National Institute for Health and Care Excellence

Final

Looked-After Children and Young People

[G] Barriers and facilitators for promoting physical, mental and emotional health and wellbeing of looked-after children and young people and care leavers

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Evidence reviews underpinning recommendations 1.2.14 to 1.2.17, 1.3.18, 1.4.1 to 1.4.8, 1.5.1, 1.5.9, 1.5.17 to 1.5.21, and 1.5.35 to 1.5.36

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These evidence reviews were developed by NICE Guideline Updates Team

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Barriers and facilitators for promoting physical, mental and emotional health and wellbeing of looked-after children and young people and care leavers

Review question

What are the barriers to, and facilitators for, promoting physical, mental and emotional health and wellbeing of looked-after children and young people and care leavers?

Introduction

This review will consider barriers and facilitators for physical, mental, and emotional health and wellbeing in children and young people who are looked after and care leavers. Looked-after children and young people have poorer outcomes in many areas, including mental and physical health. For example, the rate of mental health disorders in the general population aged 5 to 15 is 10%. For those who are looked after it is 45%, and 72% for those in residential care. In 2017, 56.3% of looked-after children had a special educational need, compared with 45.9% of children in need and 14.4% of all children. Looked-after children are more likely to become a single parent and are at greater risk of teenage pregnancy and poor pregnancy-related outcomes. These include smoking during pregnancy, having a low birth weight baby, and depression. Local authorities have a duty to support looked-after children and young people. This includes providing support to improve mental and emotional health and wellbeing and producing individual care plans covering any identified health requirements.

Local authorities may attempt to support physical, mental and emotional health and wellbeing in a range of ways, for example, through life-story work, therapy, parental training programmes, systems of multiagency working, and other programmes and initiatives to encourage exercise, healthy eating, and wellbeing.

The aim of this review is to explore the barriers to, and facilitators for, supporting physical, mental and emotional health and wellbeing for looked-after children and young people and care leavers as perceived by looked after children, care leavers, their carers, and support providers, and to synthesise overarching themes that can highlight ways that support for positive relationships can be improved.

SPIDER table

Table 1: SPIDER table for barriers and facilitators for promoting physical, mental and emotional health and wellbeing of looked-after children and young people and care leavers

Type of review	Qualitative evidence synthesis
Sample (S)	Looked after children and young people and care leavers (wherever they are looked after) from birth to age 25.

Phenomenon of Interest (PI)	Barriers and facilitators to physical, mental, and emotional health and wellbeing of looked-after children, young people and care leavers, and the success of support given to promote these outcomes.
Design (D)	• Systematic reviews of included study designs • Qualitative studies: including focus groups, unstructured and semi-structured interview-based studies (mixed-methods studies will also be included provided they contain relevant qualitative data)
Evaluation (E)	Evidence should relate to views concerning barriers and facilitators for physical, mental, and emotional health and wellbeing in looked after children, young people, and care leavers, among: • looked after children, young people, and care leavers, themselves • carers of looked after children, young people, and care leavers • Health and social care providers supporting health and wellbeing for looked after children, young people, and care leavers With focus on: • experience of support for physical, mental, and emotional health and wellbeing and accessing this support • unintended consequences
Research type	Qualitative or mixed methods where relevant qualitative data is presented
Search date	1990
Exclusion criteria	• Countries outside of the UK (unless not enough evidence, then progress to OECD countries) • Studies older than the year 2010 (unless not enough evidence, then progress to include studies between 1990 to current) • Studies including mixed populations (i.e. looked after and non-looked after children) without reporting results separately for LACYP • Mixed-methods studies reporting qualitative data that cannot be distinguished from quantitative data.

Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual. For further details of the methods used see Appendix N. Methods specific to this review question are described in this section and in the review protocol in Appendix A.

The search strategies for this review (and across the entire guideline) are detailed in Appendix B.

The full report for the original qualitative piece of work performed by the University of Central Lancashire can be found in Appendix O.

Declarations of interest were recorded according to NICE's 2018 conflicts of interest policy.

Qualitative evidence

Included studies

A single search was conducted to inform all of the review questions that formed part of this guideline. After removing duplicates, a total of 36,866 studies were identified from the search. After screening these references based on their titles and abstracts, 200 studies were obtained and reviewed against the inclusion criteria as described in

the review protocol for barriers and facilitators for promoting physical, mental and emotional health and wellbeing of looked-after children and young people and care leavers (Appendix A). Overall, 42 studies (41 original studies) were included. Please see Appendix D for full evidence tables.

Excluded studies

In total, 158 studies were excluded because they did not meet the eligibility criteria. See Appendix J for a list of references for excluded studies, with reasons for exclusion.

Summary of studies included in the qualitative synthesis

Of the 42 included studies, there was one example of papers presenting the same population (Chase 2010/2013). In this textual summary these two studies will be counted as one to prevent duplication of themes.

The number of participants ranged from four to 258 across all studies. A sufficient number of UK-based studies were identified, meaning that the review focussed on UK-based evidence alone. All studies were published after 2010.

The means of data collection in 29 studies used individual semi-structured interviews, in addition, 15 studies used focus group methodology. Three studies were less clear and simply referred to “in-depth interviews” with an additional study using an inductive "mosaic approach" with interview questions developed by participants.

Most studies were among children in care, broadly. However, six studies were among children in foster care and four among children in residential care, specifically. Eight studies considered sub-populations with mental health problems, five studies concerned unaccompanied asylum seekers, and three studies considered those with criminal or behavioural problems, two studies considered trafficked children, one study concerned children in care receiving drug and alcohol treatment, and one study considered black and ethnic minority mothers in care. A broad age range was included in most studies, however one study considered looked after children (<11 years old) and 16 studies considered looked after young people (>11 years old), specifically. Eighteen studies did not report the age of the looked after children considered, often where the perspectives of carers or support staff alone had been canvassed.

No studies focused on looked after children who were babies and young children, who were placed out of area, with Special Educational Needs or who are LGBTQ.

Further study characteristics are presented in Table 2.

Table 2: characteristics of studies included in the qualitative synthesis for this review

Study (country)	LACYP population (age)	Setting and context	Type of analysis	Perspectives (n)
Alderson 2019 (UK)	Looked after children who have experienced receiving drug and alcohol treatment interventions and/or LAC accessing other services for	Taking part in an RCT of a behavioural change intervention to reduce risky substance use	Individual 1:1 semi-structured interviews with looked after children focus groups with professional participants. Thematic analysis was used.	Looked after children (19), carers (17), drug and alcohol workers (8), social workers (8)

Study (country)	LACYP population (age)	Setting and context	Type of analysis	Perspectives (n)
	support surrounding 'help seeking' behaviour. (age 12 to 20 years)			
Barron 2017 (UK)	Looked after a adolescents in a secure accommodation facility (age not reported)	A secure accommodation facility in Scotland, participants were involved with a Group-Based Psychosocial Trauma Recovery Programme	Interviews were held with adolescents 1 month post trauma recovery programme. a quasi-qualitative thematic analysis was used (themes from statements as well as the frequency counts of statements under each code).	Adolescents (10), in addition a focus group was held with the three presenters and the support services manager
Berridge 2017 (UK)	Children in care between the end of Key Stage 2 to end of Key Stage 4 (11–16 years of age).	Secondary school in England	Semi-structured interview data was analysed using a thematic approach.	Adolescents (26), social workers (17), Foster carers (17), residential worker (1), Teachers (20)
Brewin 2011 (UK)	Children who are looked after in one borough in Wales, on roll at a school within the local authority and about to make, or have recently made, transition into secondary school (age 9 – 12 years)	Looked after children in a semi-rural borough in Wales	Semi-structured interviews and thematic analysis using "framework analysis"	Child interviews (14), Foster carers (22), Teachers (19) Looked After Children Education Support Officers (3), and a social worker focus group
Carter 2011 (UK)	Looked after children in therapeutic residential care (age not reported)	Thornby Hall - a therapeutic residential care home (Childhood First)	Semi-structured interviews and thematic analysis.	Current residents (5) and previous residents (3)
Carver 2019 (UK)	Looked after children in foster care and residential care (aged 12 – 19 years)	Residential care staff and foster carers in Scotland	Semi-structured interviews and thematic analysis.	Residential care staff and foster carers in Scotland (16)
Chase 2010/2013 (UK)	Unaccompanied asylum seekers (aged 9 – 17 years)	Local authorities in London.	In-depth interviews and thematic analysis	Unaccompanied asylum seekers (54)
Dodsworth 2013 (UK)	Looked after children in foster care (age not reported)	Three authorities in England: a rural county that includes the county town, a city unitary authority and a London borough	Separate focus group discussions for foster carers and social workers, thematic analysis was used.	Foster carers (27 and social workers (18)

Study (country)	LACYP population (age)	Setting and context	Type of analysis	Perspectives (n)
Durka 2015 (UK)	Looked after children in residential care (age not reported)	Three residential care establishments in the North West of Scotland	Semi-structed focus groups and thematic analysis.	Residential care staff (13), Clinical psychologists working in CAMHS who offered consultation to the three residential care establishments (2)
Evans 2016 (UK)	Looked after children and young people or those with prior experience of being in care and education (16 – 27 years old)	Wales. Participants were purposively sampled though The Fostering Network.	Focus groups with semi-structured interviewing and thematic analysis was conducted.	Looked after young people (26)
Fargas-Malet 2018 (UK)	Children and young people in care (age not reported)	Northern Ireland, foster, kinship, and residential care.	Focus group interviews, semi-structured interviews, and thematic analysis.	Carers (foster, kinship and residential) (233); interviews with young people (25); and multidisciplinary focus group interviews with professionals across the HSC Trusts.
Francis 2017 (UK)	Looked after children who would benefit from additional psychological support (5 to 11 years)	Looked after children referred from nine primary schools in an English local authority (Leicester)	Semi-structured interviews and thematic analysis.	Looked after children (20)
Franklin 2013 (UK)	Young people who were trafficked which children and became looked after (age 15 to 23 years)	Voluntary organisations supporting trafficked children	Semi-structured interviews with trafficked children and telephone interviews with stakeholders. Thematic analysis was used.	Looked after children (17), representatives from six local authorities (social care managers and front line social workers) (9), solicitors (welfare and immigration) (2) and voluntary sector staff (front-line workers with direct experience of supporting trafficked/suspected trafficked children) (7)
Graham 2019 (UK)	Looked after young people in secure or residential care (between 14 – 17 years old)	Residential and secure care	Purposive sampling was used to recruit participants. Semi-structured interviews were used. Thematic analysis until	Looked after young people (6)

