scars of betrayal' and 'Shortchanged by the system'. This discussion situates the findings within existing theoretical and empirical literature and considers implications for practice, policy and future research.

### **I mattered to them**

Participants described trust forming gradually through small, repeated acts that showed them they mattered; warm greetings, shared humour, remembering details or simply showing up. These gestures signalled they were 'held in mind', often acting as pivotal moments of belonging within otherwise unstable environments. This supports attachment theory (Bowlby, 2005) and trauma-informed models that highlight consistent, attuned encounters as key to emotional safety and reducing hypervigilance (Fratto, 2016; Furnivall & Grant, 2014; Golding, 2020).

First impressions offered cues about approachability and intent, reflecting mind-mindedness, the capacity to notice and respond to a young person's internal state (Meins et al., 2014), and linking to 'blocked trust' (Baylin & Hughes, 2016), where guardedness remains until safety is repeatedly demonstrated. McLeod (2010) similarly found that young people valued professionals who remembered personal details and treated them as equals, behaviours participants in this study interpreted as reliability and care.

The mechanism was not grand gestures but steady, human moments that conveyed belonging and stability. Cashmore and Paxman (2006) similarly found better outcomes for care leavers whose carers maintained enduring relationships, often through everyday acts. These findings mirror NICE's (2021b) synthesis of 36 studies showing that genuine, caring relationships, where young people feel respected and valued, are central to building and sustaining trust. In this study, care was communicated through ordinary, repeated acts, reinforcing that the smallest moments can have the greatest relational impact, because they tell young people they matter.

### **Keeping it real through genuine connection**

Keeping it real through genuine connection was central to trust. Equality in the relationship meant young people felt recognised as more than a 'case,' instead as whole people. Trust deepened when professionals demonstrated genuineness, mutuality, emotional presence, and attunement, and when they paced and scaffolded relationships in ways that felt respectful and safe. These experiences stood in contrast to more performative or detached encounters, where mistrust was reinforced. This aligns with trauma-informed models that emphasise emotional congruence and 'felt safety' (Furnivall & Grant, 2014) and with research on the restorative power of emotionally attuned relationships (Baylin & Hughes, 2016).

Feeling 'seen' involved professionals recognising the young person's needs, individuality, and circumstances, and responding in ways that acknowledged both strengths and struggles. At times, these moments offered an alternative to past experiences of being overlooked or misunderstood, opening the possibility of a more positive relational narrative. This reflects Perry's (2006) view that repeated, safe relational experiences can help shift patterns of relating over time. McLeod (2010) also found that young people valued professionals who were approachable, showed interest in their lives, and related on equal terms; behaviours echoed in participants' accounts of authenticity and mutuality.

Trust was also supported when professionals created spaces where the young person could be fully themselves without judgement. This echoes Rogers' (1957) concept of unconditional positive regard, linked to improved relational engagement, particularly in therapeutic support for CEYP (Amari & Mahoney, 2022; Gilmartin et al., 2023). Such acceptance helped participants lower defences and express vulnerability, consistent with research on emotional safety as a foundation for trust in care relationships (Golding, 2020).

Pacing was critical. Professionals who adapted their approach and allowed relationships to develop gradually provided a form of relational scaffolding, supporting engagement without overwhelming the young person (Cooke Douglas, 2021; Gilmartin et al., 2023; NICE, 2021b). CEYP valued adults who respected boundaries, gave time, and did not rush trust. Authenticity, acceptance and sensitive pacing, including both giving true selves, creating permission to be oneself, and going at a young person's pace, are not only desirable relational qualities; they are active mechanisms for building trust, especially for young people with histories of relational trauma (Cairns, 2002).

### **Scars of betrayal**

Betrayal and being let down left lasting imprints on how participants approached relationships long after the original rupture (Woodall et al., 2022). For some, harm led to withdrawal and guardedness (Baylin & Hughes, 2016); for others, trust became conditional, offered only with clear evidence of safety and honesty. This relational vigilance was reinforced by repeated betrayal and by what Henry (1974) termed 'double deprivation,' where early relational loss is compounded by later failures of care.

Promises carried particular weight. When commitments were broken, the impact was not only immediate but could reawaken earlier experiences of abandonment, leading to

regression in trust. Evidence suggests CEYP value truthful, concrete information, even when it is difficult to hear, as unfulfilled promises undermine both the relationship and their sense of predictability (Hughes, 2009; McEvoy & Smith, 2011).

How difficult news was delivered also mattered. Attempts to protect participants by withholding information were often perceived as deception, echoing findings that CEYP prefer honesty to reassurance if that reassurance cannot be guaranteed (Rice et al., 2020; Woodall et al., 2022). Professionals should be supported to navigate this balance between developmental scaffolding and the honesty CEYP value.

Over time, some participants described a shift in their understanding of trust. In childhood, it was often seen as an absolute; relationships would last, carers would stay. Adolescence and early adulthood brought a more conditional, layered perspective. This developmental change reflects a move from concrete to more abstract reasoning (Piaget, 1964) and the growing ability to mentalise and interpret intentionality (Fonagy & Target, 1997), allowing earlier experiences to be re-evaluated with new insight. While trust could be rebuilt, it was rarely restored to its earlier form. Instead, it became more guarded, fragile, and shaped by the echoes of past betrayals (Guazzelli Williamson & Mills, 2023).

### **Shortchanged by the system**

Participants described how trust was shaped not only by individual relationships but by the wider systems around them. Even when professionals were caring, services often felt procedural, inconsistent or indifferent. This mismatch undermined belief that the system would meet their needs. CEYP value not only practical care but also relational advocacy, respect, and genuine support (McEvoy & Smith, 2011; Woodall et al., 2022). Where advocacy was absent, cultural identity overlooked (Al Jawdah, 2020), or validation withheld, trust faltered. This reflects Emanuel's (2002) concept of triple deprivation, where early loss is compounded by systemic neglect and emotional disconnection.

Participants wanted more than procedural contact; they wanted to be heard, defended, and treated as individuals. Cultural insensitivity, misplaced loyalty to carers over children, and avoidance of difficult truths left them feeling undervalued. Trauma-informed approaches emphasise that acknowledging harm is essential for recovery, and that minimising or avoiding these realities risks reinforcing mistrust (Asmussen et al., 2022).

Instability, poor communication, and abrupt changes often left young people feeling lost. Frequent turnover meant relationships rarely lasted long enough to feel safe, echoing evidence that instability and unclear communication erode trust and lead to disengagement (Cossar, 2013; Woodall et al., 2022). Repeated disruptions can replicate earlier relational losses, increasing hypervigilance and reluctance to invest in new relationships (Asmussen et al., 2022; Furnivall, 2018).

Reducing caseloads, embedding relational continuity, and supporting workforce stability are critical to sustaining the fragile trust CEYP extend to professionals (Asmussen et al., 2022; McEvoy & Smith, 2011; Riggs et al., 2025). Predictable, enduring relationships and honest acknowledgment of harm are essential to demonstrate systemic trustworthiness. Without these conditions, even the most attuned individuals operate within structures that risk repeating the relational ruptures young people have already endured.

### **Practice implications**

These findings highlight the need for professionals and services to prioritise relational safety, emotional presence, and consistency in their work with CEYP. Across all themes, trust was rooted in the small, repeated actions of professionals who ‘showed up’ and engaged authentically. This suggests that trauma and attachment-informed care must extend beyond policy into the everyday relational moments that shape CEYP’s experiences (Furnivall & Grant, 2014; NICE, 2021b).

Training and supervision should support professionals to reflect on their relational impact and build emotional literacy, especially when working with young people who may be guarded, avoidant or highly sensitive to perceived rejection. Being present through rupture, and actively offering repair, is central to avoiding re-traumatisation. CEYP also need to feel genuinely seen and advocated for, not only in therapeutic relationships, but across education, social care and health settings.

However, these ideals exist within systems marked by austerity, high caseloads and burnout, all of which limit professionals’ capacity to sustain relationships (Munro, 2011; Social Care Wales, 2022). Trauma-informed care demands not just individual skill, but system-level support; including time, supervision, and policies that foster relational continuity and minimise workforce-driven ruptures (Riggs et al., 2025). Without systemic investment,

the emotional labour of trust building falls on overstretched individuals, making sustained change unlikely.

### **Strengths and limitations**

This was an original study, which used IPA to explore how trust is experienced by CEYP. The inclusion of both young people in care and care leavers supported developmental reflection, while sensitive interviewing allowed participants to speak candidly about often painful experiences. Reflexivity was embedded throughout, with attention to the researcher's positionality and emotional responses. The study also amplifies underrepresented voices, contributing experiential nuance to ongoing debates around trauma-informed and relational practice.

Limitations include the sample being entirely female, excluding male and gender-diverse perspectives. Most participants were care leavers, offering less insight into current processes within the care system. Recruitment was shaped by several structural barriers, including gatekeeping, ethical restrictions, and limited service capacity to support research. While the sample likely included neurodivergent participants, the study did not explore how neurodiversity may shape relational processes or trust development. This reflects a broader limitation within trauma-informed literature, often centring on neurotypical perspectives.

### **Recommendations for future research**

Future research should continue to explore the nuanced relational processes underpinning trauma and attachment-informed care. Greater understanding of how trust is built, sustained and repaired can enhance relational practice across health, education and social care. Research should explore trust across diverse placements, genders and neurodivergence. Including professionals' perspectives could illuminate relational processes under systemic constraints. Participatory and longitudinal designs may help capture the evolving nature of trust and its developmental shifts.

### **Conclusion**

This study shows that for CEYP, trust is rarely instant; it grows through ordinary acts of presence, is sustained through authenticity and advocacy, and shaped by both past harm

and systemic context. Trust can be 'beautiful', offering connection and possibility, yet it remains vulnerable to rupture. By centring young people's voices and applying an idiographic, phenomenological lens, this research highlights that embedding relationally attuned, trauma-informed practice within stable and supportive systems is essential to making trust not only possible but enduring.

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## Appendix

### Appendix A – Author guidelines for ‘Adoption and Fostering’ journal

Manuscript submission guidelines can be found here: <https://journals.sagepub.com/author-instructions/AAF>

Key details below:

*Adoption & Fostering* is the only quarterly UK peer reviewed journal dedicated to adoption and fostering issues. Edited by Dr Dennis Golm (Lecturer in Psychology, University of Southampton, UK), it also focuses on wider developments in childcare practice and research, providing an international, inter-disciplinary forum for academics and practitioners in social work, psychology, law, medicine, education, training and caring.

This journal is a member of the Committee on Publication Ethics (COPE).

#### Article types

Articles may cover any of the following: analyses of policies or the law; accounts of practice innovations and developments; findings of research and evaluations; discussions of issues relevant to fostering and adoption; critical reviews of relevant literature, theories or concepts; case studies. All research-based articles should include brief accounts of the design, sample characteristics and data-gathering methods. Any article should clearly identify its sources and refer to previous writings where relevant. The preferred length of articles is 5,000-7,000 words excluding references.

#### Title

Your manuscript's title should be concise, descriptive, unambiguous, accurate, and reflect the precise contents of the manuscript. A descriptive title that includes the topic of the manuscript makes an article more findable in the major indexing services.

#### Abstract

Please include an unstructured abstract of up to 200 words between the title and main body of your manuscript that concisely states the purpose of the research, major findings, and conclusions. If your research includes clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract. Submissions that do not meet this requirement will not be considered.

This journal includes video abstracts and plain language summaries.

**Video abstracts:** A video abstract is a short video that appears at the top of your article that highlights the key finding of your work. These are a great way of making your article stand out and can be either animations, narrative slide decks or ‘talking heads’.

#### Plain language summaries

A plain language summary (PLS) must be provided for all article types that require an abstract. The plain language title (approx. 50 words) and plain language summary (approx. 300 words) should describe the article using non-technical language, making it accessible to a wider network of readers.

#### Reference style and citations

The journal follows the Sage Harvard reference style. View the Sage Harvard guidelines to ensure your manuscript conforms.

Every in-text citation must have a corresponding citation in the reference list and vice versa. Corresponding citations must have identical spelling and year.

## Appendix B – Ethical approval (University of Staffordshire)



### INDEPENDENT PEER REVIEW APPROVAL FEEDBACK

<b>Researcher Name</b>	Ben Gibbons
<b>Title of Study</b>	Developing trust with professionals: An interpretative phenomenological analysis of care experienced young people's experiences
<b>Status of approval:</b>	Approved

Thank you for your submission to the Independent Peer Review (IPR) Panel. Your application is now approved.

#### **Action now required:**

You must now apply to the Integrated Research Applications System (IRAS) for approval to conduct your study. You must not commence the study without Health Research Authority (HRA) and/or REC approval, and relevant site-specific approvals. Please note that the University Sponsor contact to be named on the form is Prof Sarahjane Jones.

Please forward a copy of the letter you receive from the IRAS process to [ethics@staffs.ac.uk](mailto:ethics@staffs.ac.uk) as soon as possible after you have received approval.

Once you have received HRA and/or REC approval, and participating Trusts/organisations have confirmed their capacity and capability to support your study, you can commence your research. You should be sure to do so in consultation with your supervisor.

You should note that any divergence from the approved procedures and research method will invalidate any insurance and liability cover from the University. You should, therefore, notify the Panel of any significant divergence from this approved application.

When your study is complete, please send an end of study report to Dr Edward Tolhurst: [e.tolhurst@staffs.ac.uk](mailto:e.tolhurst@staffs.ac.uk). A template can be found on the ethics Blackboard site.

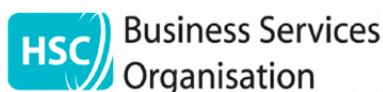
**Comments for your consideration:** *The University Ethics contact stated in the supporting documents can be changed to: Prof Sarahjane Jones, Co-Chair:*  
[sarahjane.jones@staffs.ac.uk](mailto:sarahjane.jones@staffs.ac.uk)

A handwritten signature in black ink, appearing to read 'E Tolhurst'.

**Signed:** Dr Edward Tolhurst  
University IPR coordinator

Date: 20<sup>th</sup> May 2024

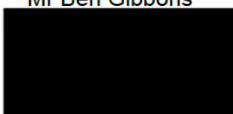
## Appendix C – Ethical approval (NHS REC Outcome Letter & Health Research Authority Outcome Letter)



### Health and Social Care Research Ethics Committee B (HSC REC B)

04 September 2024

Mr Ben Gibbons



Dear Mr Gibbons

**Study title:** Developing trust with professionals: An interpretative phenomenological analysis of care experienced young people's experiences

**REC reference:** 24/NI/0095

**IRAS project ID:** 336456

Thank you for your letter of , responding to the Research Ethics Committee's (REC) request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

#### Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

#### Good practice principles and responsibilities

The [UK Policy Framework for Health and Social Care Research](#) sets out principles of good practice in the management and conduct of health and social care research. It also outlines the responsibilities of individuals and organisations, including those related to the four elements of [research transparency](#):

1. [registering research studies](#)
2. [reporting results](#)
3. [informing participants](#)
4. [sharing study data and tissue](#)

#### Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

[If applicable, insert any additional conditions specified by the REC].

[Where additional conditions are specified by the REC:]

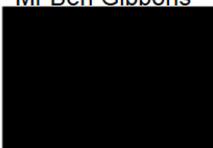




Ymchwil Iechyd  
a Gofal **Cymru**  
Health and Care  
Research **Wales**



Mr Ben Gibbons



Email: [approvals@hra.nhs.uk](mailto:approvals@hra.nhs.uk)  
[HCRW.approvals@wales.nhs.uk](mailto:HCRW.approvals@wales.nhs.uk)

26 September 2024

Dear Mr Gibbons

**HRA and Health and Care  
Research Wales (HCRW)  
Approval Letter**

**Study title:** Developing trust with professionals: An interpretative phenomenological analysis of care experienced young people's experiences  
**IRAS project ID:** 336456  
**REC reference:** 24/NI/0095  
**Sponsor** Staffordshire University

I am pleased to confirm that [HRA and Health and Care Research Wales \(HCRW\) Approval](#) has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

Please now work with participating NHS organisations to confirm capacity and capability, in line with the instructions provided in the "Information to support study set up" section towards the end of this letter.

**How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?**

HRA and HCRW Approval does not apply to NHS/HSC organisations within Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report (including this letter) have been sent to the coordinating centre of each participating nation. The relevant national coordinating function/s will contact you as appropriate.

## Appendix D – Distress protocols

### *Study title: Developing trust while in care: Young people’s experiences*

#### Distress protocol – Young person in care participant

*Protocol to be followed in the event of a participant experiencing distress during the research interview.*

Stage	Details
<b>Distress</b>	<ul style="list-style-type: none"> <li>Research participant indicates they are experiencing distress, or the participant exhibits behaviours that suggest the interview is causing distress (e.g. crying or agitation)</li> </ul>
<b>Stage 1 Response</b>	<ul style="list-style-type: none"> <li>Researcher stops the interview and checks-in with the participant.</li> <li>Participant is offered immediate support such as a break from the interview and verbal support (ask the participant how they are feeling, whether they feel safe, whether they would like their carer, or another trusted adult/professional invited into the interview)</li> <li>Invite carer or another trusted adult/professional into the interview if necessary</li> </ul>
<b>Review</b>	<ul style="list-style-type: none"> <li>After taking a break and only if the participant’s distress has reduced and they confirm they feel safe, ask the participant if they wish to continue with the interview.</li> <li>If the participant does not wish to continue with the interview <b>OR</b> the researcher does not feel it is appropriate to continue, move to stage 2 response</li> </ul>
<b>Distress</b>	<ul style="list-style-type: none"> <li>Research participant indicates they are experiencing further distress, or they are clearly experiencing further distress</li> </ul>
<b>Stage 2 Response</b>	<ul style="list-style-type: none"> <li>Interview to be stopped</li> <li>Researcher to offer verbal support</li> <li>Invite carer or trusted professional into the interview (if they are not present already)</li> <li>Participant encouraged to seek support from their carer and support network around them (social worker, mental health practitioner, GP)</li> <li>Researcher to inform link professional within the service to ensure follow-up support is arranged</li> </ul>
<b>Follow-up</b>	<ul style="list-style-type: none"> <li>Encourage participant to access support from their carer, social worker or GP as necessary following the interview</li> <li>All participants to be provided with an information sheet with relevant support contacts and organisations on as well as contact details for the researcher in case they have any questions specific to the research project.</li> </ul>

**Study title: Developing trust while in care: Young people's experiences**

**Distress protocol – Care leaver participant**

*Protocol to be followed in the event of a participant experiencing distress during the research interview.*