Study (country)	LACYP population (age)	Setting and context	Type of analysis	Perspectives (n)
			saturation of data was used.	
Groak 2011 (UK)	Unaccompanied asylum seekers (aged 16 to 18 years)	An inner-city borough in the UK	Semi-structured interviews and Interpretative Phenomenological Analysis (IPA) were used.	Unaccompanied asylum seekers (6)
Hibbert 2011 (UK)	Looked after children with mental health problems (age not reported)	London Borough of Brent, participants were involved with a psychology consultation model to support foster carers and social workers	Semi-structured telephone interviews with thematic analysis.	Social workers (7) and foster carers (7)
Hiller 2020 (UK)	Looked after children in foster care (age not reported)	One local authority in England	Convenience sampling was used. Data from focus groups was analysed thematically.	Foster carers (21)
Hooley 2016 (UK)	Looked after children receiving life story interventions (age not reported)	Health and social care agencies with experience of life story work	Q-methodology for ranking qualitative statements and a focus group with thematic analysis.	Clinical psychologists (7), other therapists (2), social work professionals (6), foster carers (11), adoptive parents (5), care leavers (4)
Jennings 2020 (UK)	Looked after children and young people with history of self-harm in foster care and residential care (aged 18 and younger)	in one local authority in Wales	Purposive recruitment was used. Focus groups and semi-structured interviews were thematically analysed using grounded theory and verified by a second researcher.	Foster carers (15) Residential care (15)
Kirton 2011 (UK)	Looked after children involved with an evaluation of multidimensional treatment foster care (most were aged 13 or older)	Local evaluation of MTFC within one of the pilot local authorities.	Semi-structured interviews. Unclear how data was analysed).	Foster carers (8), children's social workers (6), supervising social workers (2), individual therapists, birth family therapists, skills workers (3), social work assistants, programme supervisor (1), programme manager (1), members of the management board (4)

Study (country)	LACYP population (age)	Setting and context	Type of analysis	Perspectives (n)
Larkins 2021 (UK)	Looked after children and care leavers (aged 6 to 17)	Three local authorities in the UK.	Creative methods and thematic interview schedules were developed in consultation with a steering group of young researchers who were LAC. All fieldwork activities were audio recorded and transcribed verbatim. A hybrid approach of inductive and deductive thematic analysis with a framework analysis approach was used. Data was listened to, read, looked at and reviewed by multiple researchers, young researchers and GUC members.	Perspectives of looked after children and care leavers (47)
Majumder 2019a/b (UK)	Unaccompanied refugee children referred to a specialist mental health service (aged 15 to 18 years)	A specialist mental health service across two local authorities in central UK	Semi-structured interviews, thematic analysis.	Unaccompanied asylum seekers (15), foster carers (16)
Mannay 2017 (UK)	Primary and secondary school-aged looked after children and young people (aged 6 to 27 years old)	Wales, invited to take part through the Fostering Network	Semi-structured interviews with integrated creative methods. Data were thematically analysed using an inductive and deductive approach	Looked after and previously looked after children and young people (67)
Mantovani 2015 (UK)	Mothers in care or having left care with black minority ethnicity (aged 16 to 19 years old)	Three London Local Authorities (LAs) selected for their geographical diversity, reported rates of teenage pregnancy and their high concentration of black minority groups.	In-depth unstructured interviews and thematic analysis.	Looked after mothers in care (15)
Medforth 2019 (UK)	Young people in care (aged 13 to 19)	Evaluation of the Hearty Lives Project in Liverpool, England.	Focus group, semi-structured interviews with thematic analysis.	Looked after young people (7) foster carers (2), Hearty Lives Project Manager (1), Hearty Lives champion (1).

Study (country)	LACYP population (age)	Setting and context	Type of analysis	Perspectives (n)
Muirhead 2017 (UK)	Looked after children and young people in foster care (age not reported)	Foster care in a single London-based borough	Focus group and thematic analysis	Foster carers (12)
Ni 2015 (UK)	Unaccompanied asylum seekers (13 to 18 years old)	Four Local Authorities in England	Three focus groups with thematic analysis	Foster carers (23), Young people in their care (19), social workers (4) children's asylum team managers (4)
Nixon 2019 (UK)	Looked after children (age not reported)	Social services, residential children's homes and foster care. All caregivers were recruited from a large urbanised local authority in Scotland.	Semi-structured interviews with thematic analysis.	Foster and residential care givers (22)
Pearce 2011 (UK)	Trafficked children and young people (age not reported)	Three research sites in the UK selected to reflect geographical areas with different proximities to international airports	Focus groups and semi-structured interviews with thematic analysis and triangulation with case records.	Social workers (22); Specialist children's NGO's and separated children/asylum workers (12); Police, Crown Prosecution Service staff, Youth Offending Team workers and staff from the UK Boarders Agency (11); residential childcare and statutory children's centre workers (10); health workers (10); and education workers (7).
Quarmby 2014 (UK)	Looked after children in residential care (aged 12 to 17 years)	One residential home in England	A "mosaic approach": a participatory, multi-method approach whereby young people's own research artefacts (photographs, maps, drawings, etc.,) were joined to interview responses and observations. Interview questions were developed in collaboration with the participants.	Looked after children in residential care (4)

Study (country)	LACYP population (age)	Setting and context	Type of analysis	Perspectives (n)
Robinson 2019 (UK)	Looked after children with mental health problems (age not reported)	Respondents were selected who worked in a variety of settings, including generic CAMHS, specialist looked after children teams within CAMHS, and/or private practice in England	A purposive strategy was used for recruitment. Semi-structured interviews were analysed using an inductive approach.	Child psychotherapists (9)
Salmon 2014 (UK)	Looked after young people (age not reported)	Participants who took part in a theatre and music initiative for looked after young people	Semi-structured interviews and thematic analysis	Young people in care (10), foster carers (4) residential worker (1), members of the Theatre Company (2)
Samrai 2011 (UK)	Looked after children in foster care (age not reported)	One English local authority (Midlands)	Semi-structured interviews and thematic analysis (using grounded theory)	Foster carers (8)
Schofield 2015 (UK)	Looked after children in contact with the youth justice system; and looked after children without involvement in the justice system (aged 15 to 17 years)	Four UK local authorities	Semi-structured interviews with thematic analysis	Looked after children offenders (33), looked after children non-offenders (35)
Sidery 2019 (UK)	Unaccompanied asylum seekers (age not reported)	a semi-rural county in the South West of England with a considerably lower level of ethnic diversity than the national average	Semi-structured interviews with thematic analysis.	Foster carers (11)
Thomas 2012 (UK)	Looked after young people involved in Children in Care Councils (age not reported)	Boroughs around the city of London involved with the development of Children in Care Councils	Semi-structured interviews and focus groups. Unclear how data was analysed.	Looked after young people (10), participation workers (4), managers (4) and elected members (3)
Wadman 2018 (UK)	Young people with experience of living in care who have self-harmed in the previous 6 months (age 11 to 21 years)	Foster homes or residential homes in the East Midlands	Semi-structured interviews. Interpretative Phenomenological Analysis (IPA) was used for thematic analysis.	Looked after young people (16), care leavers (8)
Williams 2014 (UK)	Looked after children (age not reported)	A multi-agency 'Raising Health and Education of Looked After Children' support team in the	Semi-structured interviews with thematic analysis	Looked after children-designated-paediatric consultant (1), a community dental officer (1), a

Study (country)	LACYP population (age)	Setting and context	Type of analysis	Perspectives (n)
		north of England who set up a designated dental pathway for looked after children		community dental service clinical director (1), a Looked after children health-assessment administrator (1), an independent review chair (1), Looked after children and foster carer social workers (2), Looked after children who used the DDCP (3) and carers (residential carers, n = 2, foster carers, n = 3). One local GDP also contributed (1).
York 2017 (UK)	Looked after children in foster care with mental health difficulties (age not reported)	A single, inner city, local authority in England	Semi-structured interviews and thematic analysis using a grounded approach.	Foster carers (10)

See Appendix D for full evidence tables

Quality assessment of clinical studies included in the evidence review

Studies were critically appraised using the CASP qualitative study checklist. See appendix D for appraisal of individual studies.

Summary of qualitative findings

Figure 1 Summary of qualitative themes observed in this review

Sexual health challenges in residential care: use of the internet - risk of grooming and being groomed; difficulties monitoring sexual activity internal and external to the home (one study)
Poor oral health on entering care –need to establish new dental routines. Adolescents particularly may struggle to change routines (2 studies)
Health and wellbeing challenges among looked after children and young people
Anxieties, self-harm, and emotional difficulties most pronounced in times of transition - e.g. new placements, moving schools, leaving care (3 studies)
Self-harm to manage anger and gain a sense of agency/ control (one study)
Lack of healthy routines for diet and exercise (4 studies)
Involvement in shared activities (15 studies)
• benefits for relationship building (RQ 2).
• beneficial for confidence, self-esteem, "happiness", and overcoming trauma.
Tackling healthy living: primarily through influence of the primary carer relationship. First placement key e.g. through monitoring diet and encouraging healthy foods, dental practices, encouraging exercise, conversations about sexual health where necessary (4 studies)
Genuine caring relationships (see review question 2).
General promoters of wellbeing
Stability (see review question 1).
Having a sense of identity and/or culture (9 studies). Past reconciled to create a sense of identity (journey from past to present to future). Life story work could facilitate this but may require training and not a replacement for therapy. Cultural continuity was important for non-indigenous LACYP. Language-barriers often the biggest challenge. Lack of cultural sensitivity may impact negatively on relationships.
• Good quality holistic therapeutic support (8 studies). Therapeutic support that addresses the complex life situation rather than narrowly focussing on one problem.
• Therapeutic listening, sharing, and confiding (12 studies). This includes disclosure; prior to disclosure a relationship based on trust is needed; sensitive and non-judgemental approach, with option to stop, for complex disclosures.
Features of Good Therapeutic Care
• Confidentiality and not wanting to retell the story (14 studies). Confidentiality considered e.g. in school settings. Intrusiveness felt if asked to repeat story multiple times to multiple professionals.
• Availability, accessibility, reliability (6 studies). Ability to confide and engage with professionals was dependent on relationship built on trust. Trustworthiness linked to availability and reliability.
• Bespoke care tailored to the individual (5 studies) E.g. creative and visual strategies in therapy, adapting to behavioural problems and encourage engagement, "getting to know" the child.
Barriers
• Poor attendance/engagement
• Deregistration based on behaviour/attendance.
• Refusal of young children (dental)
• Lack of specialist services,
• Geographic distance
• Long waiting times
• Self-reliance and coping strategies may harm
• Resource constraints, high case load, and lack of funding, role overload (7 studies)
• Non-communicated services,
• Lack of training (sexual health)
• Felt need for safeguarding from allegations
Facilitators
• Training and support for complex needs
• Multiagency working – social work, mental health, and specialist teams (7 studies). Shared info regarding child's history, including carers,
• Shared activities: help to facilitate consultation and open conversation with healthcare professionals and carers (e.g. for conversations about sexual health or substance abuse).