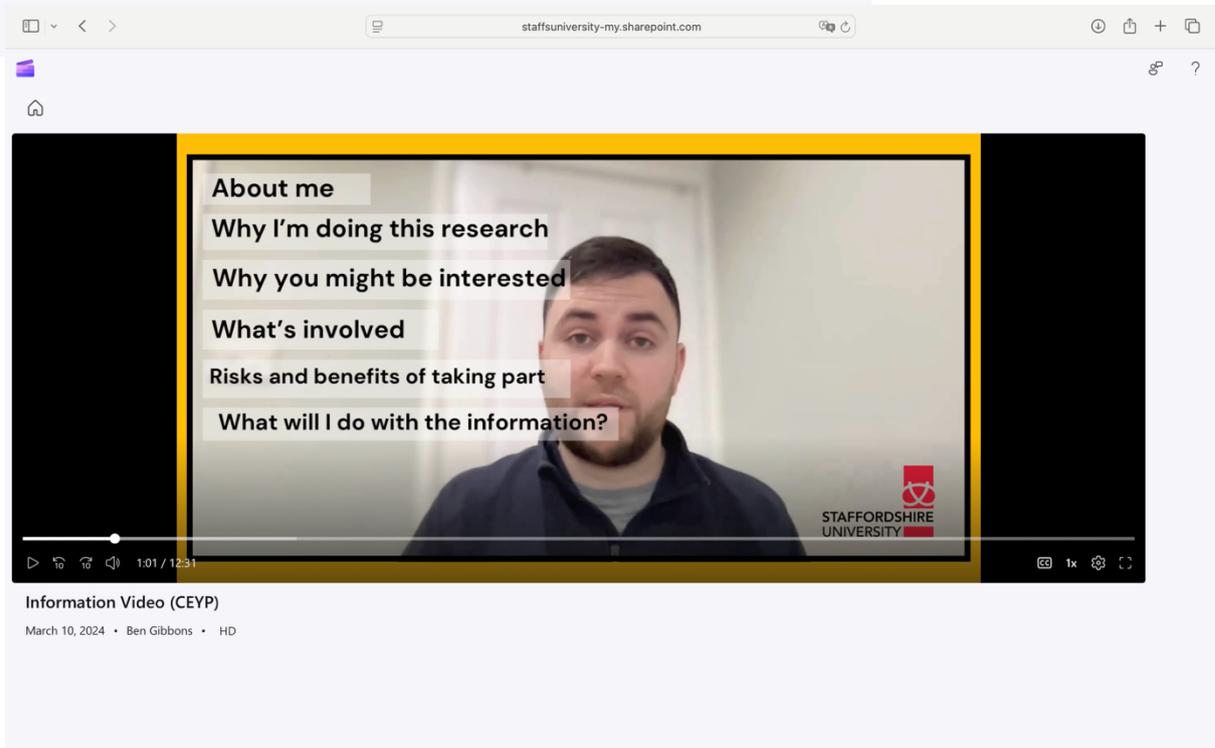
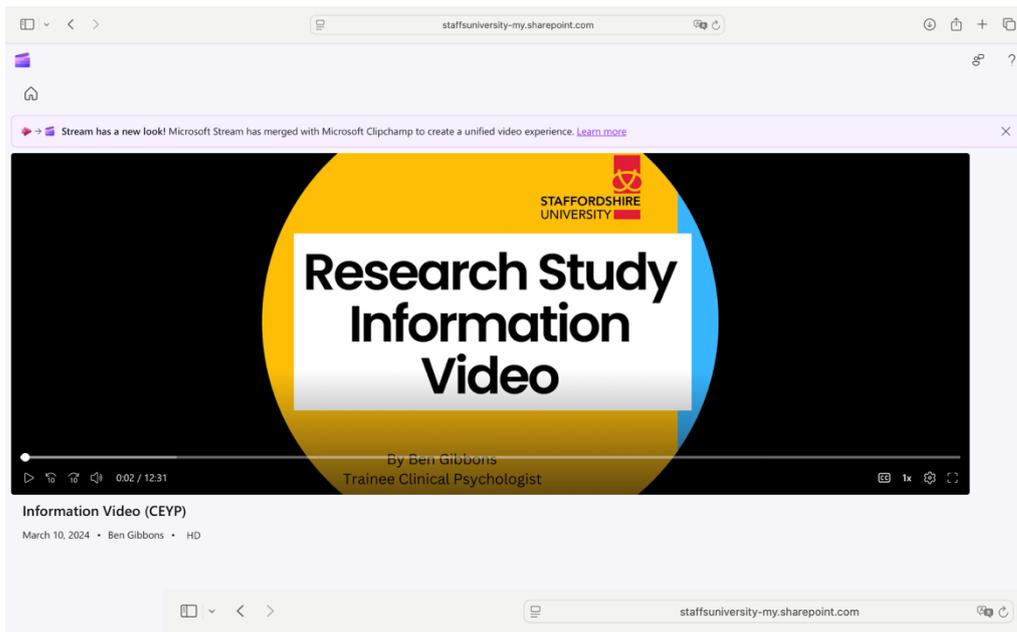
<b>Stage</b>	<b>Details</b>
<b>Distress</b>	<ul style="list-style-type: none"> <li>• Research participant indicates they are experiencing distress, or the participant exhibits behaviours that suggest the interview is causing distress (e.g. crying or agitation)</li> </ul>
<b>Stage 1 Response</b>	<ul style="list-style-type: none"> <li>• Researcher stops the interview and checks-in with the participant.</li> <li>• Participant is offered immediate support such as a break from the interview and verbal support (ask the participant how they are feeling and whether they feel safe)</li> <li>• Ask the participant if there is somebody nearby who could be invited into the interview for support if necessary</li> </ul>
<b>Review</b>	<ul style="list-style-type: none"> <li>• After taking a break and only if the participant's distress has reduced and they confirm they feel safe, ask the participant if they wish to continue with the interview.</li> <li>• If the participant does not wish to continue with the interview <b>OR</b> the researcher does not feel it is appropriate to continue, move to stage 2 response</li> </ul>
<b>Distress</b>	<ul style="list-style-type: none"> <li>• Research participant indicates they are experiencing further distress, or they are clearly experiencing further distress</li> </ul>
<b>Stage 2 Response</b>	<ul style="list-style-type: none"> <li>• Interview to be stopped</li> <li>• Researcher to offer verbal support</li> <li>• Participant encouraged to seek support from their support network around them (personal advisor, social worker, mental health practitioner, GP)</li> </ul>
<b>Follow-up</b>	<ul style="list-style-type: none"> <li>• Encourage participant to access support from their carer, personal advisor, social worker or GP as necessary following the interview</li> <li>• All participants to be provided with an information sheet with relevant support contacts and organisations on as well as contact details for the researcher in case they have any questions specific to the research project</li> </ul>

## Appendix E – Participant information video (Young people currently in care)

Link to participant information video:

[REDACTED]

Screenshots taken from video:



## INFORMATION SHEET FOR YOUNG PEOPLE IN CARE

***Study title: Developing trust while in care: Young people's experiences.***

### Invitation Paragraph

I would like to invite you to help with a research study that I am completing for my training as a clinical psychologist.

Before you decide whether you want to take part, it is important for you to understand **why** the research is being done and **what** taking part will involve.

Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.



### Why am I doing this research?



The purpose of this study is to talk to young people in care and find out about their experiences of trust with professionals. In the past, research has shown that for young people in care, having trust in relationships is important.

Sometimes young people have positive experiences of trust in relationships with professionals and other times it can be negative.

Having trust in a relationship has been found to be important because it can help us open-up to others and access support when we need to.

I hope this research will be a way to develop a better understanding of your experiences of building trust with professionals who have supported you. This could be:

- a foster carer
- social worker
- support worker
- teacher
- mental health professional
- and others

Hearing about your experiences of trust in relationships may help professionals give better support to young people in care. As it stands, no research study has looked at this area before and talked to young people about their experiences of trust whilst being in care.

## Why have I been invited to take part?

I am inviting young people who are:

- aged **13 and over** who can read and understand the English language.
- Currently living in care.
- Have been in care since age 12 or younger.

## What will happen if I take part?

If you decide to take part, this is what will happen:

- We will arrange an interview (time for us to talk) about your experiences of trust.
- This will be either in person at *[insert name of service]* or we could have a video call using Microsoft Teams, the choice is yours.
- We will meet for about one hour.
- I will ask you questions about the support you have received from different professionals and your experiences of building trust with them.
- You can decide whether you'd like to have your carer in the interview with you.
- Before we start the interview, I will check that you are still happy to take part and answer any questions you may have.

Here are some important points to be aware of:

- I will record the interview using a secure, private laptop whether we meet face-to-face or online.
- I will listen back to our conversation, type it up word-for-word and write a report.
- I will tell you when I start recording.
- If we meet online, you will have the choice whether you have your camera on or not.
- You can decide to take a break at any time during our conversation. You can also decide to stop the interview if you change your mind.
- At the end of the interview, I will check to see how you found the interview.



## Do I have to take part?

**No**, you do not have to take part, the choice is yours. If you decide to take part in the interview and then change your mind, we can stop the interview at any time.



You can also decide to not take part in the study after you have had the interview. I will give you my contact details and you have **two weeks** to pull out. I can tell you more about this if you decide to take part.

If you would like to find out more, have a chat with me and decide whether you want to go ahead, you will need to complete the attached form which gives permission for me to contact you and talk to you more about the research. It's important that your carer is part of this conversation.

If you then decide to go ahead, you and an adult will be asked to sign a form to say that you agree to take part. You will be given a copy of this form to keep.

## What are the possible risks of taking part?



You might feel upset about something we talk about. Talking about the support you have received from professionals may be upsetting at times, if you feel upset at any point during the interview we will think together about if it's a good idea to pause or stop the interview.

It's important that you take time to think about whether you are happy to take part in this study.

At the end of the interview, I will ask you how you are feeling and provide you with an information sheet that will point you in the right direction of support, should you need it. Where possible, I will also try to have a conversation with your carer so that you are well supported after the interview.

If we have a video call, I will need to take a contact number from you in case we lose connection. I will destroy this after our interview.

## What are the possible benefits of taking part?

Some people may find it helpful to share experiences they've had in their life and, this study may help to improve support for children and young people in care in the future.



## How will we use information about you?

We will need to use information from you for this research project.

This information will include basic demographic information such as your initials, name, age and contact details. People will use this information to do the research or to check your records to make sure that the research is being done properly.

People who do not need to know who you are will not be able to see your name or contact details. Your data will have a code number instead.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study.

## How will your data/information be kept safe?

We will keep all information about you safe and secure. Your data will be processed in accordance with the data protection law and will comply with the General Data Protection Regulation 2016

(GDPR).

Any information you tell me, including the recording of our interview will be kept safe and private. The only people who will listen to these are my research supervisor (whose details are below) and myself. Sometimes, people from the University or NHS research and development teams may need to check the interview data that I have gathered. This is to make sure that we are carrying out the research correctly and safely.

After the interview I will type up our conversation, when I do this, I will change your name and any information which somebody could recognise as belonging to you. It is still possible that somebody could read the final report and recognise some of the experiences shared, however this would be unlikely.

Once I have typed up your interview and I'm familiar with what was said in our interview, the audio/video file will be deleted. The typed-up version will be stored on a secure, password protected University of Staffordshire OneDrive account for 10 years from the end of the project, after this it will be destroyed.

**If you tell me anything that makes me think that you or someone else is at risk of harm or that you have been harmed in the past, then I will need to share confidential (private) information with others – this could be your GP, social worker or other services, such as the police. This is to make sure that you and others around you are kept safe. If this does happen, I will always try to let you know first.**

## What are your choices about how your information is used?

The University of Staffordshire will hold on to and manage the information you give for this research. University of Staffordshire can use your information for this research by following data protection law for a 'task in the public interest'. You can give your permission for your personal information to be used in this research by completing the consent form that will be given to you. The researcher will talk to you more about this.

We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

Questions, comments and requests about your personal data can also be sent to the University of Staffordshire's Data Protection Officer. If you wish to make a complaint with the Information Commissioner's Office, please visit [www.ico.org.uk](http://www.ico.org.uk).

## Where can you find out more about how your information is used?

You can find out more about how we use your information by:

- Visiting [www.hra.nhs.uk/information-about-patients/](http://www.hra.nhs.uk/information-about-patients/)
- Accessing our leaflet available from [www.hra.nhs.uk/patientdataandresearch](http://www.hra.nhs.uk/patientdataandresearch)
- Asking one of the research team

- Sending an email to [dataprotection@staffs.ac.uk](mailto:dataprotection@staffs.ac.uk)

## What if I change my mind about taking part?

You are free to stop taking part at any point of the study, without having to give a reason and this will not affect you in any way.

You can withdraw your data from the study up until **two weeks** after the date of your interview. If you choose to withdraw from the study, we will not keep any information that you gave to us as part of this study.

## What will happen to the results of the study?

This research project is part of my training to become a clinical psychologist. I hope to publish the results of my study in an academic journal so that any helpful information can be shared with professionals working with children and young people in care. I may also present the findings to other professionals at conferences or in teaching sessions.

I will write up a summary of the report called an executive summary that I can share with you if you wish, this report may also be available to members of the public and people who care for and support young people in care.

You have the choice if you would like to be contacted after the research project is completed, and if you would like to provide feedback on the research project or receive a summary of the report I write. You can choose whether you would like to be contacted by ticking a box on the consent form.

## Who should I contact for further information?

- If you have any questions or require more information about this study, please contact me using the following contact details:

Principal Investigator: Ben Gibbons  
Email: [g042138m@student.staffs.ac.uk](mailto:g042138m@student.staffs.ac.uk)

- You can also contact my research supervisor using the following contact details:

Research Supervisor: Dr Yvonne Melia  
Email: [Yvonne.melia@staffs.ac.uk](mailto:Yvonne.melia@staffs.ac.uk)

## What if I have further questions, or if something goes wrong?

The University of Staffordshire has appropriate liability and indemnity insurance cover for this research to be carried out.

If this study has harmed you in any way or if you wish to make a complaint about the conduct of the study you can contact the study supervisor or the Chair of the University of Staffordshire's Ethics Committee for further advice and information:

**Study Supervisor:** Dr Yvonne Melia  
**Email:** [Yvonne.melia@staffs.ac.uk](mailto:Yvonne.melia@staffs.ac.uk)

**Co-Chair of the University of Staffordshire Ethics Committee:** Professor Sarahjane Jones  
**Email:** [sarahjane.jones@staffs.ac.uk](mailto:sarahjane.jones@staffs.ac.uk)



**Thank you for reading this information sheet and for thinking about taking part in this research, if you would like to have a conversation and find out more, please complete the attached form.**



IRAS ID: 336456  
Version Number 1.7 12/11/2024

## INFORMATION SHEET FOR THE LOCAL AUTHORITY/SOCIAL WORKERS/FOSTER CARERS

***Study title: Developing trust while in care: Young people's experiences.***

### **Invitation Paragraph**

I am inviting young people in care to take part in this research project exploring their experiences of developing trust with professionals. Further information about the study can be found below. This research project forms part of my doctoral training as a Clinical Psychologist. To help the young person decide whether they want to take part in this research, it is important for you to understand why the research is being done and what taking part will involve. The young person should have the opportunity to ask questions with the people involved in their care before deciding. Please take time to read the following information carefully and do not hesitate to contact me if you have any questions or would like to discuss this further.

### **What is the purpose of the study?**

The purpose of this study is to talk to young people in care and find out about their experiences of trust with professionals. Previous research and policy guidance report that trust in relationships is key to developing positive and supportive relationships. This is especially key with children who are in care due to the increased risk and exposure to adversity and disrupted attachment relationships. To date, there is no research published that has explored trust with young people in care directly.

This research hopes to understand young people's experiences of trust with professionals who have been involved in their care or support. This could be (but is not limited to) any of the following:

- a foster carer
- social worker
- support worker
- teacher
- teaching assistant
- mental health professional
- and others

### **Why has the young person been invited to take part?**

I am inviting young people who are aged 13 and over, currently under the care of the local authority and have been since age 12 or below to take part in this research project. We have specified this criterion to ensure that young people will be able to reflect on their experiences with multiple professionals whilst under the care of the local authority.

Young people must not be at risk of a placement breakdown and should have been in their current living placement for at least the past 12 months. Additionally, the young person should not take part if they are experiencing severe emotional distress or suicidal ideation.

The reason for entering care is also important to consider as this research project aims to explore adverse or traumatic early experiences and implications for attachment relationships. Therefore, if a young person entered care of the local authority for any of the following reasons, they would **not** be eligible to take part in the research:

- Death of biological parent(s)/caregiver.
- Biological parent(s) being incarcerated in prison.
- Physical health difficulties/condition(s) of the biological parent(s)
- Child/young person entered the UK as an unaccompanied asylum seeker.

If you are unsure whether the young person is eligible to take part, please do not hesitate to contact me using the details below to discuss this further.

#### **What will happen if the young person takes part?**

If, after consideration with professionals and carers, the young person wants to find out more, the young person and carer should complete the attached 'opt-in form' and return this to the researcher via the young person's social worker. This gives permission for the researcher to contact the young person and carer to have a further discussion and answer any questions they may have.

The researcher will contact the young person and carer. The young person will be given up to 5 days to think about whether they wish to take part in the study. The researcher will follow-up with the young person and carer after 5 days has passed. If the young person, carer, and social worker agree for them to take part in the project, informed assent and consent will be obtained.

We will arrange to meet with the young person either in person at **[Insert name of service]** or via video call using Microsoft Teams, it is the young person's choice. We will meet for about one hour and I will ask them questions about the support they have received from different professionals and their experiences of building trust with them. Consent will be reconfirmed prior to the interview taking part.

The interview will be recorded using Microsoft Teams on a secure, private laptop. Interviews will be transcribed for analysis purposes following the interview and the digital recording deleted.

If we meet online, the young person will have the choice whether to have their camera on or not. However, it will be strongly advised they keep their camera on so that I'm able to monitor their wellbeing during the conversation.

The young person can decide to take a break or stop the interview at any point. At the end of the interview, I will check to see how they are and direct them to any follow-up support as necessary. If I am concerned about the safety or wellbeing of the young person then I

will inform their foster carer, social worker and any other professionals involved in their care. The young person will be notified of this as appropriate.

**Does the young person have to take part?**

Participation is completely voluntary and choosing not to take part will not disadvantage them in any way. The young person can withdraw from the study up until the point of data analysis which will be **two weeks** after the interview date. The young person will be notified of this date and provided with the researcher's contact details, should they wish to withdraw consent.

If you would like to find out more information, please do not hesitate to contact me using the details at the end of this information sheet.

**What are the possible risks of taking part?**

Some of the content of the interview may be challenging for the young person as talking about past experiences may bring up lots of different emotions. If the young person becomes distressed at any point during the interview, I will pause and check whether they want to continue. Before the interview takes place, I will ensure the young person's carer is nearby or contactable.

It's important that the young person and their carer take time to think about whether they are happy to take part in the study.

If the interview takes place by video call, I will need to take a contact number from them in case we lose connection. I will destroy this after the interview.

**What are the possible benefits of taking part?**

It is hoped that this study may help to improve support for children and young people in the future.

**How will we use information about the young person?**

We will need to use information from the young person for this research project. This information will include basic demographic information such as their initials, name, age and contact details. People will use this information to do the research or to check their records to make sure that the research is being done properly.

People who do not need to know any of the young person's details will not be able to see any identifiable information. Their data will have a code number instead.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that the young person took part in the study.

**How will the young person's data/information be kept safe?**

We will keep all information about the young person safe and secure. The young person's data will be processed in accordance with the data protection law and will comply with the General Data Protection Regulation 2016 (GDPR).

Any information shared, including the recording of the interview will be kept safe and private. The only people who will listen to these are my research supervisor (whose details are below) and myself. Sometimes, the University or NHS Research & Development Teams may need to review the data gathered, this is to ensure we are conducting the research safely and effectively.

During the transcription process, all personally identifiable information will be removed. Due to the nature of the research in which the young person will be sharing personal experiences it is still possible that somebody could read the final report and recognise some of the details shared, however this would be unlikely.

Once transcription has taken place, the audio/video file will be deleted. The typed-up version will be stored on a University OneDrive account until the project has been completed. In line with the University of Staffordshire's regulations, interview transcripts will be stored electronically on a secure University of Staffordshire's OneDrive account for 10 years from the end of the project, after this it will be destroyed.

If the young person discloses anything that causes concern regarding their safety/wellbeing, the safety of others or historic incidents of harm, then I will need to share this information with the appropriate professionals. If this does happen, I will always try to let the young person know first.

#### **What are the choices about how the young person's information is used?**

The data controller for this project will be the University of Staffordshire. The University will process the participant's personal data for the purpose of the research outlined above. The legal basis for processing the participant's personal data for research purposes under the data protection law is a 'task in the public interest'. The participant can provide their consent for the use of their personal data in this study by completing the consent form that has been provided to them.

We need to manage the young person's records in specific ways for the research to be reliable. This means that we won't be able to let them or you see or change the data we hold about them.

Questions, comments and requests about their personal data can also be sent to the University of Staffordshire's Data Protection Officer. If you wish to lodge a complaint with the Information Commissioner's Office, please visit [www.ico.org.uk](http://www.ico.org.uk).

#### **Where can you find out more about how the young person's information is used?**

You can find out more about how we use the young person's information by:

- Visiting [www.hra.nhs.uk/information-about-patients/](http://www.hra.nhs.uk/information-about-patients/)
- Accessing our leaflet available from [www.hra.nhs.uk/patientdataandresearch](http://www.hra.nhs.uk/patientdataandresearch)
- Asking one of the research team
- Sending an email to [dataprotection@staffs.ac.uk](mailto:dataprotection@staffs.ac.uk)

#### **What if the young person changes their mind about taking part?**

The young person is free to stop taking part at any point of the study, without having to give a reason and this will not affect them in any way.

They can withdraw their data from the study up until **2 weeks** after the interview. After this date, it won't be possible to remove their data as it will have been anonymised. If they choose to withdraw from the study, we will not keep any information that has been given to use as part of this study.

#### **What will happen to the results of the study?**

This research project is part of my doctoral training to become a Clinical Psychologist. I hope to publish the results in academic journals or other forums that may be helpful to professionals working with children and young people in care. I may also use the findings in a report that could be available to the public to help people who may support and care for young people in care. I may also present the findings to professionals at conferences or in teaching sessions.

The young person has the choice if they would like to be contacted after the research project is completed, and if they would like to provide feedback on the research project or receive a summary of the research report itself. The young person can select either opt in or opt out on the consent form to indicate their choice.

#### **Who should I contact for further information?**

- If you have any questions or require more information about this study, please contact me using the following contact details:

Principal Investigator: Ben Gibbons  
Email: [g042138m@student.staffs.ac.uk](mailto:g042138m@student.staffs.ac.uk)

- You can also contact my research supervisor if you have any questions using the following contact details:

Research Supervisor: Dr Yvonne Melia  
Email: [Yvonne.melia@staffs.ac.uk](mailto:Yvonne.melia@staffs.ac.uk)

#### **What if I have further questions, or if something goes wrong?**

University of Staffordshire has appropriate liability and indemnity insurance cover for this research to be carried out.

If this study has harmed the participant in any way or if you wish to make a complaint about the conduct of the study you can contact the study supervisor or the Chair of the University of Staffordshire's Ethics Committee for further advice and information:

**Study Supervisor:** Dr Yvonne Melia  
**Email:** [Yvonne.melia@staffs.ac.uk](mailto:Yvonne.melia@staffs.ac.uk)

**Co-Chair of the University of Staffordshire's Ethics Committee:** Professor Sarahjane Jones  
**Email:** [sarahjane.jones@staffs.ac.uk](mailto:sarahjane.jones@staffs.ac.uk)

**Thank you for reading this information sheet**

## Appendix H – Opt-in form (Consent for young person to be contacted)



IRAS ID: 336456  
Version Number 1.2 09/07/24

### OPT-IN FORM: CONSENT FOR YOUNG PERSON TO BE CONTACTED

***Study title: Developing trust while in care: Young people's experiences.***

- Thank you for reading the information sheet about this piece of research
- If you would like to find out more about the study and arrange a conversation by telephone or video call, please complete the form below and return it to **[INSERT NAME OF RELEVANT LINK PROFESSIONAL]**.

**Please ensure you complete ALL of the details below**

<b>Name</b>	
<b>Date of birth</b>	
<b>Name of social worker</b>	
<b>Carer name</b>	
<b>I confirm I have read the participant information sheet/seen the information video and agree to be contacted to find out more about the research</b>	<i>Please initial</i>
<b>Contact telephone number</b>	
<b>The best day/times to reach me are</b>	
<b>Carer contact telephone number</b>	
<b>The best days/times to reach them are</b>	

## Appendix I – Assent form (Young people currently in care)



IRAS ID: 336456  
Version Number 1.5 18/09/2024

### RESEARCH PROJECT ASSENT FORM

**Title of Project:** *Developing trust while in care: Young people's experiences*

**Researcher:** Ben Gibbons

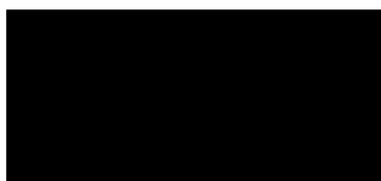
#### Young Person Assent Form

<i>Please initial each box to confirm you have read and understood each statement.</i>	
I have read and understood the information sheet version 1.8 dated 15.10.2024	
I have been given the opportunity to ask questions, and I am happy with the answers I have been given.	
I understand that I do not have to take part in this study, and I can stop at any time without having to give a reason. I understand that care and support provided by health and social care services will not be affected by this.	
I understand that the interview will be recorded. I am aware that I can decide whether this is audio or video recorded and I will let the researcher know my choice before the interview.	
I give permission for the data collected to be used in: <ul style="list-style-type: none"> <li>• Scientific journal articles</li> <li>• Documents that can be used in NHS, social care or education services</li> <li>• Presented at scientific events (for example conferences or workshops)</li> <li>• Teaching materials</li> </ul> I understand that any data included in the above will be anonymous.	
I understand that data will only be used for this project 'Developing trust while in care: Young people's experiences', although the data may also be audited for quality control purposes.	
I understand that all data will be stored safely on a password protected computer for 10 years before being destroyed.	
I understand that I can withdraw my data from the project up to [insert date/time frame] without having to give an explanation	
I hereby give assent to take part in this study	
I would like to be contacted after the research is completed.  Please (✓) the appropriate box	Opt-in [ <input type="checkbox"/> ]  Opt-out [ <input type="checkbox"/> ]

Name of participant (print):	Name of researcher (print):
Age:	Date:
Date:	Date:
Signature:	Signature:

*When completed: 1 copy to be retained by participant & 1 copy to be retained by researcher*

## Appendix J – Consent form (Local authority)



IRAS ID: 336456  
Version Number 1.4 26/09/202

### RESEARCH PROJECT CONSENT FORM

**Title of Project:** *Developing trust while in care: Young people’s experiences*

**Researcher:** Ben Gibbons

#### Parental Responsibility/Local Authority Consent Form

<i>Please initial each box to confirm you have read and understood each statement.</i>	
I have read and understood the information sheet version 1.6 dated 15.10.2024 and I am aware of the purpose of this study.	
I have been given the opportunity to ask questions, and I am happy with the answers I have been given.	
I understand that the young person does not have to take part in this study and can stop at any time without having to give a reason.	
I understand that the interview will be recorded. I am aware that the young person can decide whether this is audio or video recorded and they will let the researcher know their choice before the interview.	
I give permission for the data collected to be used in: <ul style="list-style-type: none"> <li>• Scientific journal articles</li> <li>• Documents that can be used in NHS, social care or education services</li> <li>• Presented at scientific events (for example conferences or workshops)</li> <li>• Teaching materials</li> </ul> I understand that any data included in the above will be anonymous.	
I understand that data will only be used for this project ‘Developing trust while in care: Young people’s experiences’, although the data may also be audited for quality control purposes.	
I understand that all data will be stored safely on a password protected computer for 10 years before being destroyed.	
I understand that the young person named below can withdraw their data from the project up to <b>two weeks</b> following the interview without having to give an explanation.	
I hereby give consent for the young person named below to take part in this study.	

<b>Name of participant (print):</b>	<b>Name of social worker/professional (print):</b>	<b>Name of researcher (print):</b>
<b>Participant age:</b>	<b>Role:</b>	<b>Date:</b>
	<b>Date:</b>	<b>Signature:</b>
	<b>Signature:</b>	

*When completed: 1 copy to be retained by local authority/carer & 1 copy to be retained by researcher*



# ARE YOU A CARE LEAVER?

## DO YOU HAVE EXPERIENCE YOU COULD SHARE FOR A RESEARCH PROJECT?



### About me...



My name is **Ben Gibbons** and I'm a Trainee Clinical Psychologist at the University of Staffordshire.

As part of my Doctorate in Clinical Psychology, I am carrying out research which involves talking to **care experienced young people** about their experiences of **developing trust** with **professionals**.

### Why take part?

Although there are no direct benefits, sharing your experiences about trust within professional relationships will be valuable learning and may help improve support for young people in care. Some people may also find it helpful to talk about their own experiences.

**If you take part, you will receive a £25 voucher for your time.**

### I would like to hear from you if...

- You identify as being a **care leaver**
- You live in **England** or **Wales**
- You are aged between **16** and **30**
- You entered **foster** or **residential care** aged **12 or younger** and remained in care **long-term**
- You are happy to take part in an **online interview** lasting around an **hour**

### To find out more:

More information can be found by scanning the QR code below or email me using the address below:



To find out more, please email: [g042138m@student.staffs.ac.uk](mailto:g042138m@student.staffs.ac.uk)

This research study has received ethical approval from the University of Staffordshire (SU\_23\_123)

## Appendix L – Eligibility questionnaire (Care leaver participants)

Developing trust while in care: Young people's experiences

27/06/2025, 16:37

### Developing trust while in care: Young people's experiences

Hello, my name is Ben and I'm a Trainee Clinical Psychologist at the University of Staffordshire. Thank you for your interest in this study. I've put this together to help you decide whether you would like to take part in the research I am carrying out as part of my Professional Doctorate in Clinical Psychology.

The purpose of this study is to talk to young people in England or Wales, who have experience of being in care, about their experiences of trust with professionals.

Research has shown that for young people in care, having trust in relationships is important as it can help with feeling safe and accessing support if and when needed. The aim of this study is explore the views and experiences of young people who have experience of being in care.

Please answer the following questions to confirm that you are eligible to take part in the study.

**If you take part, you will receive a £25 voucher to thank you for your time. More information about this will be provided when we have an informal conversation.**

If there are any difficulties with completing this form, you have any queries or you are unsure about how to answer any of the questions please do not hesitate to contact me by email at: [g042138m@student.staffs.ac.uk](mailto:g042138m@student.staffs.ac.uk)

**Please note: Completing the following questions or taking part in an informal conversation about the study does not**

1

Where did you hear about this research project? \*

2

Are you aged between 16 and 30? \*

Yes

No

3

Do you identify as a **'care leaver'**? *(i.e. somebody who is no longer under the care of a local authority)* \*

- Yes
- No

4

Did you enter the care of a local authority **aged 12 or below** and remained in care **long-term**? \*

- Yes
- No

5

Was the local authority in **England** or **Wales**? \*

- Yes
- No

6

Would you like to take part in an interview lasting around one hour to talk about your experiences of building trust with professionals? \*

- Yes
- No
- Maybe

There's no pressure to make a decision. Even if you decide to receive a copy of the information sheet and/or arrange an informal conversation with me (the researcher) you do not have to take part.

You might find it helpful to move onto the next section to hear more about what the research is about.

## Part 2

Thank you for answering the questions so far.  
The next section will now tell you some more information about the study.

7

Are you happy for the researcher to send you a copy of the participant information sheet? \*

Yes

No

8

Please enter your email address below \*

### Participant information sheet

If you would prefer to contact the researcher yourself to request the information sheet please email: [g042138m@student.staffs.ac.uk](mailto:g042138m@student.staffs.ac.uk)

Information Video: Please watch the following video to find out more

9

Please confirm whether you have watched the information video? \*

Yes

No

10

Would you like to be contacted by the researcher to have a discussion about the project? \*

Yes

No

11

Are you aware that if you were to take part, this involves taking part in a recorded interview lasting around one hour?

Please confirm by typing 'Yes' below \*

12

Please leave your name and contact details below and the best days/times to get in touch: \*

Thank you for taking the time to find out more...

Unfortunately, on this occasion you won't be able to take part in the study. We recognise this may feel dissappointing and if you have any questions about why this is the case, you are welcome to email the researcher at: [g042138m@student.staffs.ac.uk](mailto:g042138m@student.staffs.ac.uk)

**Only shown if people did not meet the eligibility criteria**

**Thank you for taking the time to find out more about this study...**

If you have left your details then I will be in touch as soon as I can to arrange a discussion. If you have any questions or would like to find out more about the research in the future please contact me by email at: [g042138m@student.staffs.ac.uk](mailto:g042138m@student.staffs.ac.uk)

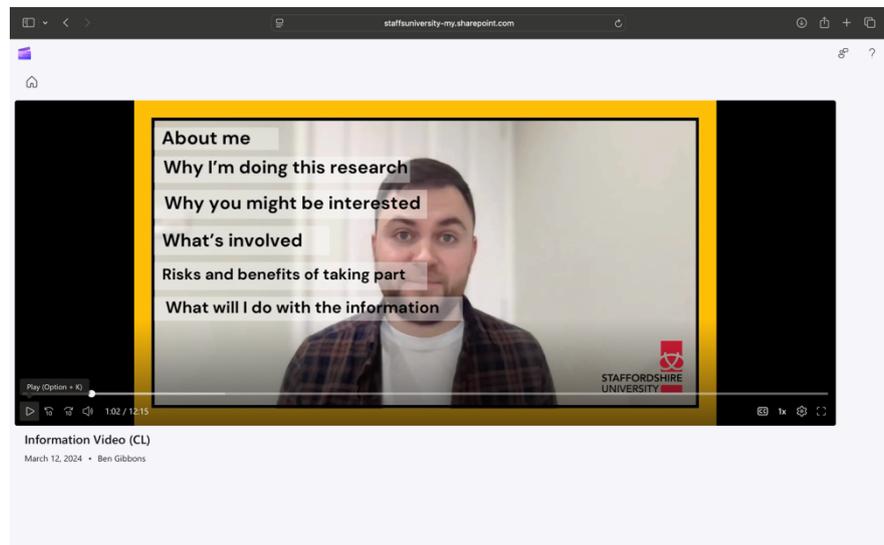
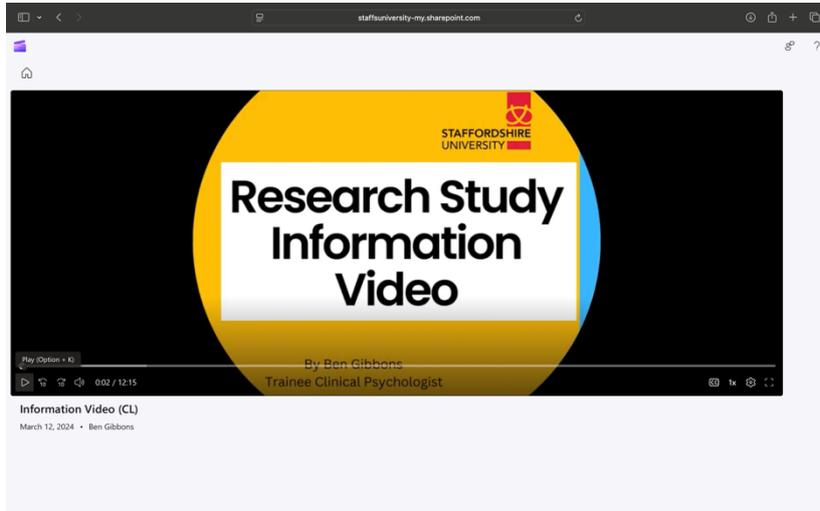
*Thanks, Ben  
Trainee Clinical Psychologist (University of Staffordshire)*

## Appendix M – Participant information video (Care leaver participants)

Link to participant information video:

[REDACTED]

Screenshots taken from video:



## INFORMATION SHEET FOR CARE LEAVERS

***Study title: Developing trust while in care: Young people's experiences.***

### **Invitation Paragraph**

I would like to invite you to take part in a piece of research that I am completing for my training as a Clinical Psychologist. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what taking part involves. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

### **What is the purpose of the study?**

The purpose of this study is to talk to young people in England or Wales, who have experience of being in care, about their experiences of trust with professionals. Research has shown that for young people in care, having trust in relationships is important as it can help with feeling safe and accessing support if and when needed.

I hope this research will be a way to understand your experiences of building trust with professionals who supported you whilst you were in care. This could be:

- a foster carer
- social worker
- support worker
- teacher
- teaching assistant
- mental health professional
- and others

Hearing about your experiences of trust in relationships may help professionals give better care to young people in care.

### **Why have I been invited to take part?**

I am inviting people aged up to 30, who identify as a 'care leaver' and can read and understand the English language to take part. I am hoping to speak to care leavers who went into care (either foster care or residential care) aged 12 or below and remained under the care of the local authority long term. This is so that we can have a conversation about your experiences with different professionals over the time you were in care. If you are unsure whether you can take part, please contact me using the details below and I will be happy to discuss this further.

**What will happen if I take part?**

If you would like to take part, we will have an informal conversation for you to ask any questions you may have about the study. If you are still happy to proceed after this then you will need to complete a consent form

We will then arrange to meet online using Microsoft Teams for one interview that will last around an hour. You can choose whether to have your camera switched on or off, however it would be more helpful if your camera was on.

The interview will ask you questions about your past experiences of developing trust with professionals who were involved in your care. Before we begin the interview, I will check whether you are still happy to take part

I will record the interview using a secure, private laptop. This is so that I can listen back and type up the interview. I will let you know when I start recording. Once the interview has been transcribed, I will delete the audio files. All confidential information will be anonymised, and the data will be stored securely (further information about this below).

You can decide to take a break at any time during the interview and you can also withdraw at any time during the interview by letting me know.

**Do I have to take part?**

No, you do not have to take part, the choice is yours. If you decide to take part in the interview and then change your mind, we can stop the interview at any time. You can also decide to not take part in the study for up to **2 weeks** after the interview has finished. After this date, it will no longer be possible to remove your information from the study as the data will be anonymised. I can tell you more about this if you decide to take part.

If you would like to take part, please contact me using the details below and we will arrange to have a conversation. You will then be asked to sign a consent form, a copy of this will be sent to you via email.

**What are the possible risks of taking part?**

Talking about past experiences might bring up lots of different emotions and it may feel challenging. The interview may cause emotional distress and anxiety in some individuals. If you think this could be difficult for you, please think very carefully about whether or not this is the right time to take part in this study.

I will check with you beforehand to see if taking part feels right for you, this includes thinking about your mental health currently and whether you feel taking part will impact on your level of emotional distress. I will also check-in periodically throughout the interview and at the end. I will also provide an information sheet at the end of the interview with sources of support.

**What are the possible benefits of taking part?**

Some people may find it helpful to share their experiences and it is hoped this study may help to improve support for children and young people in care in the future.