Table 3: Summary of qualitative findings: barriers and facilitators for promoting physical, mental and emotional health and wellbeing of looked-after children and young people and care leavers

Themes	illustrative quotes	Studies	CERQual concerns	CERQual explanation
Group activities, outings, and skills building for mental and emotional health Besides the benefits for relationship building (see Chapter 2.2). Involvement in joint activities e.g. outings, sport, learning new skills, religious activities, contributing to the care system (e.g. on councils), and creative activities were beneficial for confidence, self-esteem, "happiness", and overcoming past trauma. In addition, shared activities could help to facilitate consultation and open conversation with healthcare professionals and carers (e.g. for conversations about sexual health or substance abuse). Contrast to one-on-one consultation in professional settings.	*"I think it needs to be … goin' for a drive in the car that's that's the ultimate top one for me … cos kids don't have to do the eye-to-eye contact when you're driving you can't d'you know so they'll quite happily chat away." RC* *"I just feel lonely and alone so go into a church which is better as there are many people there. P2 16 35–36" LACYP* *"the fact that I came here and I made friends and they like me for who I am has made me confident and the fact that I got… one of the main parts and people liked me made me even more confident and the fact that people came up to me and said my singing was amazing just made me feel absolutely amazing…." LACYP*	**16** Alderson 2019 Barron 2017 Carter 2011 Carver 2019 Chase 2013 Durka 2015 Fargas-Malet 2018 Francis 2017 Groak 2011 Hooley 2016 Larkins 2021 Medforth 2019 Quarmby 2014 Salmon 2014 Thomas 2012 Wadman 2018	ML: No concerns C: Minor A: No concerns R: No concerns **Overall: Moderate**	Studies were marked down for ML primarily for poor or limited reporting of their methods. While the broad direction of the theme was consistent, certain studies focused on specific activities as interventions (e.g. theatre initiative). Others, considered how activities or outings could be used to facilitate the consultation experience.
Value of confidentiality Importance of confidentiality to many looked after children e.g. confidentiality of care status in school settings. In addition, looked after children (particularly those	*"'It's sensitive for some young people to admit that they've been to CAMHS and that they need that sort of help." Carer of UAS* *"I would have liked it if we had had a private room to talk" LACYP* *"People do know that these children are*	**15** Berridge 2017 Brewin 2011 Carver 2019 Chase 2010 Durka 2015 Evans 2016 Fargas-Malet 2018	ML: No concerns C: Minor A: No concerns R: No concerns	Studies were marked down for ML primarily for poor or limited reporting of their methods. This theme touched on both confidentiality issues and the not wishing to relive

with traumatic experiences) did not want to tell their story repeatedly to multiple professionals. Conversely, confidentiality regarding health problems can sometimes be a barrier to care.	*being spoken about in various forums, professional forums and what not, so I think that comes in at times where people will give you a lot of information and details and it's kind of well [sic], trying again to go back and be very clear about it being an anonymous thing." Psychological consultant* *"Sometimes they don't understand you when you are sad. They keep asking you questions. It makes me angry, it makes me want to shout. It makes me remember all the bad things and they don't understand that. If they ask me (questions) I will suffer for months."* *". . . the social worker ended up sending me to three different counsellors and I keep explaining things, I couldn't keep doing that and it upset me more, . . . I would be panicking, not trusting people like that. I ended up in a worse state crying and stuff, because they made me change, and I just ended up refusing to go anywhere"*	Franklin 2013 Graham 2019 Hibbert 2011 Majumder 2019 Mannay 2017 Nixon 2019 Wadman 2018 York 2017	**Overall: Moderate**	traumatic experiences. In addition confidentiality had to be balanced with the issue of non-disclosure which could inhibit care.
Therapeutic listening and sharing stories (disclosure) Non-judgemental genuine listening and sharing, in relationship, can be therapeutic and necessary for disclosures of a personal nature. Prior to disclosure, a relationship built on trust is required, which may require	*"We had a young man who had been abused by a family member. He was feeling guilty himself about it and thought that we would feel disgusted that things like that had been done. It is letting him see that we are not disgusted. Straight away, I have heard all of this before, you are not the only*	**16** Alderson 2019 Barron 2017 Carter 2011 Carver 2019 Chase 2010 Fargas-Malet 2018 Franklin 2013	ML: No concerns C: Minor A: No concerns R: No concerns	Studies were marked down for ML primarily for poor or limited reporting of their methods. While the broad direction of the theme was consistent the nuances were more

groundwork (rapport building). Support may be needed through complex disclosures – with a sensitive and non-judgemental approach. The option to stop should be clear, particularly for trauma treatment (although life story work should not be stopped permanently if difficult feelings emerge). This must be balanced with the need for space, non-intrusiveness, and confidentiality (see below).	*one. It is not your fault." Foster carer* *"…my family is 'f…. up'…really 'f….. up'. And if I sat there and told someone they'd probably run a mile, they probably would. So that's why I've never really opened up to anyone, cause if I did they probably would run away, do you know what I mean?" LACYP* *"And I feel it sometimes when they're there, they don't really interact with you, they just sit there with their notebook. They don't look at you, just sit there with the notebook and pen"*	Graham 2019 Groak 2011 Hibbert 2011 Hiller 2020 Hooley 2016 Larkins 2021 Jennings 2020 Wadman 2018 York 2017	**Overall: Moderate**	balanced. Disclosure should be balanced with the need for non-intrusiveness. And while the option to stop should always be apparent, the importance of continuing life story work through difficult emotions was highlighted in one study
Value of culture and identity Culture and identity valued. Life story work could be a useful tool to help reconcile with past events and helped to create a sense of an identity/a journey from the past to the future. However, some carers felt the need for training and support to deliver this intervention, and also that it was not a replacement for therapy. Cultural continuity was also important for non-indigenous LACYP. These LACYP experienced considerable change including loss of family, friends, food, familiar smells, clothing and climate. Thus, it was considered beneficial to offer	*"I really don't know, I've lost myself. I know I have." LACYP* *"At first they was really welcoming, 'cause they had, Louise,3 she's 13 now and she [had] drawn a welcome in Albanian … [laughs] … in, on a piece of paper. It was really good. It felt, I felt really, you know, welcomed." UAS* *"Life story work can sometimes be a tick box exercise to appease the system rather than for the benefit of the child."* *"Children can make meaning from their story at any stage in their life, with the right support and carers around them."*	**9** Chase 2013 Franklin 2013 Groak 2011 Hooley 2016 Medforth 2019 Muirhead 2017 Ni 2015 Schofield 2015 Sidery 2019	ML: No concerns C: Minor A: No concerns R: No concerns **Overall: Moderate**	Studies were marked down for ML primarily for poor or limited reporting of their methods. Some studies focused on life story work, others focussed on promoting cultural continuity in ethnically diverse groups.

cultural continuity where possible. This did not always require matching placements by culture if carers made an effort to understand and adapt e.g. with food or religious practices. However, language-barriers were deemed the biggest challenge. Lack of cultural sensitivity could impact negatively on relationship with the carer.	*"We have different culture when we come here. It's really difficult to adapt with the new culture … So … if we are treated maybe in a kind of way that it's similar to our culture because the way we are living in our culture and the way we face things here are different …"*			
Systems to support training for carers of children with complex needs The need for systems to support training for carers for children with complex needs (behavioural, emotional, mental health and vulnerable groups). Additionally, some carers expressed the need for support and information about a child's history prior to placements. For example: training could be offered for life story work; for specific mental health issues such as trauma or self-harm; to inform about nutrition and healthy living; to facilitate sexual health conversations, and to support looking after vulnerable groups. Internet services could help provide accessible information about available training, and assist with booking into training, as well as facilitating social worker and peer-carer communication	*"The needs have been so complex recently and I think that we've all been felt totally useless and that we're not able to do our job because we don't have the expertise to, to [sic] help these young people. We almost just became a babysitting service … we were knocking on doors that weren't opening. And we were told oh [sic] there's a key like this but unless you're in a terrible crisis we're not going to help you. I think having [consultant] has made that difference."* *'It provided insight about understanding attachments, emotional well-being and behaviours' Foster carer* *'Jane [policy developer] came to the unit manager's meeting and was kind of promoting young people's sexual health, what was our responsibility and where did we see our responsibilities being. And the training was very*	**11** Dodsworth 2013 Durka 2015 Fargas-Malet 2018 Francis 2017 Hibbert 2011 Hiller 2020 Larkins 2021 Jennings 2020 Medforth 2019 Nixon 2019 Samrai 2011 Wadman 2018	ML: No concerns C: Moderate A: No concerns R: No concerns **Overall: Moderate**	Studies were marked down for ML primarily for poor or limited reporting of their methods. The types of training needs described were disparate in addition, only one study considered the use of an internet service to aid training and communication needs of foster carers.

and the passage of paperwork. However, downsides included impersonal computer systems that need training for use.	*informative. It was very informative and made us look at our own sexual health and relationships. It gave us the tools to go away and… have these discussions wi' (with) young people' Residential care worker*			
Holistic therapeutic support The availability of good quality therapeutic support was valued both for carers and LACYP. Therapeutic care should be holistic, addressing the complex life situation not just narrowly focussing on one problem (e.g. substance abuse). Barriers to mental health and substance abuse services was engagement and attendance by LACYP, lack of appropriate services e.g. for specialist groups, as well as geographic distance and long waiting times. Child psychotherapists sometimes found a placement move may be in the best interests of a child with complex needs where the carer was unable to provide the support needed.	*"I think what's coming out here is that with the kids we work with, the drug and alcohol issue is over there, if you like, and a whole raft of other issues are here. As workers we're dealing with all of these here and that tends to sort the drug and alcohol issues out quite naturally" Drug and alcohol worker* *"It seems to be that young people who don't readily engage with CAMHS or find it difficult to engage with CAMHS can be quite quickly discharged, whereas these are the young people with the most complex difficulties, most in need of the service and there should be greater effort maybe in trying to engage them, if you miss three appointments, forget about it" Residential care worker* *"On occasions, when a child is placed outside of the Trust area, it can be difficult accessing available resources for the young person, travelling can also take up a lot of time and impact on the amount of times you get to review the young person" Foster Carer*	**9** Alderson 2019 Barron 2017 Berridge 2017 Fargas-Malet 2018 Franklin 2013 Hibbert 2011 Kirton 2011 Robinson 2019 York 2017	ML: No concerns C: Minor A: No concerns R: No concerns **Overall: Moderate**	Studies were marked down for ML primarily for poor or limited reporting of their methods. Few studies reported on the barriers to good quality therapeutic support.