If you decide to take part, you will receive a £25 voucher to compensate for your time. The researcher will discuss this with you during the initial, informal conversation.

**Data handling and confidentiality**

Your data will be processed in accordance with the data protection law and will comply with the General Data Protection Regulation 2016 (GDPR).

Any information you tell me, including the recording of our interview will be kept safe and private. The only people who will listen to these are my research supervisor (whose details are below) and myself. Sometimes, the University or NHS Research & Development Teams may need to review the data gathered, this is to ensure we are conducting the research safely and effectively.

After the interview I will type up our conversation, when I do this, I will change your name and any information which somebody could recognise as belonging to you. It is still possible that somebody could read the final report and recognise some of the experiences shared, however this would be unlikely.

Once I have typed up your interview and I'm familiar with what was said in our interview, the audio/video file will be deleted. The typed-up version will be stored on a University OneDrive account until the project has been completed. In line with University of Staffordshire regulations, interview transcripts will be stored electronically on a secure University OneDrive account for 10 years from the end of the project, after this it will be destroyed.

If you tell me anything that makes me think that you or someone else is at risk of harm or that you have been harmed in the past, then I will need to share confidential information with others, such as your GP, Health and Social Care Professional or other services such as the Police. This is to ensure yours and others safety. If this does happen, I will always try to let you know first.

**Data Protection Statement**

The data controller for this project will be the University of Staffordshire. The University will process your personal data for the purpose of the research outlined above. The legal basis for processing your personal data for research purposes under the data protection law is a 'task in the public interest' You can provide your consent for the use of your personal data in this study by completing the consent form that has been provided to you.

You have the right to access information held about you. Your right of access can be exercised in accordance with the GDPR. You also have other rights including rights of correction, erasure, objection, and data portability. Questions, comments and requests about your personal data can also be sent to the University of Staffordshire's Data

Protection Officer. If you wish to lodge a complaint with the Information Commissioner's Office, please visit [www.ico.org.uk](http://www.ico.org.uk).

**What if I change my mind about taking part?**

You are free to stop taking part at any point of the study, without having to give a reason. Withdrawing from the study will not affect you in any way. You can withdraw your data from the study up until **2 weeks** after the date of the interview, after which withdrawal of your data will no longer be possible due to the data being made anonymous and analysed as part of the research process. If you choose to withdraw from the study, we will not retain any information that you have provided us as a part of this study.

**What will happen to the results of the study?**

This research project is part of my doctoral thesis which is part of training to become a clinical psychologist. I hope to publish the results of my study in an academic journal so that any helpful information can be shared with professionals working with children and young people in care. I may also present the findings to professionals at conferences or in teaching sessions.

I will produce a summary of the final report (executive summary) that I can share with you, if you wish. This report may also be available to members of the public and people who care for and support young people in care.

You have the choice if you would like to be contacted after the research project is completed, and if you would like to provide feedback on the research project or receive a summary of the report I write. You can choose whether you would like to be contacted by ticking a box on the consent form.

**Who should I contact for further information?**

- If you have any questions or require more information about this study, please contact me using the following contact details:

Principal Investigator: Ben Gibbons  
Email: [g042138m@student.staffs.ac.uk](mailto:g042138m@student.staffs.ac.uk)

- You can also contact my research supervisor if you have any questions using the following contact details:

Research Supervisor: Dr Yvonne Melia  
Email: [Yvonne.melia@staffs.ac.uk](mailto:Yvonne.melia@staffs.ac.uk)

**What if I have further questions, or if something goes wrong?**

If this study has harmed you in any way or if you wish to make a complaint about the conduct of the study you can contact the study supervisor or the Chair of the University of Staffordshire's Ethics Committee for further advice and information:

**Study Supervisor:** Dr Yvonne Melia

**Email:** [Yvonne.melia@staffs.ac.uk](mailto:Yvonne.melia@staffs.ac.uk)

**Co-Chair of the University of Staffordshire's Ethics Committee:** Professor

Sarahjane Jones **Email:** [sarahjane.jones@staffs.ac.uk](mailto:sarahjane.jones@staffs.ac.uk)

**Thank you for reading this information sheet and for thinking about taking part in this research.**

## Appendix O – Consent form (Care leaver participants)



IRAS ID: 336456  
Version Number 1.5 14/02/2025

### RESEARCH PROJECT CONSENT FORM

**Title of Project:** *Developing trust while in care: Young people's experiences*

**Researcher:** Ben Gibbons

#### Care Leaver Consent Form

<i>Please <b>initial</b> each box to confirm you have read and understood each statement.</i>	
I have read and understood the information sheet version 1.8 dated 14/02/2025	
I have been given the opportunity to ask questions, and I am happy with the answers I have been given.	
I understand that I do not have to take part in this study, and I can stop at any time without having to give a reason.	
I understand that the interview will be recorded. I am aware that I can decide whether this is audio or video recorded and I will let the researcher know my choice before the interview.	
I give permission for the data collected to be used in: <ul style="list-style-type: none"> <li>• Scientific journal articles</li> <li>• Documents that can be used in NHS, social care or education services</li> <li>• Presented at scientific events (for example conferences or workshops)</li> <li>• Teaching materials</li> </ul> I understand that any data included in the above will be anonymous.	
I understand that data will only be used for this project 'Developing trust while in care: Young people's experiences', although the data may also be audited for quality control purposes.	
I understand that all data will be stored safely on a password protected computer for 10 years before being destroyed.	
I understand that I can withdraw my data from the project up to <b>2 weeks</b> from the date of the interview without having to give an explanation.	
I hereby give consent to take part in this study.	
I would like to be contacted after the research is completed.	Opt-in [ <input type="checkbox"/> ]
<i>Please (✓) the appropriate box</i>	Opt-out [ <input type="checkbox"/> ]

Name of participant (print):	Name of researcher (print):
Age:	Date:
Date:	Date:
Signature:	Signature:

*When completed: 1 copy to be retained by participant & 1 copy to be retained by researcher*



IRAS ID: 336456  
Version Number 1.3 29/06/2024

### INTERVIEW GUIDE

#### ***Study title: Developing trust while in care: young people's experiences.***

The interviewer will monitor the wellbeing of participants throughout each interview.

Prior to each interview – check consent, provide opportunity for participant to ask questions.

1. Tell me a bit about why you wanted to take part in this interview?
  - (Prompts: Did you speak to anyone about it? What helped you decide?)
2. What relationships come to mind when you think about your time in care?
3. Can you tell me about what trust means to you?
4. Thinking about your relationships whilst in care, for example, with carers, social workers, teachers, can you describe times that come to mind when you experienced trust?
  - Can you give me 3 words that sum up why you consider there to have been trust in this relationship.
5. How did you experience trust in relationships when you first came into care?
6. Did your experiences of trust in relationships change over time after coming into care?
  - What influenced changes in this, positive and negative?
7. What barriers were there to developing trusting relationships whilst you were in care?
  - How did you/others influence this?
8. What does it feel like or what does it mean to you, to have trust in a relationship with somebody who is supporting/helping you?
9. What does it feel like or what does it mean to have broken trust or when trust isn't present in a relationship with somebody who is supporting/helping you?
10. What (if anything) helped develop trust in a relationship with a professional?
11. What didn't help build a trusting relationship with a professional?

12. Tell me what advice/suggestions, you'd want to give professionals when it comes to building trust?
13. Is there anything else you'd like to share in terms of your own experiences of trust, what trust means to you or anything else that is on your mind about this topic?
14. Is there anything I've not asked you about that you think is important in considering the development of trust?

Routine/additional prompts

- Can you tell me more about that?
- Can you explain that a bit more?
- Can you give me an example of what you mean there?
- Can you tell me more about how this impacted trust in the relationship?
- What do you think got in the way or stopped trust from being built/developed?
  
- Thank participant for their time.
- Signposting to debrief process – reminder of how to withdraw/get in touch.
- Discuss follow-up/dissemination of results.

## Appendix Q – Debrief form (Participant currently in care)



IRAS ID: 336456  
Version Number 1.1 07/03/24

### DEBRIEF SHEET FOR YOUNG PEOPLE IN CARE

#### ***Study title: Developing trust while in care: Young people's experiences.***

*Thank you for taking part in this study, the time you have given, and experiences shared are really important to us.*

#### **What happens next?**

This study hopes to gain an understanding of how care experienced young people have developed trust with professionals. The information from your interview will be looked at with others to see if there are any similar patterns or themes.

Themes and quotes from the interviews will be used in a final report that will hopefully be shared in different ways. At the end of the project a short summary will also be produced which you are welcome to receive a copy of. You can contact us using the details below to ask for a copy of this, if we have not already planned to talk again at the end of the project.

After the interview you may feel like you need further support, please reach out to your carer(s) and/or your social worker if this would be helpful. We have also attached an information sheet with other organisations that may be helpful.

#### **What happens to my data?**

Your information will be kept safe and all personal information will be removed when typed up. Please take a look at the original information sheet for more information.

Importantly, you have the right to remove your data from the study for the next two weeks. After this date, it won't be possible to remove the data as it will have been used in analysis and report.

**Date of interview:** *[Insert date]*

**Last date to withdraw from study:** *[Insert date]*

#### **How can I contact you?**

If you have any further questions about the study or want to find out more, please contact us on:

**Chief Investigator**  
Ben Gibbons (Trainee Clinical Psychologist)  
[g042138m@student.staffs.ac.uk](mailto:g042138m@student.staffs.ac.uk)

**Main Supervisor**  
Dr Yvonne Melia  
[Yvonne.melia@staffs.ac.uk](mailto:Yvonne.melia@staffs.ac.uk)

***Thank you again for your time and for participating in the study.***



IRAS ID: 336456  
Version Number 1.1 07/03/24

### Information Sheet – Support Services

If you are experiencing distress or psychological difficulties, please contact your GP as soon as possible as they will be able to direct you to local support services. Please also let your carer(s) know where possible.

Below, are some additional organisations that may be helpful:

#### **Childline**

Childline is here to help anyone under 19 in the UK with any issue they're going through. You can talk about anything. Whether it's something big or small, our trained counsellors are here to support you. Childline is free, confidential and available any time, day or night.

**0800 1111**

[www.childline.org.uk](http://www.childline.org.uk)

#### **Samaritans**

Samaritans provide support for people who are experiencing distress or despair, including thoughts that could lead to suicide.

**116 123**

[www.samaritans.org.uk](http://www.samaritans.org.uk)

#### **Become**

Charity supporting care experienced young people and care leavers. Become offer support and advice on a range of topics.

**Tel: 0800 023 2033**

**WhatsApp: 07860034982**

[www.becomecharity.org.uk](http://www.becomecharity.org.uk)

#### **MIND**

Mental health charity across England and Wales. Providing signposting to local MIND services, national information helpline offering confidential support and a legal helpline.

**Infoline: 0300 123 3393**

[www.mind.org.uk](http://www.mind.org.uk)

#### **Barnardo's**

Children's charity offering helpful resources, mental health support and information/support to care leavers.

[www.barnardos.org.uk](http://www.barnardos.org.uk)

## Appendix R – Debrief form (Care leaver participant)



IRAS ID: 336456  
Version Number 1.2 12/11/24

### DEBRIEF SHEET FOR CARE LEAVERS

#### ***Study title: Developing trust while in care: Young people's experiences.***

*Thank you for taking part in this study, the time you have given, and experiences shared are really important to us.*

#### **What happens next?**

This study hopes to gain an understanding of how care experienced young people have developed trust with professionals. The information from your interview will be looked at with others to see if there are any similar patterns or themes.

Themes and quotes from the interviews will be used in a final report that will hopefully be shared in different ways. At the end of the project a short summary will also be produced which you are welcome to receive a copy of. You can contact us using the details below to ask for a copy of this, if we have not already planned to talk again at the end of the project.

After the interview you may feel like you need further support, please reach out to a carer/professional/friend if this would be helpful. We have also attached an information sheet with other organisations that may be helpful.

#### **What happens to my data?**

Your information will be kept safe and all personal information will be removed when typed up. Please take a look at the original information sheet for more information.

Importantly, you have the right to remove your data from the study for the next two weeks. After this date, it won't be possible to remove the data as it will have been used in analysis and report.

**Date of interview:** [Insert date]

**Last date to withdraw from study:** [Insert date]

#### **How can I contact you?**

If you have any further questions about the study or want to find out more, please contact us on:

**Chief Investigator**  
Ben Gibbons (Trainee Clinical Psychologist)  
[g042138m@student.staffs.ac.uk](mailto:g042138m@student.staffs.ac.uk)

**Main Supervisor**  
Dr Yvonne Melia  
[Yvonne.melia@staffs.ac.uk](mailto:Yvonne.melia@staffs.ac.uk)

***Thank you again for your time and for participating in the study.***

### Information Sheet – Support Services

If you are experiencing distress or psychological difficulties, please contact your GP as soon as possible as they will be able to direct you to local support services.

Below, are some additional organisations that may be helpful:

#### **Childline**

Childline is here to help anyone under 19 in the UK with any issue they're going through. You can talk about anything. Whether it's something big or small, our trained counsellors are here to support you. Childline is free, confidential and available any time, day or night.

**0800 1111**

[www.childline.org.uk](http://www.childline.org.uk)

#### **Samaritans**

Samaritans provide support for people who are experiencing distress or despair, including thoughts that could lead to suicide.

**116 123**

[www.samaritans.org.uk](http://www.samaritans.org.uk)

#### **Become**

Charity supporting care experienced young people and care leavers. Become offer support and advice on a range of topics.

**Tel: 0800 023 2033**

**WhatsApp: 07860034982**

[www.becomecharity.org.uk](http://www.becomecharity.org.uk)

#### **MIND**

Mental health charity across England and Wales. Providing signposting to local MIND services, national information helpline offering confidential support and a legal helpline.

**Infoline: 0300 123 3393**

[www.mind.org.uk](http://www.mind.org.uk)

#### **Barnardo's**

Children's charity offering helpful resources, mental health support and information/support to care leavers.

[www.barnardos.org.uk](http://www.barnardos.org.uk)

## Appendix S – Example exploratory noting and experiential statements (Jane)

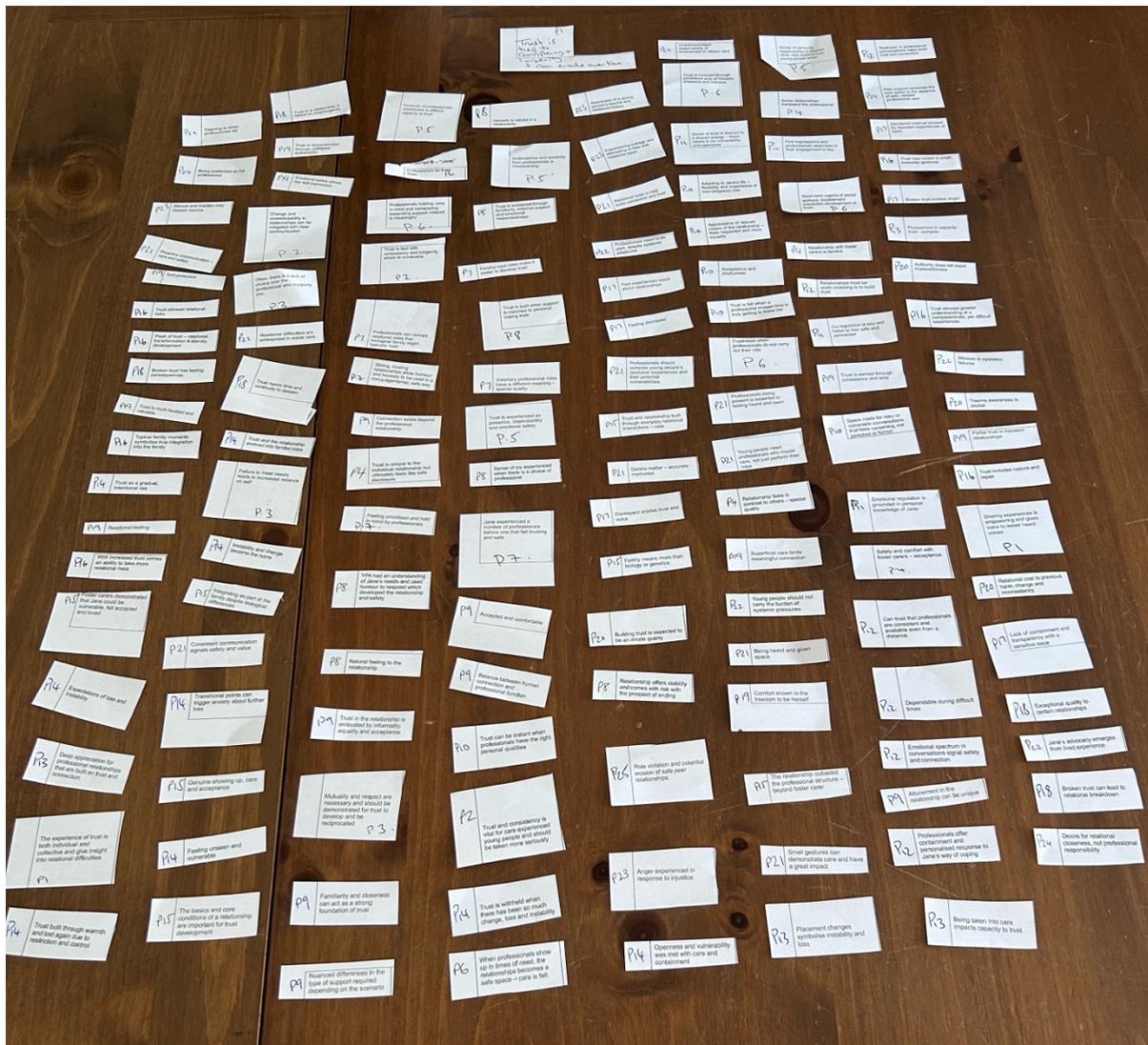
Exploratory noting (right-hand side) and experiential statements (left-hand side) from Jane’s transcript

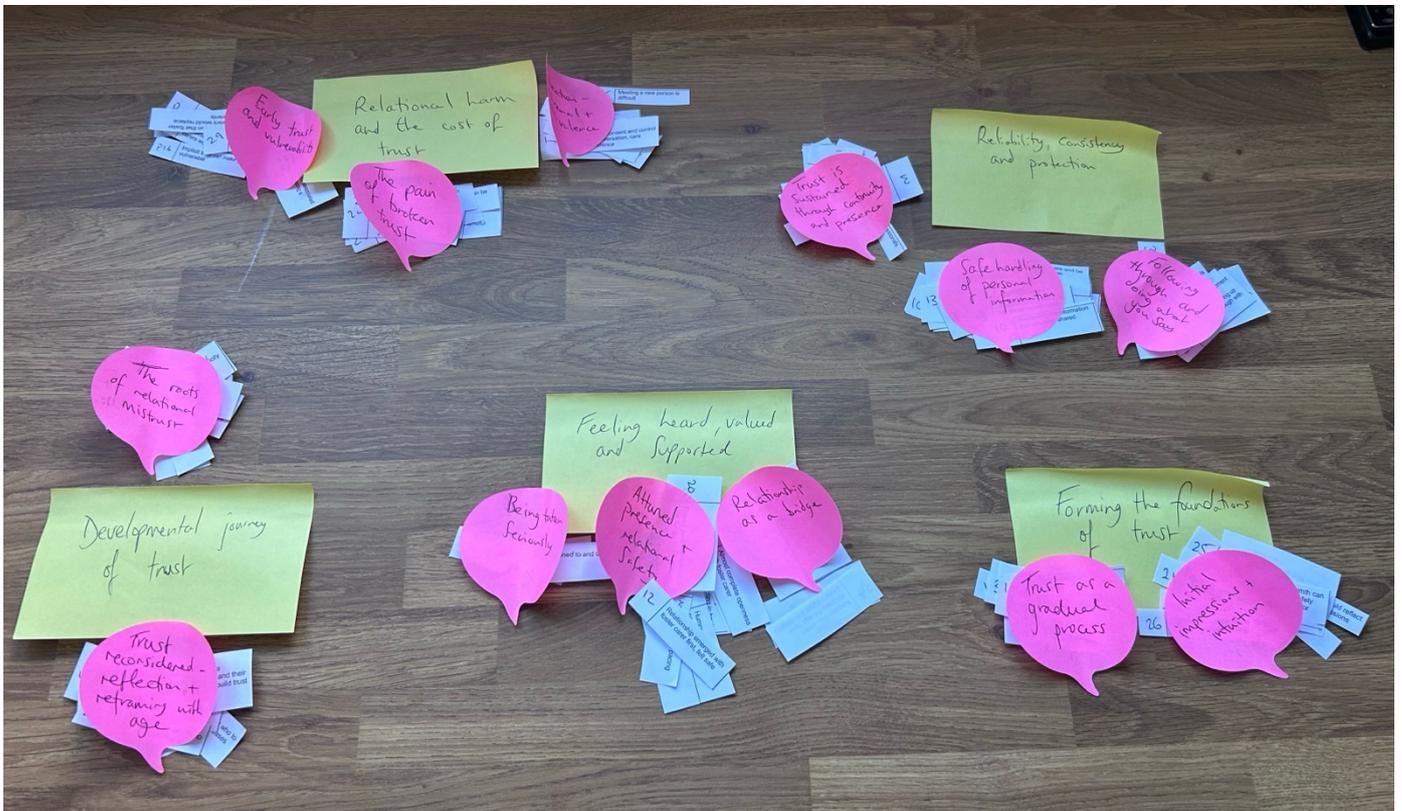
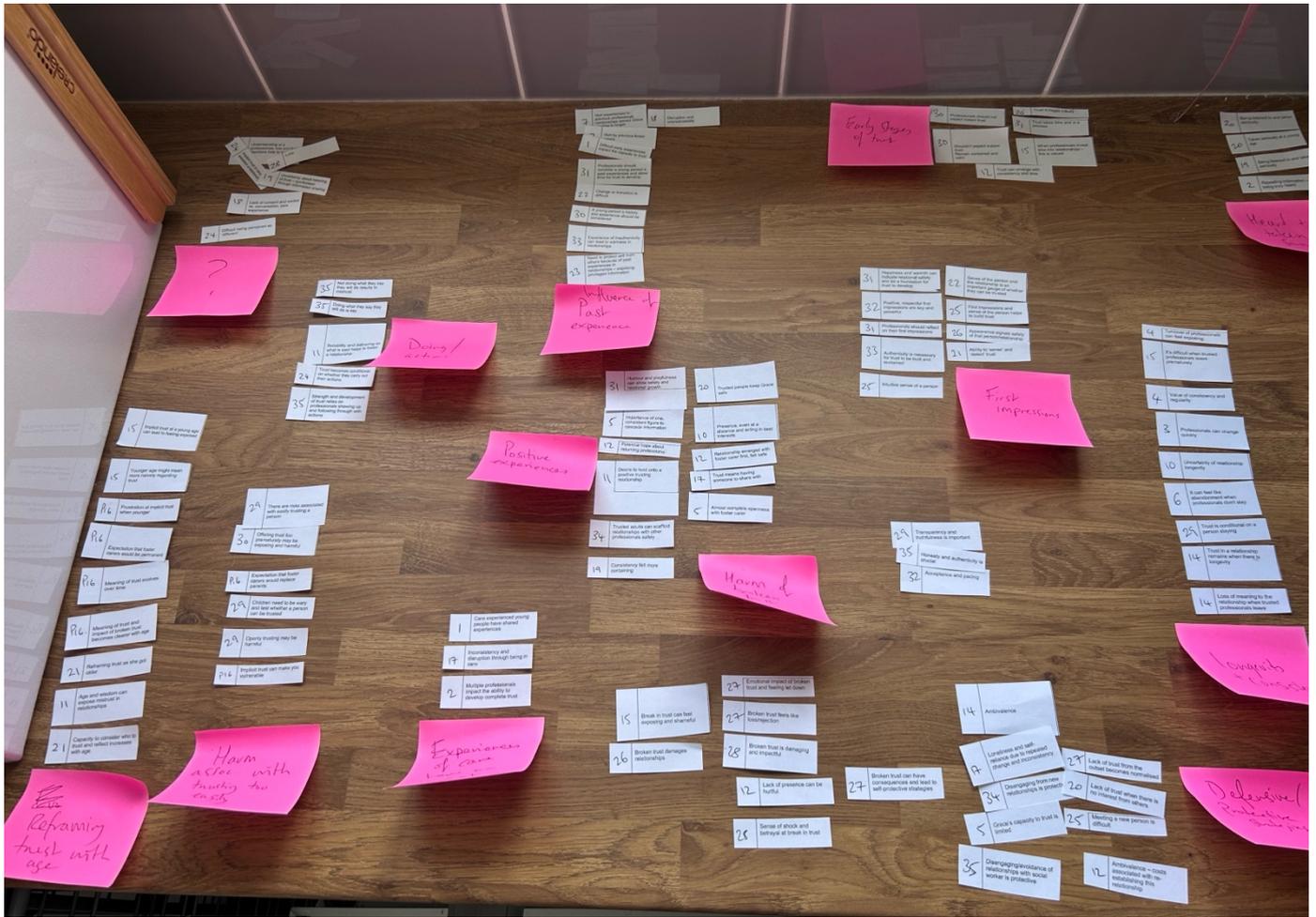
### ABRIDGED VERSION

Transcript B – “Jane”

Experiential statement	Transcript	Exploratory notes		
		Descriptive	Linguistic	Conceptual
<p>When professionals show up in times of need, the relationships becomes a safe space – care is felt</p> <p>Professionals holding Jane in mind and considering expanding support network is meaningful</p> <p>Voluntary professional roles have a different meaning – special quality</p> <p>Familial-type roles make it easier to develop trust</p> <p>Feeling prioritised and held in mind by professionals</p> <p>Professionals can occupy relational roles that biological family might typically hold</p> <p>Strong, trusting relationships allow humour</p>	<p>I had a very bad issue last year in July with my mental health, I pretty much dipped. [INTERVIEWER: Ok] Went on antidepressants and he pretty much phoned, like, I had to go back to go back to work for [inaudible] but he pretty much called me every week for a solid two months, going 'how are you today? How's your mental health today? Erm how's your medication? Has it kicked in yet? What can I do to support? Do you need any other support?' He actually got me a mentor within the Council and a grand mentor. I forgot about them! There's another two relationships.</p> <p>[INTERVIEWER]: Yeah!</p> <p>[JANE]: A grand mentor is actually voluntary, it's like older people with wisdom, who are your buddy-like your friends. [INTERVIEWER: Ah, ok]. That's the one I'm seeing at 12, actually so I'll tell her all about this. I'll go, 'spoken about you today'. [Laughing] But erm, my mentor and my grand-mentor were the two best people I've ever met. Like they were, I could, I trusted them with everything. Everything. They are both called Auntie, I will bow to them and everything they are...god sent. But [YPA1] was like the most amazing person, he made sure all the support was put into place. Like he, he went from A-Z in one day just for me, he put everyone aside, he went, 'fudge the lot of ya, she is important, I don't want her to die, don't want her to die. She's my favourite'. I was like, 'great, thanks, [YPA1]'. I was like, 'thanks a lot. Won't die anyways, but I appreciate the erm the concern and worry'.</p> <p>[INTERVIEWER]: Yeah. Yeah. So what did that. What did that mean to you, someone sort of showing up for you in that way?</p> <p>[JANE]: It's amazing, honestly, like I have family but when family aren't the best, you have your professionals, which which, when you've been with them for so long, they become a 'like family'. They have like a paternal or maternal role over you, depending on if they're female or male. And like I see [YPA1] as like a dad or an uncle. He is, he's there when I need him. I if I message him saying I'm gonna, I'm gonna beat someone up, he'll call me going, 'Why do you want to beat someone up for?' 'cause they annoyed me'. And I'm like 'what they do to annoy you'. 'They looked at me funny'. 'Well, you're stupid. Don't beat him up.' 'You know what, [YPA1], I won't because you said that...'</p> <p>[INTERVIEWER]:</p>	<p>Repeated visits and check-ins</p> <p>Connected with other forms of relational support</p> <p>Friend-like quality to the relationship</p> <p>Fondness for these relationships</p> <p>Complete trust in the relationships</p> <p>Reference to auntie – family quality to this relationship</p> <p>YPA connected her with other positive, supportive relationships</p> <p>Prioritised by YPA during times of difficulty, held in mind.</p> <p>Really positive and meaningful for someone to show up in that way</p> <p>Professionals can 'show up' in a way that feels like a substitute for family</p> <p>Relational longevity and emotional attunement can lead to relationships with a familial quality</p> <p>The strength of their relationship means caring humour can be used to de-escalate</p>	<p>Intentional listing of questions – highlight the point that this professional holds Jane in mind, cares and takes action</p> <p>Importance of naming this role as non-obligatory</p> <p>Playful definitions and metaphor use</p> <p>Formal, spiritual language</p> <p>'Everything' – sense of total trust</p> <p>Familial titles – relational closeness/depth</p> <p>Humour use – manage vulnerability</p> <p>Repeated use of family – suggestive of emotional need?</p> <p>Gendered roles – insight into Jane's understanding of role categories</p> <p>Informal, humour and affection in this exchange mirrors a parent-child dynamic</p>	<p>Do these roles symbolise a parental-type role? Age, wisdom</p> <p>Non-obligatory roles that professionals may help to foster trust.</p> <p>Being held in mind and professionals responding to needs</p> <p>Trust is earned over time and tied to attachment needs. When professionals provide consistency and emotional attunement, they can become surrogate family figures.</p> <p>Humour and honesty – are these tools for co-regulation and emotional containment?</p>

# Appendix T – Example - developing personal experiential themes (PETs) from personal experiential statements





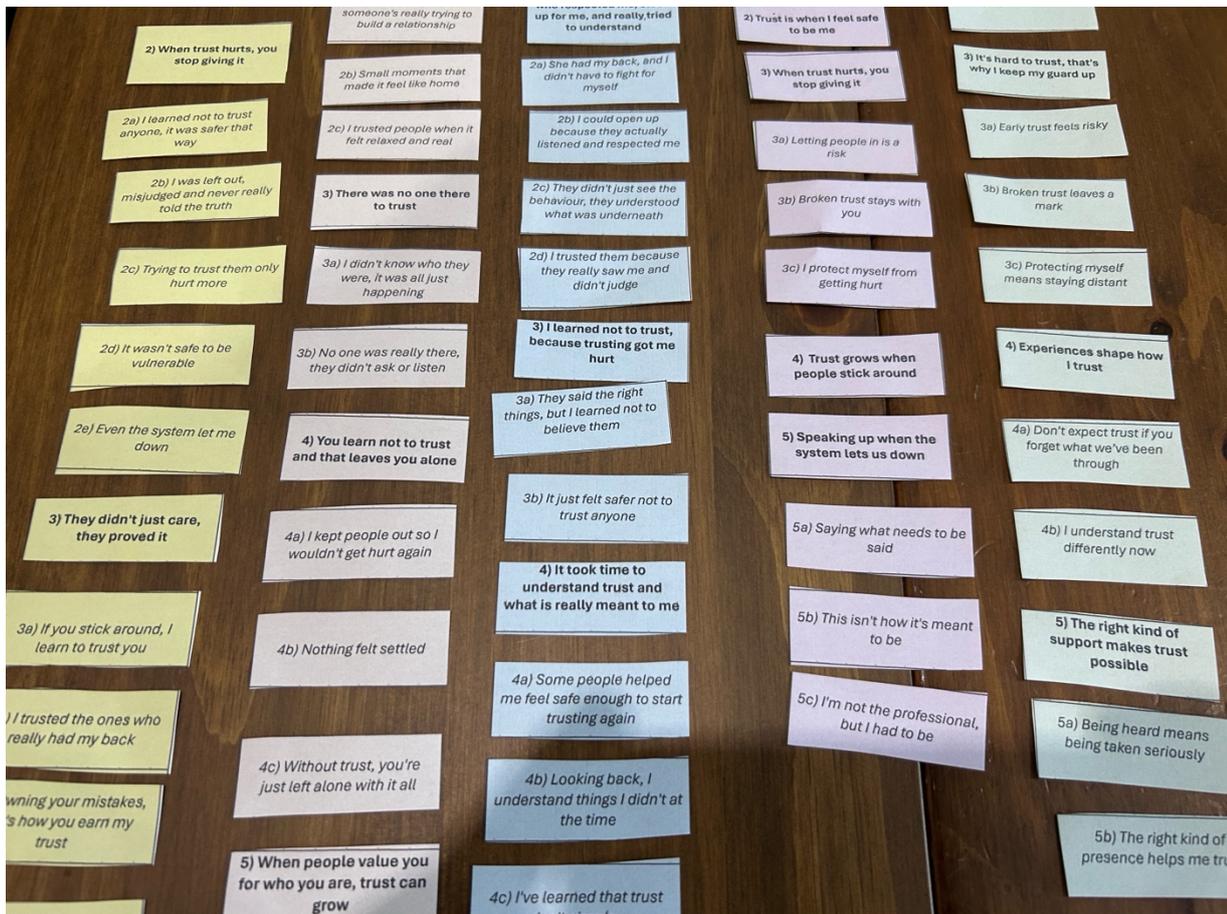
## Appendix U – Example Personal Experiential Theme (PET) for Jane

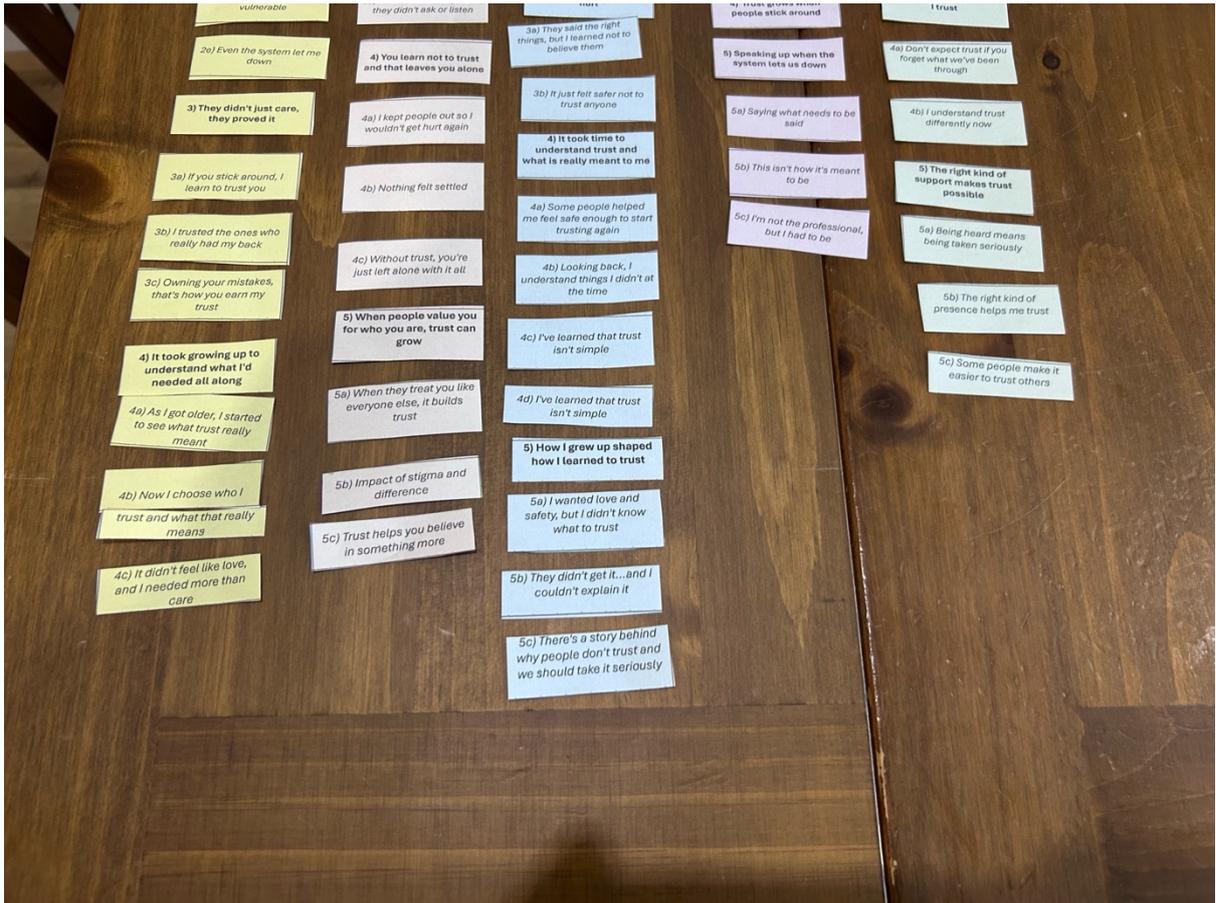
Example of Personal Experiential Theme (PET) table for Theme 1 – ‘Qualities of a trusted professional’ – Jane