Resource constraint as a barrier to health and wellbeing Resource constraints were repeatedly described as a barrier to healthy living or accessing health services. Whether that be the limited time of care and healthcare professionals, high case load, lack of funding, delays in mental health or training provision, desires to get cases closed rather than take the time needed, and inability to access additional services to promote health and wellbeing. Available services were sometimes perceived as being not communicated to LACYP in an attempt to reduce work, sometimes voluntary organisations supplied the needed support.	*"… the response we got was that people we very appreciative of the time and found that really helpful but then you know [sic] we were posed with the well this is what you are offering to the units what are you now going offering to through care and after care and … so there's that expectation of more, more, more" psychological consultant* *"There's help available but a lot of us don't know that it is there . . . because nobody tells us, I mean if social services can get away with not doing something for us, they'll not do it, . . . you really have to push the Trust for something that you want, instead of them actually telling you what's available." Foster carer* *'Children's unit staff are really well-placed to do stuff like that [discuss sexual health and relationships]. They should be able to spend the time, but sometimes it doesn't seem to happen. I don't know why. I don't know if they're caught up in paperwork and ordering things, and dealing with incidents that have happened' Residential care worker*	**8** Durka 2015 Fargas-Malet 2018 Francis 2017 Franklin 2013 Hiller 2020 Medforth 2019 Nixon 2019 Robinson 2019 Williams 2014	ML: No concerns C: No concerns A: No concerns R: No concerns **Overall:** **High**	No concerns

Multiagency working with mental health services and specialist teams Usefulness of multiagency working. For example, a mental health consultation service for carers or social workers, one-stop shop for children in care, specialist teams for trafficked children or unaccompanied asylum seekers, Benefits for continuity of care as the likelihood of a consistent member of the team higher. However, blurring of roles and unreasonable expectations can be an issue. It was often difficult to get all parties "to the table". With healthcare professionals also carers preferred to be treated as fellow professionals who bring valueable information to the table and who should be fully informed. Child psychotherapists themselves felt that primarily their focus was about offering a thoughtful, consultative capacity to the professionals who hold responsibility for the child, rather than leaping into individual therapy that was so often requested.	*"… we had a discussion about where CAMHS [sic] was the most appropriate sort of [sic] agency and she was saying like no you'd [sic] probably be better off going down this route." Residential care worker* *'I found it interesting to get another professional's view… to hear different perspectives and strategies' Social worker* *'We've had reports from them and we know what they are doing… so we tend to back off and let one person do that work on sexual health and keeping safe' Residential care worker* *'Sharing of information is key' Social worker* *"It's trying to kind of I guess [sic] just be clear about what our role is so we can offer appropriately something they can take benefit from. As I said there's just been a few occasions where there's been oh [sic] are we being asked to do something I actually don't think should be part of our role there so … it's just addressing them as they come along" psychologist consultant*	**8** Durka 2015 Jennings 2020 Fargas-Malet 2018 Franklin 2013 Hibbert 2011 Kirton 2011 Nixon 2019 Robinson 2019 Williams 2014	ML: No concerns C: Minor A: No concerns R: No concerns **Overall: Moderate**	Most studies reported the benefits of increased multiagency working, however, this was balanced against some cases in which multiagency working led to blurring of roles. Broadly multiagency working between medical, dental, social, and education areas of a child's life were felt to be helpful. However, individual studies discussed different models of linked up working.

Relationships based on trust help with engagement. Trust results from availability and reliability. Ability to confide and engage with professionals was dependent on relationship built on trust. Trustworthiness was linked to availability and reliability; working gradually and building rapport; responsive referrals and the timeliness of help; and the quality of help that makes a difference (e.g. leads to changes rather than "just talk"). CAMHS were felt to respond quickly where risk was involved.	*"When you work with someone you have to build a bond up first, before you can open up to them…..It's, well the way I've done is just ask questions about them, and then if they tell you, then you know well if they've told me this then I can tell them that" LACYP* *"They haven't done anything. And I don't know what to expect, because they haven't, I can't see any changes. I don't think when I'm doing something 'oh, what would CAMHS say?' LACYP* *"It took a year for everything to be diagnosed properly [ADHD]. . .. . .The wait can be problematic because there are issues or behaviours that you don't know how to deal with and the child needs help with them. And even to the point that this placement is going to break down if you don't get help soon. It's not a threat because if you're saying something like that you're at your wits end. But obviously there is anger and she needs to deal with the anger, I mean I am not qualified to, I don't know how to, I manage what I can. . ... Eventually the child was seen for assessment – then placed on long waiting list (2 year wait) for psychotherapy." Foster carer*	**8** Alderson 2019 Fargas-Malet 2018 Franklin 2013 Graham 2019 Hibbert 2011 Jennings 2020 Larkins 2021 Wadman 2018 York 2017	ML: No concerns C: No concerns A: No concerns R: No concerns **Overall:** **High**	No concerns

Distinctive therapeutic needs of unaccompanied asylum seekers. Unaccompanied asylum seekers have a great need for therapeutic input as a result of previous traumatic journeys on the way to the UK, and disorientating journey through multiple systems within the UK. A group with very distinctive needs. Often mental health is intrinsically linked to immigration status. Hope for the future is linked to a secure immigration status and educational attainment. Barriers to healthcare may include language, distrust of professionals and reluctance to disclosure, as well as misconceptions about mental health problems (e.g. derived from culture in previous countries). Desire to "bracket" previous life, particularly with traumatic experiences. Specialist teams or training for healthcare professionals considered helpful. Specific mental health problems often encountered included generalised anxiety, chronic depression, suicide, and sleeping and eating problems. Loneliness and loss of identity was also an issue.	*"And what happened one day…I was taking a shower outside. Some gun machines [sic] just start…'cos where I was living gun machine you can hear it everywhere, every time. And I didn't know it was happening in my house and I just hide.When it finished, it cool down and everything quiet. I could hear people running up and down. I came inside the room and I find my sister dead, my mum dead and my younger brother was crying there …and I bite my tongue and I thought I was dreaming. And I catch him [brother] and shake him and say, 'what happened…what happened?'…he couldn't talk."* *"But last year January, it was too much for me, with the Home Office as well. I was doing well, but when the papers ran out and I started going to the Home Office, I didn't know what to do…my plans collapsed. I don't have the heart to carry lots of things more. You don't know when you're going to have your freedom [status]. I don't believe in anything now, 'cos tomorrow they can say you go back."* UAS *""For me, the better things that helped me is that I go to college…that help me a lot. I used to concentrate on my study and forget everything. I just want to be someone for me and my son…I don't*	**6** Chase 2010 Chase 2013 Groak 2011 Majumder 2019a/b Mantovani 2015 Sidery 2019	ML: No concerns C: Minor concerns A: No concerns R: Minor concerns **Overall: Low**	Studies were marked down for ML primarily for poor or limited reporting of their methods. Only six studies contributed to this theme. Studies were generally consistent about the mental health struggles of unaccompanied asylum seekers. However, individual studies touched on several different aspects of this problem which reduced the resolution of the theme. Over half the studies contributing to this theme (four) reported partially indirect evidence (e.g. recruitment likely occurred prior to 2010)

	want to live this life every year. I want to change something in my life. …When I stay at home, all the thing I think about is family, myself and what I have been through with these problems. But now I have college I think, 'what am I going to do next year? What is my progress now?'" UAS			
Bespoke care for individual needs Carers and looked after children valued bespoke care tailored to the specific needs of the child. For example, the use of creative and visual strategies in therapy, being able to adapt to behavioural problems and encourage engagement, "getting to know" the child. Tailored care was important for particularly specialist groups e.g. trafficked children. Shared decision making could help to support individualised care, for example, giving more control over the timing of trauma treatment or the choice of setting.	*". . . they don't take enough time and effort to actually see what's wrong, they don't get to know, they assume too much sometimes I think, maybe that's just personal experience but they assume like she or he is the same as him, so we'll keep them that way, nobody is the same . . . I think they need to try and meet the individual needs of the young people" LACYP* *"Writing it down or doing it like arts and crafts way because I don't like just talking and having conversations cause I just get a bit bored and lose track, then I'll start fiddling about." LACYP*	**7** Alderson 2019 Barron 2017 Fargas-Malet 2018 Francis 2017 Franklin 2013 Graham 2019 Hiller 2020	ML: No concerns C: No concerns A: No concerns R: No concerns **Overall:** **High**	No concerns
Informed healthy living (primarily through carer relationship) Looked after children get their information about healthy living from a variety of sources (e.g. internet, social media) but	*"Every day I get up I explain to her and she had a lot of sweet things and I cut down on buying her sweet stuff. I tell her she need to. (Focus group 2) I've tried to cook in a different way, sometimes they will eat some other things but they don't like vegetables. I*	**4** Medforth 2019 Muirhead 2017 Nixon 2019 Quarmby 2014	ML: No concerns C: Minor A: No concerns R: No concerns	Studies covered different aspects of "healthy living" e.g. sport, sexual health, diet. However, the key influence of the primary caregiver was consistent.

the key influence was through the primary caregiver relationship. First placement was key to pro-actively tackle healthy living e.g. through monitoring diet and encouraging healthy foods, dental practices, encouraging exercise, conversations about sexual health where necessary.	*will buy fruits; they will just be looking at it. So I cut them up." Foster Carer* *'It frees it up. You feel that, aye, it's no this big thing that shouldnae [shouldn't] be talked about. [sexual health] Children need to learn. They need to know that and we need to stop making it this big thing that they need to thing out themselves'*		**Overall: Moderate**	
Mental health problems most pronounced in times of transition Anxieties, self-harm, and emotional difficulties most pronounced in times of transition. e.g. new placements, moving schools, or leaving care. This may have implications for allowing a looked after person to settle into their placement before starting therapy.	*"Often children coming into care are fearful. . .Imagine being ripped away from parents and ending up with strangers" Foster Carer* *"At times of change there is a risk that children can fall through the net. . .. . ..There should be a bridge between CAMHS services in different areas – a good handover –not struggling in this grey quagmire of nothingness." Foster Carer* *"I was really worried about her going to secondary school, just how she'd cope really with everything. Because she had big attachments to two mentors in primary school and they don't have mentors in secondary. And oh my gosh, we are now going backwards." Foster carer*	**4** Franklin 2013 Wadman 2018 York 2017 Graham 2019	ML: No concerns C: No concerns A: Minor R: No concerns **Overall: Moderate**	Only three studies contributed to this theme.