### ABRIDGED VERSION

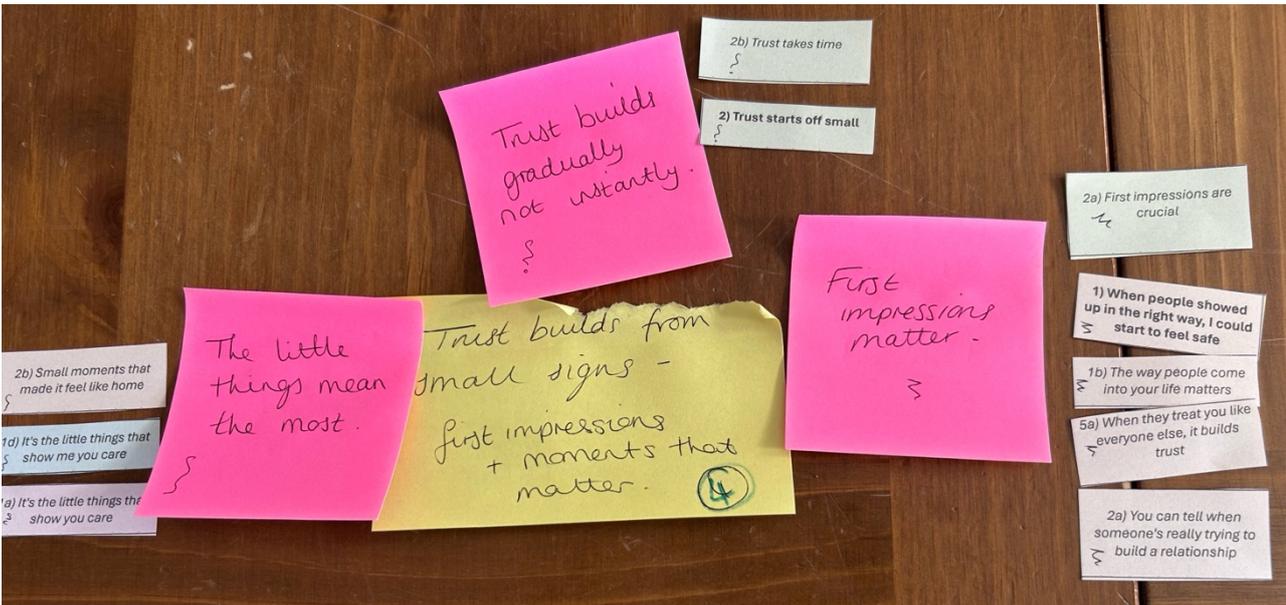
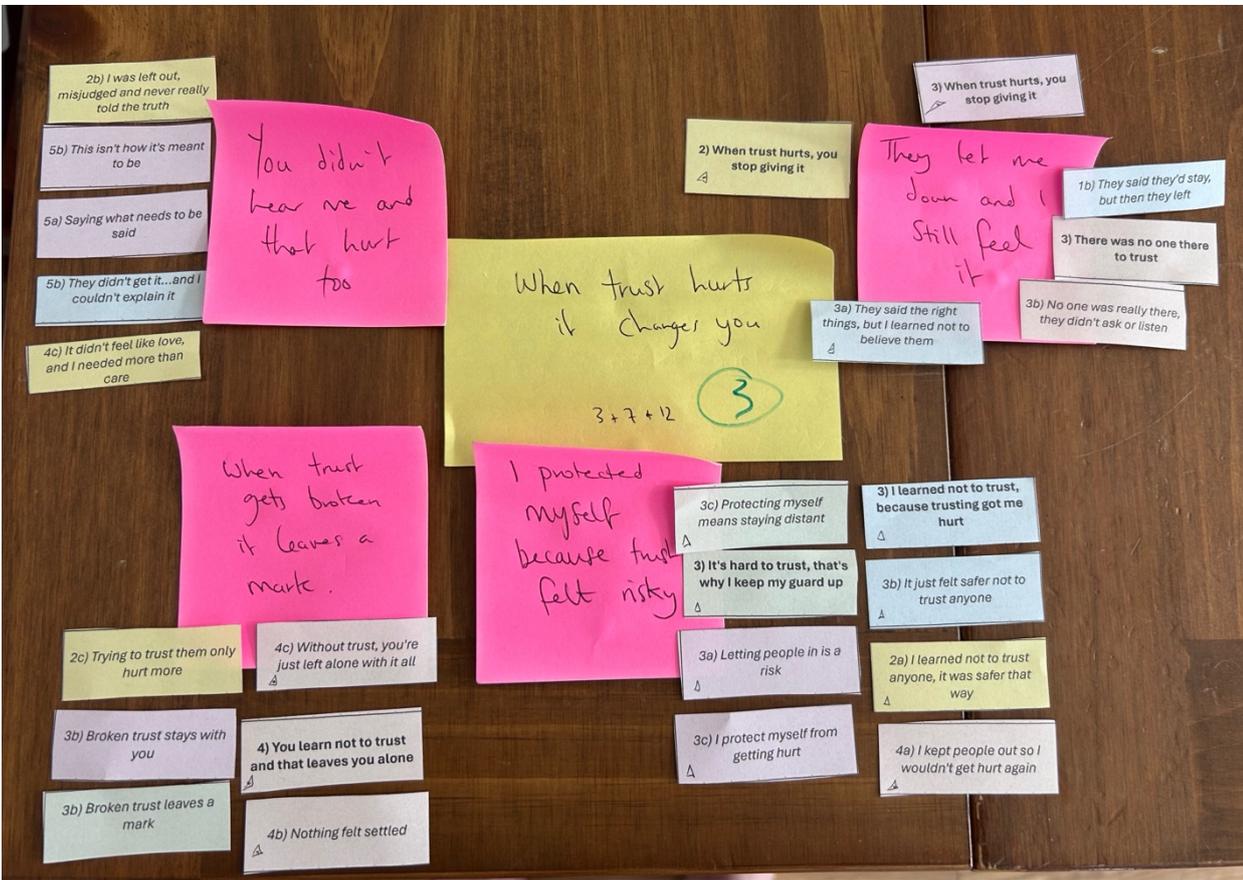
No.	Theme Name	No.	Sub-theme	Experiential Statements	Page Number	Quotes
1	Qualities of a trusted professional	1	Natural presence and inherent qualities	Mutuality and respect are necessary and should be demonstrated for trust to develop and be reciprocated	3	<p>██████████. They've had YPA's that do the bare <u>minimum</u> and it'll be my young person needs a new curtain because she doesn't have curtains. She'll have to ask several times to the point it has to go to management to ask for a curtain. Which...isn't fair...like how am I supposed to trust and speak to this professional if they're not helping? Which then relates back to that whole issue of trust, if you don't, if you're not giving us some effort and respect, how are we going to respect you back? It goes both ways.</p>
				Natural feeling to the relationship	8	I was like 'I want [YPA1]' because even when I was with my second YPA, I got along with [YPA1] quite well, just on a like a young person, average professional level and he was someone that I could go to. Erm...I used to be quite an emotional wreck. I would cry every day. Sometimes I just cry for no reason. Sometimes there'd be a <u>reason</u> and it was...he was able to get me out of that crying stage quite quickly.
				YPA had an <u>understanding of Jane's needs</u> and used humour to respond which developed the relationship and safety	8	he was able to get me out of that crying stage quite quickly. Like I'd cry at our local drop <u>in</u> and he'd be there, he would walk in, he goes, 'you crying about me again? What is it with you and me? And you just crying every time you see me?'. 'I dunno! You've just popped up!'...but he'd make me laugh and that's when the whole trusting thing came in, I was able to like...laugh and feel happy like, and then I started to feel comfortable
				Trust is sustained through familiarity, informal support and emotional responsiveness	8	But like he'll come, he'll come in, take his shoes off, sit on my sofa. He'll go, 'any issues with you this week?' I'm like 'No. Why? Why do you ask?' and he goes, 'well someone said something about you.' ... 'Who's talking my name?' And he'll be like 'well, are you OK?' And I'm like, 'I'm fine. I'm working. I'm living. I'm doing what I can'. He goes, 'well that's all you need to do...is just live'. Oh, that sounds really bad to say, but...how he says it's like <u>it's</u> kind of more...meaningful-
				Balance between human connection and	9	she'll talk to me for about 5 minutes about how the flats going. Have a look at it if it's dirty, clean it...then, then we'd just chat about everything else, we'll chat about like my mental health, my physical health, and then we'll just start rambling 'cause we <u>actually</u> know each other,

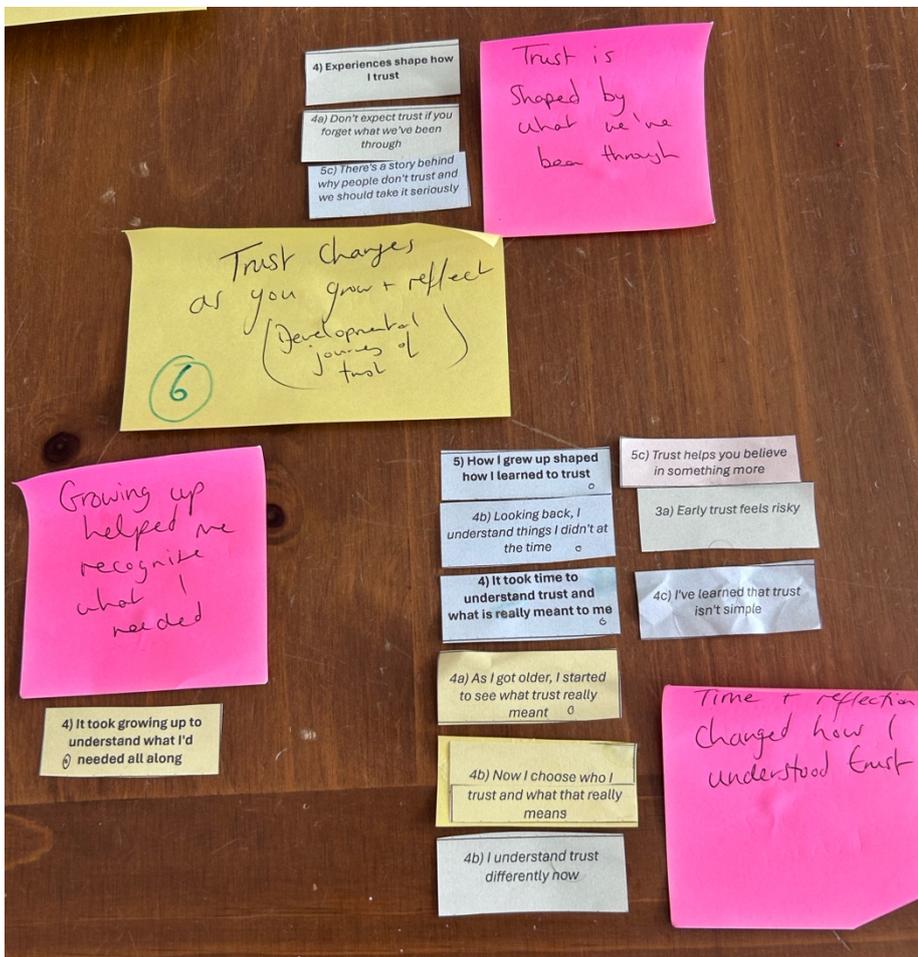
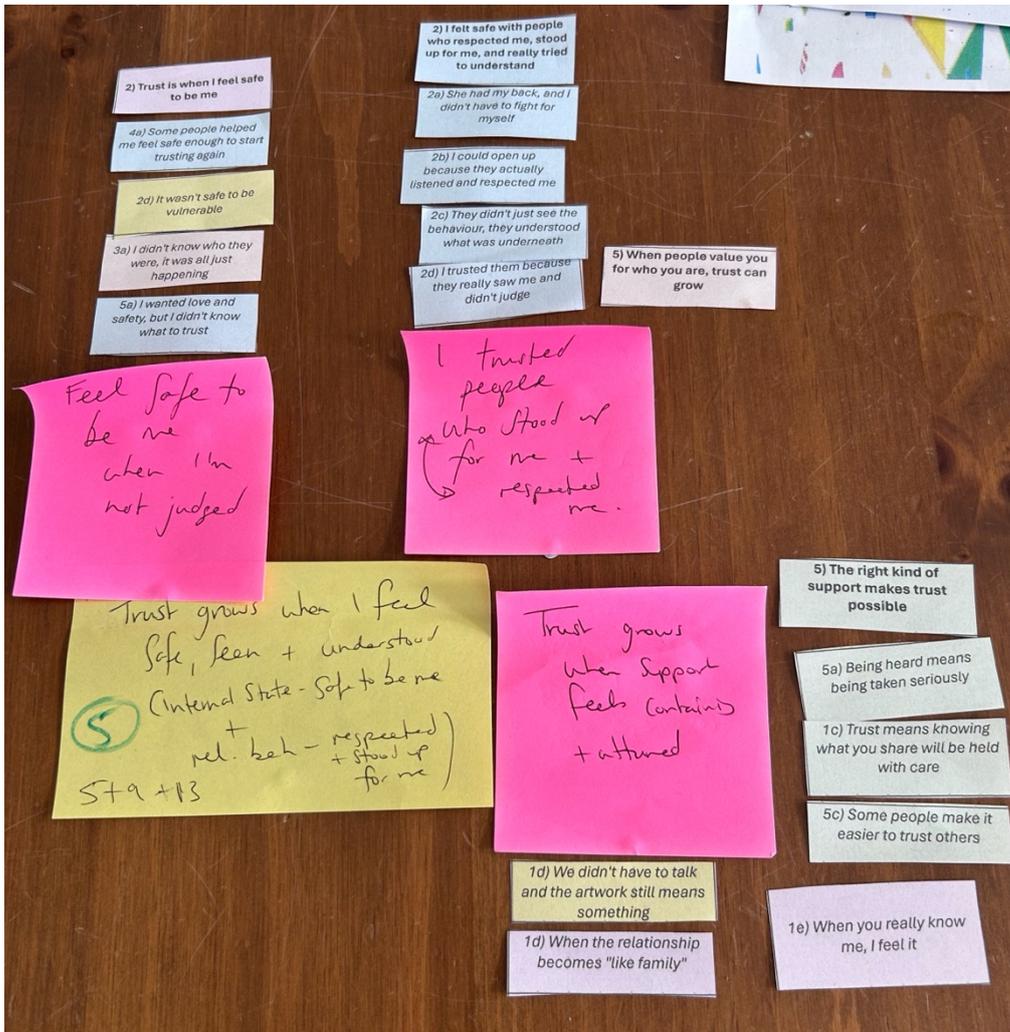
# Appendix V – Clustering meaning across cases (initial stages of GETs development)











**Appendix X - Breakdown of participant support for each GET and subtheme**

	<b>Sarah</b>	<b>Jane</b>	<b>Grace</b>	<b>Ella</b>	<b>Chloe</b>
<b>I mattered to them</b>					
<i>First impressions open or close the door</i>			X		X
<i>Feels like home</i>	X	X	X	X	X
<i>It's safe...showing up again and again</i>	X	X	X	X	X
<b>Keeping it real through genuine connection</b>					
<i>Both giving our true selves</i>	X	X		X	X
<i>"I wouldn't change for her" – permission to be myself</i>		X		X	
<i>Going at my pace</i>	X	X	X	X	X
<b>Scars of betrayal</b>					
<i>Hurt and guarded</i>	X	X	X	X	X
<i>Devastation of false promises</i>	X	X		X	
<i>Older and wiser</i>	X	X	X	X	X
<b>Shortchanged by the system</b>					
<i>I wanted more from them</i>	X	X	X	X	X
<i>Lost and alone</i>	X	X	X		X

## Appendix Y – Master table of themes

### ABRIDGED VERSION

Group experiential theme	Sub-theme	Quote	PET/Sub-theme code
<p><b>1. I mattered to them</b></p>	<p><i>a) First impressions open or close the door</i></p>	<p>[GRACE]: Erm, like the way like they talk to people and open themselves up to people. So say if I like, I don't know, just walked in and saw (Teacher3) for the first time, say if I saw her for the first time, like what she did, I walked in, she said hi, you okay? Like to me that's a positive start, [INTERVIEWER: Yeah] but if I walked in and she just sat there and she didn't say anything, then it would be like awkward and I wouldn't know how to open up and what she would like and what she would want to talk about [INTERVIEWER: Yeah, yeah] but because I walked in and she was like 'hi, you okay', she was like 'do you want to do this, do you feel comfortable with this', it kind of opens her up. [INTERVIEWER]: Okay, okay...So how someone, that first impression? [GRACE]: Yeah. [p32]</p>	<p>Grace - PET2a</p>
		<p>[INTERVIEWER]: When you think back to those times and think back to those experiences what could have been done differently do you think to to allow you to build trust? [CHLOE]: Erm...social workers being consistent! I know I understand that people move jobs and stuff like that... but i suppose the way they were introduced, it was always an email or a text um i think a few times we did have them come to the house and they're like 'right well i'm your new social worker' but it's weird how they just turn up or like the one i mentioned we were told we had a new social worker, never met her never heard from her we were probably told from somebody else who said oh this is your new social worker and the information, but we never met her we didn't have any interaction from her [p16]</p>	<p>Chloe - PET1b</p>

Group experiential theme	Sub-theme	Quote	PET/Sub-theme code
	<i>b) Feels like home (positive experiences)</i>	<p>Like, for her to ask my carers to do that for me, I was like, 'that is just so nice' because she didn't have to do that. Do you know what I mean? She could have easily just, like, kind of said, all right, then, what's up with you? Like, come on, let's talk, but she didn't. She was very much in contact with my carers and she'd give them updates. So, she'd ask me, like, 'do you mind if you can call someone in whilst we're on this Team call towards the end so I can chat to them?' So, I think that was a good experience.</p> <p>[p15]</p>	Ella - PET1d
		<p>'I could have snacks?' And they went, 'of course you can, you silly goose, what snacks do you want?' Like, right, 'I want this, I want this, I want this', limited to four things, but I had, I had, like, cereal bars for breakfast, well, on the way to college, I had my favourite crisps, chocolate bars, and then Capri Suns...all I had, but the fact that I was able to raid, it was my Capri Suns, that I could raid, because they were mine, I was like, 'I like this place, I'm not going anywhere'</p> <p>[p16]</p>	Jane - PET1a
		<p>[GRACE]: Why, what did that do? [Foster Carer]: Well, that was like, when we started spraying the soap everywhere. [GRACE]: Ah, that was funny! [Foster Carer]: That just sort of opened everything up and that's when you really started settling and you realised that actually it is fun and that's when you started talking.</p> <p>[p31/32]</p>	Grace - PET5b
		<p>So, he just made things fun and engaging, that we never had before. Actually interacted, as a child you want that kind of your parents playing with you, we never had that so it was nice</p> <p>[INTERVIEWER]: Yeah, yeah and those things were they important to you building the trust? [CHLOE]: Yeah definitely.</p> <p>[p20/21]</p>	Chloe - PET1c

Group experiential theme	Sub-theme	Quote	PET/Sub-theme code
		<p>[SARAH]: Yeah. So I just think like, it just, it seems like when I went into care, it just seemed like everyone just wanted to know about me and it was like, as much as it was like all about me, me, me, it just, I just hated it. Because I was just like, 'why can't it just not be about me for once?' And, and then when I started struggling with my mental health and stuff like that, it was still about me, and that even like, I know it should have been about me and it was about me but like, I'm such a people's person where I just love knowing about other, like how other people work. Do you know what I mean? Like, I just love knowing how they are with things and stuff like that erm just how different their lives are from mine. I just, I just like knowing how they are. [p6]</p>	Sarah - PET2b
	<i>b) Feels like home (negative experiences)</i>	<p>[JANE]: Why is it...why is the young person being ignored? What if they have a fear of being ignored, and you've just enhanced that fear? [INTERVIEWER]: Yeah, no, it makes sense. [JANE]: No young person should ever be ignored, and they have to have another young person to come do the YPA's work. [p23]</p>	Jane PET5b
		<p>[SARAH]: ...I just think like a little like 'oh yeah no what they did was actually quite bad it was really awful' I would have been like, 'yeah, it was, thank you.' ... Yeah no exactly but where they they I think they have to say neutral whatever it is I'm not sure, but so they they'd always be like 'yeah but' like oh it's like 'please don't talk about that' or um 'what's done is done' just stuff like that and I just think like 'come on I'm trying I'm trying I'm trying to connect with them' [p26]</p>	Sarah - PET4c
		<p>[CHLOE]: I mean the first person comes to mind is one of the social workers that I had, who I still talk to now. She was just a really nice person, you know. She was always there and in terms of the 24 social workers, she's the only one from the beginning who is still in the picture and I still talk to now and have a friendship with. [p4]</p>	Chloe - PET1a