Humanly trafficked children have specialist safeguarding needs Humanly trafficked children are a group with specialist safeguarding needs. Human trafficking has a hidden and complex nature. Barriers to safeguarding included: a lack of awareness from practitioners about trafficking and to spot the signs of trafficking; fear and distrust of professionals by LACYP prohibited sharing information e.g. fears relating to immigration status/age assessments may lead LACYP into the hands of traffickers; communication difficulties and language barriers; LACYP themselves may normalise exploitative or abusive situations; unhelpfulness of terminology of trafficking when communicating with young children. Suspicion by practitioners and need for understanding that trafficking was not the child's fault e.g. trafficked children were incorrectly defined as smuggled. The possibility of internal trafficking of UK nationals was also often overlooked, as well as trafficking of boys. Trafficked children going missing were a major concern for practitioners; Interviewees reported that a lack of awareness of trafficking meant some children were not properly	*"She went through the hands of a number of local authorities who sent her back to her cousin . . . . She was saying that he wasn't my cousin, I'm being trafficked, you know they're not treating me nicely . . . before finally presenting at a hospital and one of the medics picked it up this was somebody that's been trafficked"* *"A cynic might say she was trying to get money out of us . . . she was pregnant at the time (Int. 12)."* *"She was very annoyed that somebody had betrayed her trust . . . . But, yes, the words 'trafficking' and 'exploitation' are not words that most 14-year-olds would use (CS 001c)."* *". . . they will explicitly say things like 'I have been sold' or 'I was given to so and so', and 'I was made to work long hours without rest and with little food' (Int. 29). You certainly don't get children saying that they're exploited or trafficked, you just hear the realities which can be 'I owe this person £20,000' or that 'This horrible man was meant to look after me and instead locked me in a flat and raped me' (Int. 4)."* *". . . [smuggling] it's complicit and you*	**2** Franklin 2013 Pearce 2011	ML: Minor concerns C: Minor concerns A: Moderate concerns R: Minor concerns **Overall: Very Low**	Of the two studies that contributed to this theme one was moderate risk of bias, the other was high risk of bias. For both studies' recruitment strategy, and method of data analysis was unclear. In addition, for one study, interview methods were not made explicit. A large list of barriers to safeguarding humanly trafficked children and young people were raised which had implications for theme coherence. Only two studies contributed to this theme. One study (half) reported partially indirect evidence (e.g. recruitment likely occurred prior to 2010).

protected, supervised, accommodated and supported, and went missing. Quick action based on suspicion, a multi-agency safety plan, safe accommodation, trained and supported foster carers and one-to-one intensive support for the child and the forming of a trusting relationship with an independent adult were thought to help.	*know the child must know that they're going from A to B, they're going to get in the back of the lorry, they know they have to hide and then they're going to get out the other end and somebody will meet them. I think that it's almost as if they [immigration services] consider a smuggled child to be in on it. Whereas a trafficked child to me is a child that is being deceived all the way, as well as their families (Int. 18)."* *". . . Because they haven't come from overseas . . . doesn't mean they're not trafficked . . . . People think that trafficking has got to be foreign nationals coming across international borders, they don't realise about internal trafficking, they don't realise it could be UK nationals (Int. 24)."*			
Poor oral health among looked after children and young people Poor oral health was common upon entering care – linked to poor diet, lack of previous dental care. Often there was a need to establish new dental routines: e.g. oral care, need for dental check-ups. However, there were barriers to accessing good dental care – young children were sometimes refused, poor attendance/ behaviour led to	*'a lot of them didn't have any [dentist]' (RC1), 'although they had been on the roll of a local dentist they hadn't been for some time' (RC2). Poor attendance contributed to high levels of anxiety and appointment refusals: 'some would rather put up with toothache than go to the dentist' (CR).* *'I've done lots of littlies, the younger children, and sometimes they've never had a toothbrush never mind anything else...with the older ones it's even harder, trying to establish a routine*	**2** Muirhead 2017 Williams 2014	ML: No concerns C: Minor concerns A: Moderate concerns R: No concerns **Overall:** **Very Low**	One study was low risk of bias, the other study was high risk of bias. The high-risk study was unclear about recruitment strategy, data collection and analysis methods. One study was mostly focused on the establishment of a new designated dental pathway for looked after children. Only two studies contributed to this theme.

deregistration, with adolescents there were more difficulties changing routines. A designated dental pathway was trailed in one study.	*they've never had'* *'they haven't been to the dentist for a long time…then they are suddenly faced with a dental appointment, and often they are fine, and then the day before or the day of the appointment, they categorically refuse to go'* *"She respected my home, so I respected her and I explained to her how dangerous it was [smoking]. No, I tried but they wouldn't listen. They do not listen to you, do they?" "Who are you? You're not my mum. Telling me what to do", something like that."*			No contributing studies used indirect evidence
Self-reliance may be a barrier to healthcare Self-reliance as a barrier to care. Coping strategies employed may be harmful e.g. self-harm, smoking.	*"I prefer to do things independently so try and do my distractions, do my delay tactic, and then like if the thoughts really, really aren't going, then try and call a friend or something." LACYP* *"Smoking was the healthy option, because you don't die straight away from smoking. It takes years and years and years to die from smoking. But one slit of the vein, and you're dead." LACYP* *""I don't keep secrets but I keep to myself. I keep quiet about some issues. I tend to hold in some issues . . . I feel that if I hold in those issues, they won't feel bad on me . . . sometimes they go*	**2** Wadman 2018 Chase 2010	ML: No concerns C: No concerns A: Serious concerns R: No concerns **Overall:** **Very Low**	Only two studies contributed to this theme.

	away but at some point they always catch up . . . I've just come . . . its come to be where I just keep quiet about the whole thing. I don't really talk about it, or think about it. I just tend to move on and carry on with my life. I'd rather carry on with my life than address some issues." UAS			
Safeguarding and sexual health in residential care Child protection issues with regard to sexual health. Lack of clarity regarding whether sexual health discussions occur in response to risk rather than preventatively. Use of internet was a concern: risk of grooming and of being groomed. Difficulties monitoring sexual health/safeguarding in residential care both internally and with outer relationships. Staff experienced blurring of roles felt need for protection from allegations. Difficulty discussing sexual health e.g. role overload, low proportion of male staff in residential care a problem for boys. Interagency working or training suggested as a solution.	*"I was no longer a caregiver – I was a security guard. Keeping young ones out of other one's rooms that weren't supposed to be there, hauling other ones in windows that were trying to get out in the middle of the night, keeping ones out that didn't belong to the unit. We had fifteen year olds that we were hauling out of one room into another and saying 'No. You're not on'' (Karen, foster carer/former residential carer).* *"'I think that one of the things we had to obviously highlight was Safe Care and the recording of that sensitive conversation… how do you have that conversation in an environment where you're safe? Because if you're talking about closed doors she could make an allegation against you. So it's aboot recording the discussion you had, You don't have tae dae War and Peace but 'she came and she asked me aboot this and this was the advice I gave her''*	**1** Nixon 2019	ML: No concerns C: Minor concerns A: Serious concerns R: No concerns **Overall:** **Very Low**	This study covered a range of issues related to sexual health and safeguarding, focused on residential care. Only one study contributed to this theme.

	"'He'd put on his profile something like 'I'm in care and I'm a gay boy and I'm looking for…' One of the older girls had seen his profile and asked him right out in front of us 'why have you got that one your profile'. He was mortified. But that gave us the opportunity to sit down and tell him the reasons why he should have things like that on there. And even if you are gay, it's not the way you would word it, and it was actually our 16 year old who said 'cos you don't know who is sitting looking at that profile and thinking oh he's game'' *"'We have a young female (16) who is pregnant and her boyfriend (23) lives locally. He had been over for dinner and he has been involved in the unit and staff have met him and we are clear what our role is. It was quite clear to us that the best way for us to deal with it was to be part of the relationship. I was quite clear that in my role of safeguarding this young girl we had to get to know this young male and find out if there was any ulterior motive or if there was any reasons why he was interested in her, other than you know, a love for each other. So we engaged with him… We have been to his house on a couple of occasions, and we have met with his mum as well."*			

Self-harm as an expression of agency Self-harm as a way to manage anger, and to gain back a sense of agency/control that had been lost in the care system.	*"… it was just because I'd moved to a different placement and everything was moving so fast, and I just didn't have no control into my life. And everyone was making choices for me and that [self-harm] was my only way of controlling anything. That was my choice to do it or not, and that was the only thing I could control, everything else was controlled by people." LAYP*	**1** Wadman 2018	ML: No concerns C: No concerns A: Serious concerns R: No concerns **Overall:** **Very Low**	Only one study contributed to this theme.

See appendix F for full GRADE tables and CERQual tables.

Economic evidence

Included studies

No existing economic studies were reviewed for this question given its focus on qualitative evidence.

Economic model

No economic modelling was undertaken for this review question.

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

The committee heard qualitative evidence from an expert working across safeguarding, criminal exploitation, gangs, missing children, and county lines; an original piece of qualitative work commissioned for NICE (see Appendix O); and several UK-based qualitative studies. The committee noted that qualitative evidence could not provide strong evidence of the effectiveness of any particular approach or intervention to support physical, mental and emotional health and wellbeing but rather could highlight the priorities, values, and perspectives of those involved in the care system as well as the perceived barriers and facilitators to successful care outcomes experienced by their carers and workers. Qualitative evidence could also help to answer the question of "how" interventions and statutory systems of care could be delivered, rather than "what" interventions or systems work best. The committee valued certain themes more highly if they had been derived from many studies or studies at lower risk of bias, if the meaning of the theme was unambiguous, and where themes had been drawn directly from looked after children and young people, or care leavers themselves (see below).

The quality of the evidence

The methodological quality of the studies included in this review were variable. Common reasons why qualitative evidence was marked down for quality included: unclear descriptions of the method of recruitment and selection of participants; unclear method of interview (for example, the topic guide used for semi-structured interview); unclear method of thematic analysis (for example, were multiple analysts used?); and whether methods to validate findings were employed (for example, triangulation and respondent analysis). Some themes were marked down for quality where data had primarily come from studies with moderate or high risk of bias. In addition, certain themes were marked down for quality where few studies contributed to a theme, themes had become overly disparate (covering several subthemes), or there were contradictions in the direction of the theme.

The committee valued qualitative evidence that was direct from the population to which the recommendations would apply, that was recent, and particularly that was from the perspective of looked after children and young people themselves. As such the qualitative evidence collected in this review was generally thought to be high quality since it was all UK-based, studies most commonly reported the perspective of looked after children and young people themselves, and all studies were published after 2010.

The qualitative work commissioned by NICE and performed by the University of Lancashire was considered the highest quality evidence since interview methods were tailored to address the review questions in this guideline, participants recruited into this study were also selected to provide a good cross-section across vulnerable groups of interest, and data was gathered very recently. In addition, this piece of work was rated high quality when assessed using CASP criteria (see evidence table for Larkins 2021, Appendix D).

Benefits and harms

Evidence from UCLan and Qualitative review

Qualitative evidence was presented from the University of Lancashire with a particular focus on the barriers and facilitators for promoting physical, mental and emotional health and wellbeing in looked after children young people and care leavers. In addition, evidence was presented from the qualitative evidence review bringing together studies looking at barriers and facilitators for promoting physical, mental and emotional health and wellbeing in looked after children young people and care leavers.

Qualitative evidence that came out strongly in both qualitative pieces of work included the fact that looked after children and young people reacted quite strongly against the changing of social workers with whom they had built a positive relationship. The committee discussed how this was a complex issue to address. The turnover of social workers was frequently as a result of workload, burnout, or simply the need to change work for career progression. In practice however, this was not well communicated with LACYP themselves, and social workers were felt to simply disappear. As a result, the committee recommended looked after children, young people, and care leavers should be informed pre-emptively and transparently about transitions in social workers in an age-appropriate manner, with care to recognise the emotional impact of such changes and providing a opportunity to say goodbye. The committee also discussed the problem of mixed messaging between the transitioning carer and primary carers with regard to the reason for leaving. The committee recommended, therefore, that primary carers should also be informed in advance about the reasons for professional transitions, particularly where strong relationships had formed.

In addition, the committee felt that training and support for social workers themselves should contain some focus on communication skills in order to improve transparency particularly when a career transition is approaching, and also to improve positive relationships. Skills in communication should be trained so that information is given to the child in a way that they can understand and accept/take in. As such the committee recommended that the importance of the social worker-LACYP relationship should be recognised, that training and support for social workers should strongly involve training in communication skills to support positive relationships and that efforts should be made to support social workers on continuing to develop those relationships. For example, the committee recommended supervision for social workers with regular check-ins and a focus on reflective practice (reflecting on the practices that promote positive relationships); available consultation for complex and specialist problems; and trauma-informed training (defined as below).

The committee continued to discuss common reasons for professional turnover in social care. Social workers in the committee commented on the increase in workload as a result of there not being a lot of funding, and an upwards trend in the number of looked after children and young people. Much work is required in terms of performance indicators and administration and that is often prioritised over one-to-one work with the young people themselves. By consensus, and some qualitative data suggesting that one-to-one time could be improved by increased administrative support for social workers within local authorities,

the committee recommended that managers of social workers should employ and review systems to reduce duplication of effort, increase professional retention, and enable more one-to-one time between social workers and looked after children and young people (for example, by improving administrative support). The strong qualitative evidence suggesting the impact of professional moves also prompted the committee, by consensus, to recommend that local authorities should collect and review data on professional turnover among their front line staff, to reflect on its impact on LACYP, the success of staff support systems, and to develop action plans to keep turnover as low as possible in response to findings.

Some of the qualitative evidence presented reflected concerns that some primary carers e.g. in residential care or foster care had with regard to providing physical touch and affection for LACYP. The committee discussed that physical affection, particularly for younger looked after children could be a major source of emotional stability and wellbeing and yet may be deprived in some cases due to the primary carers desire to be protected from any form of allegation. Therefore, the committee recommended that in some cases it may be required to proactively promote or encourage appropriate physical affection e.g. through play and that this could be taken into account in safer caring plans.

In qualitative evidence and expert testimony (see Appendix M), the problem of waiting lists for CAMHS and the fact that the CAMHS services are often inappropriate and not designed for the needs of looked after children and young people was discussed. Evidence frequently highlighted the frustration felt by looked-after children, young people and their carers about delays and waiting lists for mental health support. The committee considered the common problem of delayed support for CAMHS, and systems that they had seen in practice help avoid the delay of therapeutic support for looked-after children and young people. For example, therapeutic social workers, systems for outreach connected to CAMHS (for example a psychologist or another worker embedded within CAMHS), or a specialist looked-after children and young people team within CAMHS.

However, other evidence highlighted the damage that can be done by introducing a child or young person to a new therapist, only for the therapist to change once CAMHS have taken over care. This can lead to demoralisation and disengagement from mental health interventions. Therefore, the committee agreed that intermediate therapeutic or specialist support should be provided for the care network around looked-after children and young people, rather than to looked-after people themselves. The committee were keen to stress that this intermediate support was only to address the delay, and should not be a replacement for CAMHS itself.

Further evidence and expert testimony reflected how CAMHS are often inappropriate and not designed for the needs of looked-after children and young people. Traditional techniques such as cognitive behavioural therapy-based interventions, were not always suitable for looked-after children and young people, who may prefer more ongoing intervention with relationship building, group activities and outings.

One committee member stated that some CAMHS teams have specialist looked-after children services, but this is variable across the UK. The committee agreed it was important to encourage the incorporation of prioritised specialist services within CAMHS, to prevent the need for quadrant 3 or 4 services for looked-after children and young people further down the line.

Qualitative evidence had raised the issue of poor oral health and, sometimes, personal hygiene among LACYP coming into care, particularly among those who had been brought into care for

reasons of neglect. One committee member, a foster carer, spoke about the fact that hygiene and oral habits can be taught more easily among young children coming into care. However, among older children there may be difficulty spotting such problems while maintaining the young person's dignity and privacy. The committee spoke about how the first placement particularly could be key for spotting such problems and helping the looked after person to develop new routines, or engaging support around the looked after child, to address the identified problems. The committee recommended that, particularly in the first placement in care, carers should receive some training (as part of their standard training) in identifying problems maintaining oral health, diet, and personal hygiene and being aware that LACYP may need support for maintaining oral health, diet, and personal hygiene. The committee cautioned that, while the first placement may be key, sometimes problems may remain hidden for much longer in older youth.

Strong qualitative evidence from both the work done by the University of Lancashire and the evidence review found that a key aspect of care practices that supported wellbeing for looked after children and young people included the need for outings, chances to build skills and develop interests, and group and shared activities, particularly but not exclusively with peers from the care system. The committee considered that this should be a practice for all children in care, as it reflects healthy and caring parenting practices. However, in situations where there was a need identified to provide greater support for emotional health and wellbeing, the committee considered that funding should be actively provided to facilitate such outings and activities. The committee described the success of events designed to bring together children in care, their carers, and professional support staff for building positive relationships. By consensus, the committee recommended bringing together children, carers and professionals in informal settings, for example, group outdoor activities, award ceremonies, or Christmas celebrations.

Based on some interview and focus group-based studies and their own expertise and knowledge, the committee considered the fact that care leavers very often request access to their health and social care records. Care leavers may do this to help make sense of their own journey through the care system. However, where the language used in the records is depersonalising or judgemental, this can result in significant emotional hurt and offense - the committee therefore agreed that health and social care practitioners should be aware of this risk.

Expert testimony on criminal exploitation, gangs, and missing children

Qualitative evidence and expert testimony both showed the importance of a knowledge of trauma in those caring for the looked-after population, particularly unaccompanied asylum seekers. Based on their experience and knowledge, the committee agreed what trauma-informed training should cover. They recognised that there are multiple levels to this training, from simple awareness of trauma-related issues (for all carers and practitioners working with looked-after children and young people) to training in trauma-responsive care, which may be needed for more specialised carers and practitioners. For effective delivery of training programmes, the committee agreed it was important for trainers themselves to have a good understanding of trauma and attachment disorders as well as the various effective therapeutic approaches.

As a result of a paucity of evidence addressing the criminal exploitation of looked after children and young people, expert testimony was required to provide additional information regarding the subgroup of children who are at risk of criminal exploitation, going missing or are placed out of area. The presentation covered several areas regarding the safeguarding of looked after children against criminal exploitation: the importance of multiagency working;

driving action through joint agency data; applying a trauma-focused approach; bringing together familial, contextual and ACE safeguarding risks; gang stalking and grooming (e.g. via social media); reachable moments and early intervention.

Qualitative evidence and expert testimony about gangs, criminal exploitation, and going missing in care strongly suggested that establishing a network of strong, supportive, positive relationships is the primary mechanism to protect looked-after people from these risks.

Expert testimony covered the importance of multiagency working and appropriate data sharing for safeguarding looked after children. Examples were reviewed showing how important moments for sharing information between agencies (e.g. policing and social services) had been missed, and how these missed moments had led to extremely negative outcomes for the looked after person involved. The committee discussed ways in which Local authorities could facilitate multiagency working and data sharing. Regular review meetings were proposed to bring together professionals across agencies. The kinds of personnel that should attend such meetings should be from education (for example virtual school heads, or designated teachers); fostering, kinship, and residential care services; housing services; health care for looked after children; and emergency services, policing, and immigration services where relevant. Review meetings should provide an opportunity to: educate and training health and social care professionals; to review serious cases, ask advice, and learn lessons where mistakes had been made.

Meetings could also facilitate data sharing. The following indicators were thought to be useful in determining level of risk of exploitation in certain placements: area deprivation indexes, community-level health and mental health data, number of county lines operating in a single area. Number of missing persons reports to police per 1000 of the area population were considered particularly linked to risk of trafficking. At the individual level, local authorities and agencies within local authorities should attempt to standardise their risk assessment tools in order to aid information sharing, particularly where a child or young person has been placed out of area. It was noted that risks and red flags may be different for certain subgroups such as young girls and unaccompanied asylum seekers, as well as the support required. For example, young girls particularly may be at risk of sexual assault, domestic violence, and attempts through social media and otherwise to coerce and undermine self-esteem.

Multiagency meetings could also be useful for health and social care professionals to provide training and education regarding risk indicators for exploitation, trafficking, and going missing; and to standardise the use of individual-level risk assessment tools.

To make multiagency review meetings successful, the committee considered that leadership was required to organise and bring professionals to the table, and to help define clear lines of accountability. Leadership in multiagency working would be best provided by a specialist who could address contextual safeguarding, exploitation, and missing children in the looked after population (e.g. missing person’s co-ordinator). Where such a specialist was not available the local authority should invest in a trauma-informed specialist with knowledge of exploitation and safeguarding issues in the looked after population.

In shaping responses to exploitation and missing children, the committee considered that the voice of looked after children (and particularly those with special educational needs or disabilities) and their carers should be empowered to help make responses effective, accessible, and acceptable.

The committee considered that all professionals involved with looked after children and young persons would require some safeguarding training to be aware of signs of exploitation or abuse, and to spot red flags for going missing. Support to be able to “report up” when

worried may be necessary. The committee discussed how multiagency working and review meetings could help to highlight and educate about “reachable moments” i.e. moments where looked after children and young people at risk of criminal exploitation and grooming could be spotted and interventions employed at the earliest possible moment. Any intervention could be seen as a “reachable moment” for example, presentation in an accident and emergency department.

Qualitative evidence and expert testimony also reflected the importance of cultural sensitivity and awareness of potential traumatic symptoms in unaccompanied asylum seekers. For example, they may have highly stigmatising views of mental health problems, based on previous cultural ideas, and may be reluctant to admit the experience of trauma or problems with mental health, which may come to the surface over a long period of time.

Cost effectiveness and resource use

There were no published cost-effectiveness analyses addressing this review question. The committee made recommendations based on the qualitative evidence presented and, in discussing the evidence, the committee used their expertise to consider the impacts on resource use that would be required to deliver each recommendation.

The committee considered that LACYP may need support for maintaining oral health, diet and personal hygiene, and recommended that carers should receive training to be able to identify any problems with these tasks. This training could be incorporated into existing training foster carers already receive but may have a small resource impact in terms of personnel time if the training is to be provided by a paediatric nurse.

The committee recommended that safer caring plans should take into account the individual’s need for physical touch and affection, but this is unlikely to have any resource impact as these considerations can be incorporated into existing plans.

The committee recommended that a range of dedicated CAMHS services be provided, tailored to the needs of LACYP, with timely delivery to prevent more serious mental health problems. This is likely to be associated with substantial resource implications as this would require an expansion of the existing CAMHS services and capacity, however, the committee noted that there is statutory guidance around CAMHS providing targeted and specialised support for LACYP and therefore such expenditure is justified.

The committee discussed peer support and group activities for LACYP and recommended that peer support should be facilitated and activities specifically supporting the emotional health and wellbeing of LACYP should be funded and facilitated. They also recommended that bringing children, carers and professionals together in informal settings should be considered. Facilitating and supporting these groups and activities would be unlikely to have a significant resource impact as the committee agreed that these activities could be low or no cost (e.g. days out at the park, picnics with other LACYP and their carers, Scouts and Girl Guides groups), and the key aim would be to build relationships. Activities of various sorts are likely to be already offered to looked after children across all local authorities. Estimating exact resource impact is difficult without more information about this variability. However, as described above, activities needn’t be expensive. For example qualitative evidence spoke about simply going for a drive in the car as a shared one-to-one activity, or going to the park. Where activities may cost money (such as school clubs) this could be prioritised in funds that exist for this purpose i.e. the pupil premium. Additionally, the recommendation uses the word "may" to show that there is flexibility in terms of how local authorities choose to meet this need. For example, the committee had seen the success of activities bringing together

children, carers and social workers through group activities (e.g. bowling) but this may not be possible in every local authority.