Group experiential theme	Sub-theme	Quote	PET/Sub-theme code
	<i>c) It's safe...showing up again and again</i>	<p>And he was like, 'right, I completely understand that nobody's been here. Nobody's been consistent for you.' and he was like, 'well, I'm going to change that. I'm going to do things and be here when you need me, because that's what you should have had years ago, but didn't'. And he really did. He was there and he got things done immediately whenever there was anything that needed to be done.</p> <p>[p13]</p>	Chloe - PET1a
		<p>[INTERVIEWER]: So you said social workers [GRACE: yeah.] How many social workers do you think you've you've had? [GRACE]: Hmm, I don't know [INTERVIEWER: No?]. I've had loads. I haven't had some that I haven't even met before. I've had some that have lasted like half an hour [INTERVIEWER: OK] [INTERVIEWER]: Wow. So lots-some people that you haven't even met. [GRACE: Yeah]. How does how does that feel? [GRACE]: Erm I just feel like it's kind of, It's not very- like if I tell them something. [Yeah], I feel like they're just telling everyone and then they leave. So they could do anything with that information</p> <p>[p3/4].</p>	Grace - PET1b
		<p>[INTERVIEWER]: ...in contrast what does it feel like, what does it mean to you erm to have trust in a relationship with somebody who is there to support and help you? [SARAH]: Erm, it like it felt good it like erm, I didn't like I don't know it just felt like it felt like... do you know what it's like it's like erm when you like save some snacks for later and then you remember that you've saved them and then you get really happy that you've saved them [INTERVIEWER: [laughing] yeah] like that's what it's like because then you just remember and you're just like oh yeah I like you have to remember that you're you can talk to them and they won't think anything negative about you because that's the whole point...</p> <p>[p30]</p>	Sarah PET1c

Group experiential theme	Sub-theme	Quote	PET/Sub-theme code
		I think that, for me, just showing up, like, you know what it is, like, with trust, it's not even about, like, going above and beyond, it's just literally, like, showing up, and I think she just, not even just for me, for the other kids in the home, and I think I disliked her, because she had such a strong personality, and I wasn't, I didn't look beyond that, when, actually, she was just a genuine person, and just being herself, and that's just who she is [p7]	Ella - PET1d
		she's not a professional professional where I have to like, go, 'well my mental health is fine, how is your mental health today?' It's like, I'll just rant to her about what happened over the past two weeks since I last saw her... She just, she just knows me and the fact that it's not professional, is actually quite nice, she's an older friend and she's got that wisdom [p10]	Jane PET1b

Group experiential theme	Sub-theme	Quote	PET/Sub-theme code
<b>2. Keeping it real through genuine connection</b>	<i>a) Both giving our true selves</i>	we just spoke and it was like, wasn't small conversations, it was actual conversations that lasted a long time, would go deep, would come out, it would go funny, it would go sad, it would go angry. It would just be like, all these raw emotions that I'm able to portray off for you [p12]	Jane PET1b
		[INTERVIEWER]: Are you saying that there, so is that like a separate category? Is that like friends, family, romantic relationships, the trust there is quite different? [SARAH]: Yeah. Yeah. Because I do think as well, like when you're building trust with someone new, like in a relationship or even like friendships, it's more contextual because you get to learn the person erm and that's what happens like with professional relationships as well. You're learning about the person and they're learning about you, and that's how trust is sort of developed, I think. [p5]	Sarah PET1a

Group experiential theme	Sub-theme	Quote	PET/Sub-theme code
		<p>CHLOE]:            Erm, i suppose the the social worker i spoke about who i'm still friends with now, erm [SW2], she was brilliant she she's a very quirky person so she made that apparent and it was like 'okay well well that's kind of cool' um and just made things easy she was easy to talk to and because she was easy to talk to because she made herself like readily available and kind of down to earth and she was just a fun person because she did that, it made it easier to be to see the good in people because she was there she was a good person an example to look at which made it easier to trust others...erm, yeah.            [p20]</p>	Chloe - PET1c
		<p>but I would say I remember her, and I always think about her, and the way she was with my mum, like, she just, like, completely spoke normally to my mum, although she didn't really do anything for me, I remember her, I wouldn't say I trusted her, but I would say I trusted certain aspects, because she didn't look down at my mum...erm you know, she just treated my mum just like, just another person, I suppose.            [p11]</p>	Ella - PET5c
	<p><i>b) "I wouldn't change for her" - permission to be myself</i></p>	<p>But the fact that I can have a potty mouth with them and they go, ah! shows that I can trust them too.            [INTERVIEWER]:            Yeah, yeah, yeah.            [JANE]:            Because when I'm comfortable, I get a potty mouth.            [p19]</p>	Jane PET2
		<p>So for me to have, you know, [SW], [CAMHS1], [RCW1], [RCW2], those four people really showed me, like, that I can trust them and I can feel safe with them. And I would even say, like, even as I've, you know, got into uni and college and I've made, you know, connections, with friends. Erm...You feel like that trust is built with them again, like, you know, oh, if that, you know, you tell your friends something.            [p14]</p>	Ella - PET4a
<p><i>c) Going at my pace</i></p>	<p>I didn't know how to deal with my emotions when I was younger, um, say, when I was, like, kicking off, or, like, I was crying, or just acting, just, you know, not acceptable, like, you know, whatever. She would be the one that would come and sit with me, doesn't matter how long, she would have that patience, and she would sit with me, um, and she would give me that time, I would say, she would give me that time            [p7]</p>	Ella - PET2c	

Group experiential theme	Sub-theme	Quote	PET/Sub-theme code
		<p>[CHLOE]: Yeah it was always weird um when certain things I couldn't be involved in, yeah or uh just be in, sometimes it was just I think sometimes there were lessons where it was too close to home so I chose not to be in it but we were um we were still then treated normally in other lessons, just because like if we couldn't be involved in something it's not like oh you can't do that you've got to go to a different room or anything like that it would just be like 'well you can't join in but here's something to do in the meantime'... like we weren't segregated I suppose or separated from everybody. [p16]</p>	Chloe - PET5a
		<p>I had to go back to go back to work for [inaudible] but he pretty much called me every week for a solid two months, going 'how are you today? How's your mental health today? Erm how's your medication? Has it kicked in yet? What can I do to support? Do you need any other support?' He actually got me a mentor within the Council... [p6]</p>	Jane - PET1e
		<p>[INTERVIEWER]: Because it sounds like... Are you saying... Correct me if I'm wrong are you saying that she took you seriously? [GRACE]: Yeah, so she would like, because she knew things weren't good at home, but then she would be like, she would know like what's going on when she saw it for herself [INTERVIEWER: Ok] and because I was so young she knew I used to get things mixed up and then she used to come to my house and she used to see it for herself and understand it more. [p19/20]</p>	Grace - PET5a
		<p>[SARAH] ...and all we did was like draw and colour and like it all it was it was nice to have that one person just like colouring in with you [INTERVIEWER: Yeah], I don't know...but erm...yeah... [INTERVIEWER]: And was that a relationship with someone that you could trust Sarah that person, that independent counsellor who was doing the art with you? [SARAH]: Yeah, yeah because it just it felt very like freeing erm but it was a lot of, I was, do you know what it was as well, I think I was learning more about emotions,</p>	Sarah - PET1d

Group experiential theme	Sub-theme	Quote	PET/Sub-theme code
3. Scars of betrayal	a) Hurt and guarded	<p>[CHLOE]: I suppose growing up, trust was really difficult at times...because of the experiences I've been through and so trusting my foster parents was difficult. I had to get used to, I suppose being loved, allowing myself to be loved and stuff like that. So, it was harder to trust them knowing they're good people [p4]</p>	Chloe - PET4a
		<p>[GRACE]: [foster carer] will say, oh your social worker's coming, so I'll walk home really slow so I don't have to speak to her. Or like last time she come, I went out... [p35]</p>	Grace - PET3c
		<p>You need to show us that we can trust you before we actually trust you'. And a lot of social workers don't seem to get that, I think because what they seem to forget is that every young person has a level of trauma which they have gone through or still going through and I don't think they fully click that in their head. So, when, we could have previous issues with social workers and you're like the tenth one, they ain't going to trust you straight away [p20]</p>	Jane - PET3c
		<p>Like, 'I'm scared to give my all'. Even now I can trust people, but I've never feel like I ever rest in a friendship or like my relationship. I don't think I've ever rested because I just feel like 'you could literally take full advantage of me. You could tell people the things that I've told you or you could completely be someone that I did not think that you were', and I think even though it's not happened, in my adult life, but for me, it's just scary. Like, I just don't want to be hurt. I don't want to feel that emotion that I did before of not trusting someone. [p16]</p>	Ella - PET3b
		<p>[SARAH]: ...we also have like these looked after review plans basically, they happen every six months, and in that review basically the carers say their point of view, I say my point of view and the social worker just says what they're planning on doing, whatever. And like one of them like it was like [REDACTED] and that's what it said in there and I looked at it and I just I knew it wasn't me. But like things like that make you feel so bad about yourself, like you start, you obviously won't trust them if that you read stuff like that [p24]</p>	Sarah - PET2c

Group experiential theme	Sub-theme	Quote	PET/Sub-theme code
	<i>b) Devastation of false promises</i>	<p>I'd assume that I'd have all this, like, support from, like, my carers that I was really close with, and I never had it, and I think that really damaged my trust, because I was like, well, is this what it's like, do people just lie, because to me, they were my family, because I lived with them for so long, so I suppose when it didn't happen, I was just like, 'oh, is this what people do?' [p4]</p>	Ella - PET1b
		<p>[SARAH]: ...I remember going into care and not even being told I was going into care... I do also think as well the reasons why we went into care erm because when we weren't being told that as well, that just my trust in like knowing what was going on. I started to not trust myself, do you know what I mean? Because when you have, when you have like no idea what's going on around you and like no one's actually telling you, you just, you just start to think like, 'should I even be trusting myself and like what I'm doing right now?' [p19]</p>	Sarah PET1e
	<i>c) Older and wiser</i>	<p>[INTERVIEWER]: Okay. And then do you think your experiences of trusting relationships with professionals changed over time? And what influenced that? [ELLA]: I think it changed over time and I think it's because of the, you know, the key people like, you know, my social worker, [CAMHS1], [RCW1] and [RCW2], for example. [p13]</p>	Ella - PET5a
	<p>[INTERVIEWER]: Okay. So can you tell me what trust means to you, Sarah, if you could define it? [SARAH]: I'd say relying on someone to do something that you may or may not have to ask to do. Erm, and also just like, it doesn't have to be actually like doing something, it could also be like not doing them. Like you trust, like, so trusting them not to do something, like trusting them not to hurt your feelings, something like that. Do you know what I mean? It doesn't just have to be a positive act. It can just be like the omissions of it, just like not doing anything. [p4]</p>	Sarah - PET4b	

Group experiential theme	Sub-theme	Quote	PET/Sub-theme code
		<p>[INTERVIEWER]: What is so important for you about trust why is it so important do you think in in the context of being um or having experience being in care why is it so important do you think?</p> <p>[CHLOE]: Erm i mean a lot of people and kids are coming from broken backgrounds so it's important to have the trust there to show them that you know life can be okay no matter what the background is if it's just something small or something like huge that they've been put into care for um it's just giving them a reason to keep going in a way and kind of strive for something and have goals and things like that because i mean it's hard to have a goal to something or even just life itself if there's no trust and there's no relationship with anybody</p> <p>[INTERVIEWER]: So, is what you're saying that without trust it's really hard to sort of grasp those opportunities or you know to to develop as a person?</p> <p>[CHLOE]: Yeah, it's harder to if there's no trust there, there's no, you've got no connections obviously you can't opportunities that like weird opportunities and like really cool ones you wouldn't be able to have if there was no connections there and nothing in place to support getting that opportunity so trusting someone, is like making the relationship and opening doors i suppose.</p> <p>[p21]</p>	Chloe - PET5c
		<p>[INTERVIEWER]: ... how did you experience trust in relationships when you first came into care?</p> <p>[GRACE]: Err, well, I sort of had no trust really because I thought that I was going to be with them obviously until I left being in the care system but obviously things changed. And then when I was younger, I thought they were like my new parents</p> <p>[INTERVIEWER: Yeah] until I was eighteen and I had no choice. [INTERVIEWER: Yeah] ... but kind of all failed...</p> <p>[p16]</p>	Grace - PET3a
		<p>like, I had my bank card taken away with them, and I was like, 'oh, they don't trust me to have a bank card, why should I trust them with my life, rah rah rah rah rah' and that's where the dip happens, but I'm like, when you calm down, 'I went, no, they've done that to protect me, they've done that to keep me safe', dip goes up.</p> <p>[p16]</p>	Jane PET1b

Group experiential theme	Sub-theme	Quote	PET/Sub-theme code
4. Shortchanged by the system	a) I wanted more from them	<p>[JANE]: It would be, oh...I think if I'm looking at it from, well, the thing is they're your corporate parents. They're supposed to have that, even if they don't give you that maternal or paternal instinct, they are supposed to be a role model and if you can't role model your own, if you can't role model why do we want you in the first place? You need to be, you need to have that level of funniness, you need to have that level of compassion. You need to know when to shut up and stand back so we can speak. [p21]</p>	Jane PET5b
		<p>come on like everyone's blaming it on me, like it has to be me and all they'd say is like 'oh but it's not your fault, it's not your fault'. Give me something stronger, like tell tell me that my parents are fucking idiots! Just, do you know, like I would have wanted that something stronger, do you know what I mean? And I know that sounds like so like weird to say out loud but like I think it would have done me so much more favours. [p26]</p>	Sarah - PET3b
		<p>we were both just kind of bombarded with, this is where you're staying, this is your new house, this is this, this, this, and it's just hard to kind of trust someone when you don't know who they are, but they're trying and you can tell they're trying to build some kind of relationship initially, giving all, some of, at least as many facts as they can, facts as they could to kind of build that relationship and be like, well, we're gonna help, we're trying to help, and eventually being able to see that. [p9]</p>	Chloe - PET3a
		<p>and I don't think there was, ever, a stable staff team for more than a month, and I think that's so, not even just for me, I'd probably say it's quite a common thing within a lot of care leavers, it's just the trust, like, it's so damaging when you're having people coming and going, and obviously, you know, you can't help it, people's circumstances change, you know, people don't enjoy the job, especially if you've never worked in a residential home and there's, you know, children that have, like, complex needs and whatnot, so I'd say, like... that really damaged my trust, [p4]</p>	Ella - PET1b

Group experiential theme	Sub-theme	Quote	PET/Sub-theme code
		<p>[GRACE]: Erm, well, I want to know if I have her or not [interviewer: Yeah] but it's not going to be the end of the world if I don't have her...like, great if I have her, but I'll have to tell her the things that she's missed, because she's missed a lot, her not being there...But if I don't have her, then I feel like it's not the end of the world. [p12]</p>	Grace - PET3c
	<p><i>b) Lost and alone</i></p>	<p>[SARAH]: I remember going into care and not even being told I was going into care [INTERVIEWER: Gosh, okay]. That like, that's like the case with a lot of children, like you'd find that they'd literally just be going home in a taxi after school to their new care home and that's what happened with us. [INTERVIEWER: Wow]. Like we didn't have that like...yeah, so when we weren't...Cuz I think what I think what goes in their minds is like that 'Ah, they're children like they'll find out when they find out' [INTERVIEWER: Mm-hmm]. But then also, do you know, like, one of my last foster carers, they'd refrain, I've actually still got like a screenshot of this but um, they said they said 'to not tell to not tell Sarah that we were going to retire in order to ease anxiety' and so we they didn't tell us till like literally a week before they, we had to leave and that only increased anxiety [INTERVIEWER: Of course] and the amount of times I had to say that to them and they still didn't get it. Like I said it so many times and they still didn't get it. Do you know what I mean? [INTERVIEWER: Mmm]. I think like going into care, we should have been told that we were going into care like erm ... I do also think as well the reasons why we went into care erm because when we weren't being told that as well, that just my trust in like knowing what was going on. I started to not trust myself, do you know what I mean? Because when you have, when you have like no idea what's going on around you and like no one's actually telling you, you just, you just start to think like, 'should I even be trusting myself and like what I'm doing right now?' Because you don't know if what you're doing is going to be right for your future if you don't know what's going on. [p19]</p>	Sarah PET2e
		<p>INTERVIEWER]: Was it tricky when (SW1) left? [GRACE]: Erm, yeah, because I felt like I wouldn't have another social worker that would be like her, but just because she's coming back, everyone said, doesn't mean I could necessarily have her again [INTERVIEWER: Okay]. So, I could stay with the social worker I have now. But just because she's coming back, it could be another chance of me having her. [p11]</p>	Grace - PET5c

Group experiential theme	Sub-theme	Quote	PET/Sub-theme code
		<p>[JANE]:            But like 'cause there's so many young people who have gone through, like so many social workers, or has moved around so the trust and stuff is just broken like that [clicks]. [INTERVIEWER: Yeah] You trust, you start to trust the social worker, and then they're like, 'oh, I've got a new job. I'm leaving in two weeks'. 'OK, well I've just built a relationship with you, what's the next person going to be like or the next person after that?' And you just don't seem to trust anyone            [p1]</p>	Jane - PET4

## Appendix Z – Audit trail of GET development

Iteration and stage	GETs	Subthemes	Notes
<b>Iteration 1</b> – Initial clustering of PETs into GETs	<ol style="list-style-type: none"> <li>1. When you show up for me, I start to feel safe</li> <li>2. I trust people who are real with me</li> <li>3. I stopped trusting because it hurt too much</li> <li>4. Trust builds from small signs, first impressions, and moments that matter</li> <li>5. Emotional safety makes trust possible, but I didn't always have it</li> <li>6. Trust made more sense with time</li> <li>7. Broken trust doesn't just go away</li> <li>8. When someone really knows you, it feels like more than just support</li> <li>9–14. [shorter PETs not yet collapsed]</li> </ol>		Broad set of 14 clusters. Based on initial PET review; kept some PETs intact as separate GETs pending later merging.
<b>Iteration 2</b> – Reduced clusters	<ol style="list-style-type: none"> <li>1. When you show up for me, I start to feel safe</li> <li>2. I trust people who are real with me</li> <li>3. I stopped trusting because it hurt too much</li> <li>4. Trust builds from small signs, first impressions, and moments that matter</li> <li>5. Trust grows when I feel safe, seen and understood</li> <li>6. Trust changes as you grow and reflect</li> <li>7. Broken trust doesn't just go away</li> <li>8. When someone really knows you, it feels like more than just support</li> <li>9. They didn't really get it, and that made trust hard</li> <li>10. The system let me down</li> </ol>		Reduced from 14 to 10 GETs by merging PETs with conceptual overlap. Language still close to participants' phrasing.
<b>Iteration 3</b> – Further reduction & conceptual grouping	<ol style="list-style-type: none"> <li>1. When you show up for me, I start to feel safe</li> <li>2. I trust people who are real with me</li> <li>3. When trust hurts, it changes you</li> <li>4. Trust builds from small signs, first impressions, and moments that matter</li> </ol>		Reduced to 7 GETs. Began introducing more interpretative labels (e.g., "When trust hurts, it changes you"). Combined 'system let down' PETs.

	<p>5. Trust grows when I feel safe, seen and understood</p> <p>6. Trust changes as you grow and reflect</p> <p>7. We were let down by the people meant to help</p>		
<b>Version 4</b> – Conceptual overlap review	<p>1. It's the small things... and they have to keep showing up</p> <p>2. Trust grows when people are real — and really see me</p> <p>3. When trust hurts, it changes you</p> <p>4. Trust changes as you grow and reflect</p> <p>5. We were let down by the people meant to help</p>		Reduced to 5 GETs; reworded labels to reflect analytic essence and retain participant voice.
<b>Reviewed and relabelled</b> – Subthemes finalised	As above	Subthemes relabelled to concise, participant-informed statements	Improved coherence, clarity, and emotional resonance.
<b>Draft 2 feedback</b> – Quote-led subthemes	<p>1. It's the small things...and they have to keep showing up</p> <p>a) "consistency is such a big thing"</p> <p>b) "I could have snacks"</p> <p>c) "...it just gives me the idea of who they are."</p> <p>2. Trust grows when people are real and really see me</p> <p>a) "You're learning about the person, and they're learning about you"</p> <p>b) "I wouldn't change for her"</p> <p>c) "She's actually got my back"</p> <p>3. When trust hurts it changes you</p> <p>a) "It still bothers me to this day"</p> <p>b) "I want nothing to do with you because no one ever sticks around"</p> <p>c) "That really damaged my trust"</p> <p>d) "No young person should ever be ignored"</p> <p>4. "It has a different meaning now I'm older"</p>	Subthemes expressed as illustrative quotes	Aligned subtheme titles more closely with participant language. Merged some subthemes (e.g., from GET 4), moved others into more conceptually fitting GETs.

	5. "You're meant to be for the child, you're not being for the child right now"		
<b>Post-supervision restructuring</b> – Thematic refinement	<p><b>1. It's the small things... and they have to keep showing up</b> – Subthemes reordered to C–B–A sequence – New subtheme D from former 3d (“what happens when CEYP not held”)</p> <p><b>2. Trust grows when people are real and really see me</b> – Refocused around genuineness, honesty, safety, scaffolding, pacing</p> <p><b>3. When trust hurts, it changes you</b> – Lost subtheme D – Subthemes A+B merged to capture overall impact of broken trust – Former subtheme C refocused on broken promises – New subtheme from former GET4 added (change of meaning with age)</p> <p><b>4. [Collapsed into GET3]</b></p> <p><b>5. We were let down by the people meant to help</b> – Retained systemic focus but tightened scope</p>	Updated subtheme lists for each	Major conceptual consolidation: GET4 removed; GET3 expanded; GET1 reordered; GET2 sharpened to highlight core experiential qualities; GET5 tightened.
<b>Final restructuring</b> – Pre-submission version	<p><b>1. It's the small things... and they have to keep showing up</b> a) First impressions b) Held in mind / feels like home (incorporates positive and negative experiences of being held in mind) c) Consistency, repeatedly showing up</p> <p><b>2. Trust grows when people are real and really see me</b> a) Mutuality / sharing something of selves b) Safe to be myself c) Trust at my pace / scaffolding</p>	Refined subtheme structure and language for clarity and analytic precision. Removed redundant subthemes, merged where conceptually appropriate, and ensured each GET aligned with core analytic focus.	Final relabelling before thesis submission detailed in a separate table

	<p><b>3. When trust hurts, it changes you</b> a) Lasting impact of broken trust b) Damage of broken promises c) Change of meaning to trust as grow up</p> <p><b>4. Shortchanged by the system</b> a) Being left wanting more from the system / care b) Feeling passed around</p>		
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GET	Revised	Subthemes	Revised
4. It's the small things...and they have to keep showing up	I mattered to them	a. <i>First impressions open or close the door to trust</i>	First impressions open or close the door
		b. <i>Feeling 'held in mind' makes it feel like home</i>	Feels like home
		c. <i>Showing up, again and again, builds emotional safety</i>	It's safe...showing up again and again
2. Being real and really seeing me makes trust possible	Keeping it real through genuine connection	a. <i>"It has to be two ways" – sharing something real</i>	Both giving our true selves
		b. <i>"I wouldn't change for her" – safe to be myself</i>	"I wouldn't change for her" – permission to be myself
		c. <i>"She'd give me that time" – trust at my pace</i>	Going at my pace
3. Broken trust leaves a mark	Scars of betrayal	a. <i>The shadow of broken trust</i>	Hurt and guarded
		b. <i>"It never happened" – the damage of broken promises</i>	Devastation of false promises
		c. <i>Growing up changes what trust means</i>	Older and wiser
4. Shortchanged by the system	(Unchanged)	a. <i>I wanted more from them</i>	(Unchanged)
		b. <i>Abandoned and alone</i>	Lost and alone
Final theme relabelling following discussions with research supervisor			

**Paper 3 – Executive Summary**

*“I think trust is such a beautiful thing at times...but also, it’s such a scary thing”*

*An interpretative phenomenological analysis of care experienced young people’s experiences of trust with professionals*

*An executive summary prepared for an audience of **care experienced young people** and **professionals** working in health, education and social care.*

*Special thanks are given to the four participants who reviewed this document and provided feedback on its suitability.*

*Vancouver referencing has been used in this summary to make it easier to read. Numbered references keep the focus on the young people’s words and experiences, without interrupting the flow of the text.*

Word count: 2453

Ben Gibbons

## Why is this research important?

For young people in care, building trust with professionals can be hard. Early experiences of hurt and broken trust shape how safe relationships feel and how much adults can be relied upon.<sup>1,2</sup>

Services like social care, education and mental health aim to help, but staff changes and competing demands can undermine security and lasting connections.<sup>3-6</sup>

Trust builds slowly through being listened to, respected, and supported over time.<sup>7</sup> Many **care-experienced young people (CEYP)** protect themselves after early harm<sup>8</sup>; they may hold back even when help is offered, not because they do not want to trust, but because trust was broken and takes time to rebuild.<sup>8,9</sup>

Policies emphasise trust and stability for emotional safety, engagement and long-term outcomes.<sup>10,11</sup> Yet little research asks young people directly, especially outside therapy.<sup>12,13</sup> This study aimed to address that by listening to young people themselves.

This summary shares what five CEYP told us about trust in professional relationships. By centring their voices, we aim to help services understand how to foster trust and what makes relationships feel genuine and supportive.

### What do we mean by 'Care-experienced young people' (CEYP)?

We use CEYP to mean anyone who has lived in the care of a local authority (for example foster or residential care), even for a short time.

This term was chosen in consultation with people who have lived in care, as it recognises care as part of someone's life experience, not just a legal status.

## How we did the research

We explored CEYP's experience of trust with professionals such as teachers, social workers and mental health workers using a **qualitative** approach focused on personal experiences.

### Who took part and what happened?

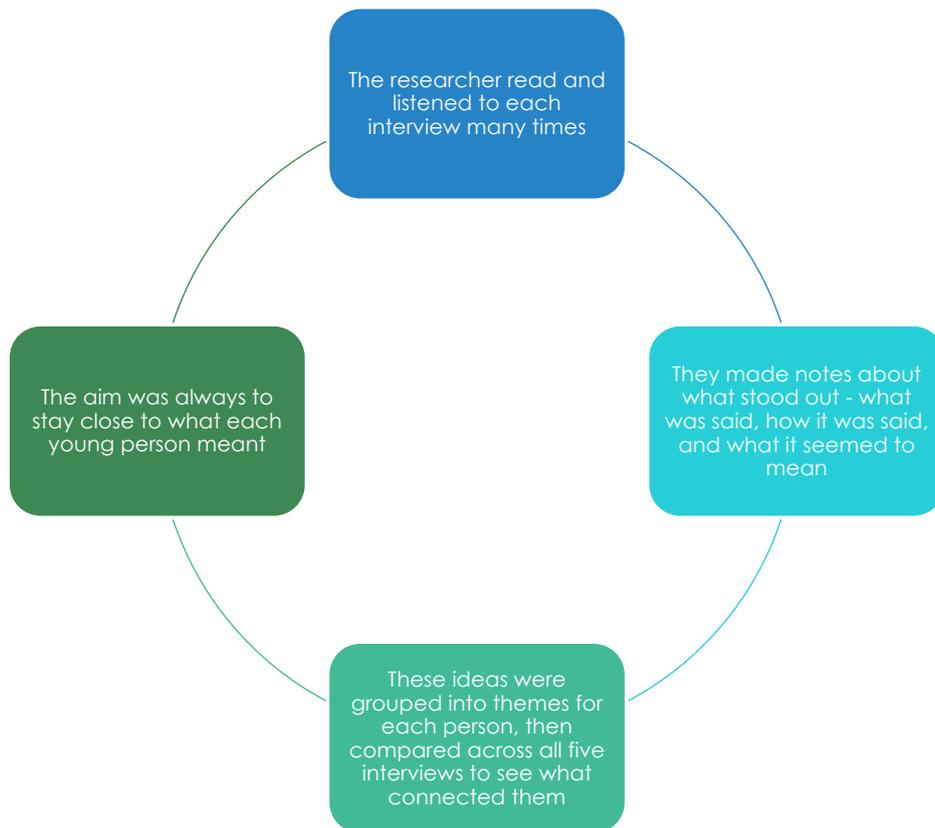
- **Participants:** Five young women, aged 14-21. Some were still in care and others were care leavers. All had spent a long time in care, worked with different professionals, and experienced early adversity.
- **Recruitment:** One specialist NHS service supported recruitment. The advert was also shared through professional networks and social media. Interested young people could watch a short video and speak with the researcher before deciding. Consent was carefully checked, and participants could stop at any time.
- **Interviews:** Each participant took part in a one-to-one, semi-structured interview in person or by video call. Interviews were relaxed and open, lasted about an hour, and were audio-recorded and transcribed.

### How we analysed the interviews

The researcher used a method called **Interpretative Phenomenological Analysis (IPA)**.<sup>14</sup>

#### What is IPA?

IPA is a way of exploring how people make sense of their lived experiences. We looked closely at each person's account, then explored what seemed important across everyone's interviews. This helped us understand not just what happened, but how trust was experienced.



The researcher kept a **reflective diary** to record thoughts, feelings and observations during the process. This helped them notice potential biases, reflect on their influence, and stay grounded in the participants' perspectives.

Regular **supervision** and discussions with other trainee clinical psychologists, supported a careful, transparent analysis.<sup>14, 15</sup>

## What did we find?

Four main themes and eleven subthemes were found. The main themes were:

1. **I mattered to them**
2. **Keeping it real through genuine connection**
3. **Scars of betrayal**
4. **Shortchanged by the system**

Details about each theme, including example quotes<sup>7</sup>, are below.

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<sup>7</sup> Participants were given fake names to keep them anonymous

## Theme 1: I mattered to them

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*"...with trust, it's not even about, like, going above and beyond, it's just literally, like, showing up."*

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**- Ella**

Trust was built through small, everyday moments that showed young people they mattered: a warm greeting, a favourite snack, a teddy on a bed. In lives shaped by instability, these gestures signalled safety, belonging and the possibility of connection.

Grace described how a simple welcome set the tone:

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*"I walked in, she said 'hi, you okay?' ... that's a positive start, but if I walked in and she just sat there and she didn't say anything, then it would be like awkward and I wouldn't know how to open up..."*

---

**- Grace**

These moments stood out because they contrasted impersonal care. One participant was told about a new social worker via text, without any chance to meet them, creating a barrier to trust before the relationship began.

Small acts could transform unfamiliar spaces into somewhere safe. One young person arrived in a foster home to find a teddy on her bed, a moment still significant years later.

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*"...I've got something of my own, it's for me."*

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**- Chloe**

Grace spoke about a playful, messy moment with her foster carer that “**opened everything up**”, showing her, she was accepted exactly as she was.

Yet when these small things were missing, or people did not experience warmth or being heard, trust faltered. Jane was clear:

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*“...no young person should ever be ignored.”*

---

**- Jane**

Participants described the hurt of not being listened to, of harm going unnamed, and of the important aspects of identity being overlooked. Such absences left quiet but lasting marks.

For participants, trust lived in the details. It deepened when professionals noticed the little things, stayed present, and responded with genuine care – repeatedly.

## **Theme 2: Keeping it real through genuine connection**

For participants, trust was not just about being helped, it was about being met in ways that felt genuine. Professionals who showed honesty, warmth and emotional presence stood out. These relationships moved beyond roles, becoming spaces where young people felt seen, accepted and supported without fear of judgement.

Trust deepened when relationships were reciprocal. Sarah described it as “**two ways**”, where care was matched with openness:

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*“...when you connect with someone, it is like, you're trusting them as well...it has to be two ways.”*

---

**- Sarah**

Plain speaking and directness were interpreted as respect for their maturity. When professionals were honest and free from pretence, young people could meet them in return.

For others, trust came from feeling safe to be themselves. Jane recalled a carer who treated her with such ease that staying in her pyjamas was accepted:

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*"... I wouldn't change for her...she's like, 'I don't care what you look like! You're comfortable!'"*

---

**- Jane**

This wasn't just comfort; it signalled unconditional acceptance. For Jane, such acceptance created an **"inner peace"**, a rare sense of belonging that contrasted with earlier, more conditional care.

Trust also grew through sensitive pacing and attunement. Grace remembered a professional who chose to see her home life first-hand rather than expect her to explain:

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*"...she would just come over randomly and... she used to come to my house... see it for herself and understand it more."*

---

**- Grace**

This gentle witnessing conveyed belief without demanding disclosure. Professionals who noticed, adjusted and stayed present allowed trust to build at a safe pace.

Across these accounts, trust was not built through formal techniques, but through how professionals were; emotionally available, authentic, and willing to see young people as whole people. Realness, mutual respect and attuned presence created the conditions for trust to grow.

### Theme 3: Scars of betrayal

Participants spoke with painful honesty about the lasting impact of broken trust. Being misled, unseen or let down left emotional scars. Some became guarded, while others withheld trust entirely as protection. Even when care was later offered, it could feel unfamiliar, a reminder of what had been missing.

Early experiences often embedded an expectation that care would not last. Grace reflected on arriving at a new foster placement.

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*"[Foster carer] I said, 'welcome to your new home' and you said, 'for a couple of years'.*

*[Grace] Did I actually? ... Oh my god."*

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**- Grace**

Her surprise revealed how deeply the assumption of impermanence had taken hold. Trust was easier to withhold than to risk being hurt again.

For others, like Chloe, it shaped new relationships and she would shut them down before they could begin:

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*"I want nothing to do with you because no one ever sticks around"*

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**- Chloe**

Trust was also eroded by unmet promises. Ella recalled being reassured of ongoing support after leaving care, only for it to never happen:

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*“...it never happened...I think that really damaged my trust as well... I left care, I started to live on my own, with no support.”*

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- Ella

The hurt was not just the absence of help, but in the hope that had been raised and broken.

For some, trust could be rebuilt through rare relationships that endured beyond the confines of the care system. Ella described one such relationship:

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*“...she stayed in contact with me the whole time I was in care...even now... I'd say we're quite close friends...”*

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- Ella

Across these accounts, broken trust changed what young people shared, who they allowed in, and how close they were willing to get. Trust was no longer simple or assumed; it was fragile and cautiously renegotiated over time.

#### **Theme 4: Shortchanged by the system**

For some, the greatest breaches of trust came not from individual professionals, but from the wider care system itself. Inconsistent relationships, sudden changes, and procedural rather than relational responses left young people feeling unseen, unsafe, and disempowered.

While some professionals were remembered with warmth, they were often seen as rare exceptions within systems that felt unstable or indifferent.

Jane questioned the gap between professional role and relational reality:

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*“...they're your corporate parents...  
they are supposed to be a role  
model...if you can't role model why  
do we want you in the first place?”*

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**- Jane**

Grace reflected on the instability of professional relationships, as some professionals she hadn't **“even met before”**, whereas others only **“lasted like half an hour.”**

Sarah described being left out of important decisions that undermined her trust in the system:

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*“I remember going into care and not  
even being told I was going into  
care...you just start to think... 'should I  
even be trusting myself?’”*

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**- Sarah**

These accounts show how instability, poor communication and a lack of genuine relational engagement eroded trust. Even caring professionals were often remembered as exceptions operating within structures that too often mirrored the chaos of early relational harm.

## What does this mean for professionals and services?

CEYP in this study showed that trust is rarely built through big gestures. It grows through repeated, everyday actions that show care, presence and respect. This has clear implications for both individual practice and wider systems.

Professionals can help build trust by:

- **Showing up consistently** – even small acts of presence can help a young person feel seen and valued.
- **Being warm, honest and human** – trust deepens when adults are real with young people, not just performing a role.
- **Listening carefully and remembering details** – recalling what matters to a young person shows they are held in mind.
- **Responding with patience when trust is tested** – if a young person pulls away or becomes upset, slowing down and staying alongside them can rebuild safety.
- **Respecting boundaries** – trust grows when young people can be themselves without pressure or judgement; sometimes sitting quietly or sharing an activity is enough.

Services can support this by:

- **Giving time and space for relationships** – trust cannot be rushed.
- **Providing regular supervision and emotional support** – reflective spaces help staff manage the emotional demands of the work.
- **Reducing unnecessary changes in staff** – consistency helps prevent relationship breakdowns.
- **Embedding trauma and attachment-informed practice** – make it visible not just in policy, but in day-to-day interactions, responses to distress and transitions.<sup>16,17</sup>

When services create the conditions for safe, consistent relationships, professionals are better able to offer them; and when young people experience that kind of relationship, they are more able to feel safe and build trust.

## What could be done differently?

The CEYP in this study showed that trust isn't built through policies or promises, but through what professionals do, day after day. Small, human actions make the biggest difference.

Based on what participants shared, services could:

Reduce changes in key workers/staff, so CEYP don't have to keep starting over.

Include and inform CEYP when important decisions are made about their lives.

Support professionals to be emotionally present - not just doing tasks but being alongside the CEYP.

Respond honestly and clearly, especially when a CEYP shares something painful or difficult.

Recognise and respect cultural identity and lived experience, avoiding 'one size fits all' approaches.

Provide training and supervision that helps professionals reflect on how trust is earned, not assumed.

These small changes can have a big impact. When care feels real, respectful, and consistent, trust is more likely to develop and last.

## What could this research have done better?

Like all research, this study had strengths and limits.

It created space for CEYP to speak openly about trust; a topic that's deeply personal and often painful. One-to-one interviews and a careful, respectful approach helped participants share honestly. Including both young people still in care and those who had left showed how trust can shift over time.

However, only five CEYP took part, and all were female, so the findings may not reflect the full range of experiences. Most were care leavers, meaning those still in care, especially without specialist support, are less represented. As trust is a sensitive

topic, some young people, especially those feeling less safe or more guarded, may have chosen not to take part, so their perspectives are missing here.

Even so, the insights shared offer valuable reflections for anyone working with CEYP.

## What next? Ideas for future research

This study helped shine a light on how CEYP experience trust, but there is more to learn.

Future research could:

- Explore how trust is built, repaired and maintained across different settings, especially outside of therapy (for example, in schools).
- Listen to professionals too, to understand what helps or gets in the way when building trust with CEYP.
- Involve CEYP from a wider range of placements and backgrounds.
- Include males, non-binary and gender-diverse young people, whose voices are often missing in this type of research.
- Focus more on the experiences of neurodivergent young people, who may relate to trust and relationships in different ways.

It could also help to follow young people over time, to see how trust changes as they move through care and adulthood.

## *A final note...*

At its heart, this research is about **relationships**...the ones that *hurt*, the ones that *heal*, and the ones still *possible*. By listening to CEYP, we can *begin to do better, together*.

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*Thank you to the young people who took part.  
Your honesty, courage and insight made this  
work possible.*

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