The committee recommended that the different perspectives of unaccompanied asylum seekers should be taken into account in a mental health service setting. The committee discussed the importance of considering cultural sensitivity and potential traumatic symptoms in unaccompanied asylum seekers. This recommendation is unlikely to have substantial resource implications as these considerations can be incorporated into any support that would be provided in current practice.

The committee recommended that all professionals working with looked-after children and young people should be aware of the impact that trauma can have on a LACYP. This recommendation links in with several other recommendations (recommendations 1.1.12, 1.1.13, 1.1.15, 1.2.7, 1.2.16, 1.4.3, 1.5.6) that indicate the need for specific professionals/people such as teachers, social workers and carers to receive trauma-informed training to support them in caring for LACYP. Different professionals/people will require different levels of awareness of the impacts of trauma, and therefore training for some of the professionals/people will need to be more intensive and therefore more costly. The committee agreed that the majority of trauma-informed training would be done in house with freely available resources. However, to ensure any in house training is appropriately delivered, it is likely that each local authority would need to have a single individual receive intensive training to develop a more in-depth knowledge of trauma and an ability to deliver in house training to other professionals/people within their local authority. A simple costing was conducted to estimate the resource impact of providing this more intensive trauma-informed training to a single individual within each local authority. Costs for trauma-informed training do, however, vary, with some online courses and resources being relatively inexpensive or available for free, and more in-depth multiple day courses costing as much as £1,595 per person. As there are 343 local authorities in England, and assuming one person from each local authority would receive the more in-depth and most expensive training, the associated cost would be £547,085. This would be a one-off cost as the person that receives the in-depth training would be someone capable of delivering the content as in-house training in their local authority, and the committee agreed that any further costs around upskilling and maintaining this expertise would be minimal. Despite this fairly high cost, the committee felt that the benefits of having a single individual within each local authority receive intensive trauma-informed training would outweigh the costs. Each local authority would have an expert that can provided trauma-informed care, which would translate into substantial benefit for LACYP who are most in need of such care (for example unaccompanied asylum seekers and young people who have been trafficked). In addition, the expert would be expected to help equip the broader team within the local authority to have a greater awareness of and consider potential trauma when caring for LACYP. It is also important to note that the committee thought that the costs associated with increasing professionals/people's awareness of trauma would decrease over time as more professionals/people become equipped with the knowledge are then able to pass it on to others within their local authority.

Expert testimony on criminal exploitation, gangs, and missing children

The committee heard expert testimony on the risks posed to LACYP of criminal exploitation, gang activity, country lines, and going missing. The committee felt that these issues were important to consider and made recommendations based on the information presented. While making these recommendations the committee also considered any expected resource use impacts using their expertise in the absence of relevant evidence of cost-effectiveness.

The committee discussed multidisciplinary teams, and recommended that local authorities should engage in multiagency working and data sharing for safeguarding purposes. This recommendation included details on approaches to data sharing, personnel involved, risk assessment meetings, leadership and accountability, and training in risk indicators. The committee noted that relevant and necessary data is currently being captured by local authorities, but that it is inconsistently shared between different agencies/teams. This recommendation is unlikely to require increased resources as the data sharing mechanisms and roles required for multidisciplinary teams already exist, and the emphasis is bringing this work together. Training in risk indicators is unlikely to have a substantial resource impact as this additional training would likely be absorbed into existing staff training.

The committee recommended training foster carers and social workers to recognise “reachable moments” and treat every moment as an opportunity to reach out to the child. This training could be incorporated into existing training for foster carers and social workers, so would have a minimal resource impact.

The committee recommended providing tailored support for specific groups such as young girls and unaccompanied asylum seekers, through organisations like Abianda. This is unlikely to have an additional resource impact as these organisations are already established, and are generally not-for-profit organisations. Providing this type of support may help to avoid substantial future costs that are associated with the negative outcomes of issues these groups may face, for example justice system costs, or costs of placement breakdown.

The committee discussed using standardised language for things such as risk-assessment tools, processes and personnel titles across agencies and geographical areas. This recommendation is not expected to be resource intensive as it would just require communication and language changes across those agencies/areas.

Qualitative evidence from UCLan and Qualitative review

The committee heard qualitative evidence from the University of Lancashire with a focus on promoting physical, mental and emotional health and wellbeing, and made recommendations based on the findings presented. Since these recommendations were made without economic evidence, the committee used their knowledge and expertise to provide input on their expected resource impact.

The committee recommended that LACYP, care leavers and primary carers should be informed in advance about transitions of social workers, and this should be done transparently and in an age-appropriate manner. Additionally, the committee noted that the importance of a LACYP’s relationship with a social worker should be recognised. This is unlikely to have a substantial resource impact as mechanisms for communication between the LACYP and the social worker are already in place.

The committee discussed the importance of continuity of care and recommended that support be provided to the child’s social worker to promote this continuity. This support would include various aspects (trauma-informed training, supervision, consultation) with different levels of resource impact. Trauma-informed training is anticipated to have some resource impact where more in-depth training is required, but the committee agreed that the majority of this training would be less intensive, provided in-house and could be incorporated into existing training received by social workers., The more intensive training would be limited to only a single individual in each local authority to minimise the resource impact. The committee noted that having a specialist in trauma-informed care in each local authority would provide several benefits. The specialist would not only be equipped to handle LACYP

most in need, but would also be capable of delivering in-house training to others, and that the benefits achieved from training a single specialist in each local authority are likely to outweigh the costs. Supervision with regular check-ins to support the social worker would not be anticipated to have significant resource implications as these check-ins could be incorporated into the existing role of the social workers' supervisors. Consultation for complex and specialist problems would likely require additional personnel time and resources to implement, however, this consultation is unlikely to be required in the majority of cases, and the committee noted that the benefits of this support in terms of staff retention and therefore continuity of care would likely outweigh any associated costs.

The committee recommended that managers of social workers employ and review systems to increase professional retention, enable more one-to-one time between social workers and LACYP, and reduce duplication of effort. This is unlikely to have substantial resource implications as, although enabling more one-to-one time for social workers would take time away from other work that would need to be completed, the committee agreed that administrative staff could take on some of this work, which is likely to be associated with lower costs than if additional social workers were employed to cover this workload. In addition, the committee thought that more one-to-one time would allow social workers to carry out additional useful activities, and would be associated with benefits to the LACYP in terms of building positive relationships and improving emotional and mental health and wellbeing.

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Appendices

Appendix A – Review protocols

Review protocol for RQ3.3: Barriers and facilitators for promoting physical, mental and emotional health and wellbeing of looked-after children and young people and care leavers

ID	Field	Content
1.	Review title	Barriers and facilitators for promoting physical, mental and emotional health and wellbeing of looked-after children and young people and care leavers
2.	Review question	What are the barriers to, and facilitators for, promoting physical, mental and emotional health and wellbeing of looked-after children and young people and care leavers?
3.	Objective	To determine if there are certain points, events, or other triggers that impact physical, mental and emotional health and wellbeing of looked-after children and young people and care leavers, and the success of support given to promote these outcomes
4.	Searches	**Sources to be searched** • PsycINFO (Ovid) • Embase (Ovid) • MEDLINE (Ovid) • MEDLINE In-Process (Ovid) • MEDLINE Epubs Ahead of Print • PsycINFO (Ovid) • Social policy and practice (Ovid) • Cochrane Central Register of Controlled Trials (CENTRAL) • Cochrane Database of Systematic Reviews (CDSR) • Database of Abstracts of Reviews of Effect (DARE) • EconLit (Ovid) – economic searches only

		• NHSEED (CRD) - economic searches only **Supplementary search techniques** • Studies published from 1st January 1990 to present day. **Limits** • Studies reported in English • No study design filters will be applied • Animal studies will be excluded • Conference abstracts/proceedings will be excluded. • For economic searches, the Cost Utility, Economic Evaluations and Quality of Life filters will be applied. The full search strategies for MEDLINE database will be published in the final review. For each search the Information Services team at NICE will quality assure the principal database search strategy and peer review the strategies for the other databases using an adaptation of the PRESS 2015 Guideline Evidence-Based Checklist.
5.	Condition or domain being studied	This review is for part of an updated NICE guideline for looked-after children and young people and concerns interventions to promote physical, mental, and emotional health and wellbeing of looked-after children, young people and care leavers
6.	Population	Looked after children and young people and care leavers (wherever they are looked after) from birth to age 25. Also including: • Children and young people who are looked after on a planned, temporary basis for short breaks or respite care purposes, only if the Children Act 1989 (section 20) applies and the child or young person is temporarily classed as looked after.

		• Children and young people living at home with birth parents but under a full or interim local authority care order and are subject to looked-after children and young people processes and statutory duties. • Children and young people in a prospective adoptive placement. • Looked-after children and young people on remand, detained in secure youth custody and those serving community orders.
7.	Phenomena of interest	Barriers and facilitators to physical, mental, and emotional health and wellbeing of looked-after children, young people and care leavers, and the success of support given to promote these outcomes.
8.	Comparator	Not applicable
9.	Types of study to be included	• Systematic reviews of included study designs • Qualitative studies: including focus groups, unstructured and semi-structured interview-based studies (mixed-methods studies will also be included provided they contain relevant qualitative data)
10.	Other exclusion criteria	Exclusion • Countries outside of the UK (unless not enough evidence, then progress to OECD countries) • Studies older than the year 2010 (unless not enough evidence, then progress to include studies between 1990 to current) • Studies including mixed populations (i.e. looked after and non-looked after children) without reporting results separately for LACYP • Mixed-methods studies reporting qualitative data that cannot be distinguished from quantitative data. Views and experiences relating to • Support for transition from children to adult health or social care services • Improving placement stability (covered in review questions 1.1 and 1.2)

		• Promoting positive relationships (covered in review questions 2.1 and 2.2) • Improving educational outcomes (covered in review question 4.1, 4.2, 4.3, and 4.4) • Improving permanency of placements out of care (covered in review questions 5.1 and 5.2) • Supporting and developing independence on leaving care (covered in review questions 6.1 and 6.2) • Specific interventions and programmes (covered in review question 3.2).
11.	Context	Looked-after children and young people have poorer outcomes in many areas, including mental and physical health. For example, the rate of mental health disorders in the general population aged 5 to 15 is 10%. For those who are looked after it is 45%, and 72% for those in residential care. In 2017, 56.3% of looked-after children had a special educational need, compared with 45.9% of children in need and 14.4% of all children. Looked-after children are more likely to become a single parent and are at greater risk of teenage pregnancy and poor pregnancy-related outcomes. These include smoking during pregnancy, having a low birth weight baby, and depression. Local authorities have a duty to support looked-after children and young people. This includes providing support to improve mental and emotional health and wellbeing and producing individual care plans covering any identified health requirements.
12.	Phenomena of interest - themes	Evidence should relate to views concerning barriers and facilitators for physical, mental, and emotional health and wellbeing in looked after children, young people, and care leavers, among: • looked after children, young people, and care leavers, themselves • carers of looked after children, young people, and care leavers • Health and social care providers supporting health and wellbeing for looked after children, young people, and care leavers With a focus on:

		• experience of support for physical, mental, and emotional health and wellbeing and accessing this support • unintended consequences
13.	Secondary outcomes (important outcomes)	None
14.	Data extraction (selection and coding)	All references identified by the searches and from other sources will be uploaded into EPPI reviewer and de-duplicated. 10% of the abstracts will be reviewed by two reviewers, with any disagreements resolved by discussion or, if necessary, a third independent reviewer. The full text of potentially eligible studies will be retrieved and will be assessed in line with the criteria outlined above. A standardised form will be used to extract data from studies (see Developing NICE guidelines: the manual section 6.4). Study investigators may be contacted for missing data where time and resources allow.
15.	Risk of bias (quality) assessment	Individual qualitative studies will be quality assessed using the CASP qualitative checklist and classified into one of the following three groups: • Low risk of bias – The findings and themes identified in the study are likely to accurately capture the true picture. • Moderate risk of bias – There is a possibility the findings and themes identified in the study are not a complete representation of the true picture. • High risk of bias – It is likely the findings and themes identified in the study are not a complete representation of the true picture
16.	Strategy for data synthesis	Information from qualitative studies will be combined using a thematic synthesis. By examining the findings of each included study, descriptive themes will be independently

		identified and coded in NVivo v.11. The qualitative synthesis will interrogate these 'descriptive themes' to develop 'analytical themes', using the theoretical framework derived from overarching qualitative review questions. Themes will also be organised at the level of recipients of care and providers of care. CERQual will be used to assess the confidence we have in the summary findings of each of the identified themes. Evidence from all qualitative study designs (interviews, focus groups etc.) is initially rated as high confidence and the confidence in the evidence for each theme will be downgraded from this initial point.
17.	Analysis of sub-groups	If different barriers or facilitators are observed between subgroups of interest, these will be drawn out under descriptive themes, which will then be used to develop analytical themes. The following constitute subgroups of interest: Age of LACYP: • LACYP in early years • LACYP in primary education • LACYP in secondary education and further education until age 18 • Care leavers (beyond age 18) Other subgroups, of specific consideration: • Looked-after children looked after under a care order (section 20 (voluntary) or 31 (full care order)) • Looked-after children on remand • Looked-after children in secure settings

		• Looked-after children, young people, and care leavers with mental health and emotional wellbeing needs • Looked-after children who are babies and young children • Looked-after children, young people, and care leavers who are unaccompanied children seeking asylum, or refugees • Looked-after children, young people, and care leavers who are at risk or victims of exploitation (including female genital mutilation) and trafficking • Looked-after children and young people who are teenage and young parents in care • Looked-after children, young people, and care leavers with disabilities; speech, language and communication needs; special education needs or behaviour that challenges. • Looked-after children and young people who are placed out of area • Looked after children, young people, and care leavers who are LGBTQ
18.	Type and method of review	☐ Intervention ☐ Diagnostic ☐ Prognostic ☒ Qualitative ☐ Epidemiologic ☐ Service Delivery ☐ Other (please specify)
19.	Language	English
20.	Country	England
21.	Anticipated or actual start date	June 2019

<table>
<tr><td>22.</td><td>Anticipated completion date</td><td colspan="3">September 2021</td></tr>
<tr><td rowspan="7">23.</td><td rowspan="7">Stage of review at time of this submission</td><td>Review stage</td><td>Started</td><td>Completed</td></tr>
<tr><td>Preliminary searches</td><td>☐</td><td>☐</td></tr>
<tr><td>Piloting of the study selection process</td><td>☐</td><td>☐</td></tr>
<tr><td>Formal screening of search results against eligibility criteria</td><td>☐</td><td>☐</td></tr>
<tr><td>Data extraction</td><td>☐</td><td>☐</td></tr>
<tr><td>Risk of bias (quality) assessment</td><td>☐</td><td>☐</td></tr>
<tr><td>Data analysis</td><td>☐</td><td>☐</td></tr>
<tr><td>24.</td><td>Named contact</td><td colspan="3">5a. Named contact
Guideline Updates Team
5b Named contact e-mail
LACYPupdate@nice.org.uk
5c Organisational affiliation of the review
National Institute for Health and Care Excellence (NICE)</td></tr>
<tr><td>25.</td><td>Review team members</td><td colspan="3">From the Guideline Updates Team:
• Caroline Mulvihill
• Stephen Duffield
• Bernadette Li
• Rui Martins</td></tr>
<tr><td>26.</td><td>Funding sources/sponsor</td><td colspan="3">This systematic review is being completed by the Guideline Updates Team, which is part of NICE.</td></tr>
<tr><td>27.</td><td>Conflicts of interest</td><td colspan="3">All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with</td></tr>
</table>

		conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10121
29.	Other registration details	N/ A
30.	Reference/URL for published protocol	
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Looked after children, physical health, mental health, emotional health, wellbeing, qualitative, systematic review
33.	Details of existing review of same topic by same authors	N/ A
34.	Current review status	☐ Ongoing

		☐ Completed but not published ☐ Completed and published ☐ Completed, published and being updated ☐ Discontinued
35..	Additional information	
36.	Details of final publication	www.nice.org.uk

Appendix B – Literature search strategies

Effectiveness searches

Bibliographic databases searched for the guideline:

- Cochrane Database of Systematic Reviews – CDSR (Wiley)
- Cochrane Central Register of Controlled Trials – CENTRAL (Wiley)
- Database of Abstracts of Reviews of Effects – DARE (CDSR)
- PsycINFO (Ovid)
- EMBASE (Ovid)
- MEDLINE (Ovid)
- MEDLINE Epub Ahead of Print (Ovid)
- MEDLINE In-Process (Ovid)
- Social policy and practice (Ovid)
- ERIC (ProQuest)

A NICE information specialist conducted the literature searches for the evidence review. The searches were originally run in June 2019 with an additional search of the ERIC database in October 2019.

Searches were run on population only and the results were sifted for each review question (RQ). The searches were rerun on all databases reported above in July 2020 and again in October 2020.

The principal search strategy was developed in MEDLINE (Ovid interface) and adapted, as appropriate, for use in the other sources listed in the protocol, taking into account their size, search functionality and subject coverage.

The MEDLINE strategy below was quality assured (QA) by trained NICE information specialist. All translated search strategies were peer reviewed to ensure their accuracy. Both procedures were adapted from the 2016 PRESS Checklist. The translated search strategies are available in the evidence reviews for the guideline.

The search results were managed in EPPI-Reviewer v5. Duplicates were removed in EPPI-R5 using a two-step process. First, automated deduplication is performed using a high-value algorithm. Second, manual deduplication is used to assess 'low-probability' matches. All decisions made for the review can be accessed via the deduplication history.

English language limits were applied in adherence to standard NICE practice and the review protocol.

A date limit of 1990 was applied to align with the approximate advent of the Children Act 1989.

The limit to remove animal studies in the searches was the standard NICE practice, which has been adapted from: Dickersin, K., Scherer, R., & Lefebvre, C. (1994). Systematic Reviews: Identifying relevant studies for systematic reviews. *BMJ*, 309(6964), 1286.

No study design filters were applied, in adherence to the review protocol.

Table 1: search strategy

Medline Strategy, searched 10th June 2019 Database: Ovid MEDLINE(R) 1946 to June 10, 2019 Search Strategy:	
1	child, orphaned/ (659)
2	child, foster/ (71)
3	child, adopted/ (46)
4	adolescent, institutionalized/ (126)

Medline Strategy, searched 10th June 2019 Database: Ovid MEDLINE(R) 1946 to June 10, 2019 Search Strategy:
5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (123)
6 ("care leaver*" or "leaving care").tw. (31)
7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (236)
8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (111)
9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (74)
10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (2973)
11 "ward of court*".tw. (12)
12 or/1-11 (4225)
13 residential facilities/ (5286)

Medline Strategy, searched 10th June 2019 Database: Ovid MEDLINE(R) 1946 to June 10, 2019 Search Strategy:
14 group homes/ (948)
15 halfway houses/ (1051)
16 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (1131)
17 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*)).tw. (6595)
18 or/13-17 (13612)
19 orphanages/ (435)
20 adoption/ (4727)
21 foster home care/ (3503)
22 (special adj1 guardian*).tw. (7)
23 ((placement* or foster*) adj2 (care* or family or families)).tw. (3144)
24 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (279)
25 or/19-24 (9589)

Medline Strategy, searched 10th June 2019 Database: Ovid MEDLINE(R) 1946 to June 10, 2019 Search Strategy:
26 exp Infant/ or Infant Health/ or Infant Welfare/ (1098738) 27 (prematur* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,jn. (811620) 28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (1838706) 29 Minors/ (2505) 30 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,jn. (2212038) 31 exp pediatrics/ (55350) 32 (pediatric* or paediatric* or peadiatric*).ti,ab,in,jn. (768069) 33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (1937435) 34 Puberty/ (12990) 35 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,jn. (393509) 36 Schools/ (35128)

Medline Strategy, searched 10th June 2019 Database: Ovid MEDLINE(R) 1946 to June 10, 2019 Search Strategy:	
37	Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (8591)
38	(pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jn. (440583)
39	("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (3651)
40	or/26-39 (4935665)
41	18 and 40 (4519)
42	12 or 25 or 41 (15912)
43	animals/ not humans/ (4554892)
44	42 not 43 (15801)
45	limit 44 to english language (14199)
46	limit 45 to ed=19900101-20190606 (11059)
No study design filters were used for the search strategy	

Cost-effectiveness searches

Sources searched:

- Econlit (Ovid)
- Embase (Ovid)
- MEDLINE (Ovid)
- MEDLINE In-Process (Ovid)
- PsycINFO (Ovid)
- NHS EED (Wiley)

Search filters to retrieve cost utility, economic evaluations and quality of life papers were appended to the MEDLINE, Embase and PsycINFO searches reported above. The searches were conducted in July 2019. The searches were re-run in October 2020.

Databases	Date searched	Version/files	No. retrieved with CU filter	No retrieved with Econ Eval and QoL filters	No. retrieved with Econ Eval and QoL filters and NOT out CU results
EconLit (Ovid)	09/07/2019	1886 to June 27, 2019	176 (no filter)	Not run again	Not run again
NHS Economic Evaluation Database (NHS EED) (legacy database)	09/07/2019	09/07/2019	105 (no filter)	Not run again	Not run again
Embase (Ovid)	09/07/2019 15/07/2019	1946 to July 08, 2019 1988 to 2019 Week 28	307	2228	1908
MEDLINE (Ovid)	09/07/2019 15/07/2019	1946 to July 08, 2019 1946 to July 12, 2019	269	1136	1135

MEDLINE In-Process (Ovid)	09/07/2019 15/07/2019	1946 to July 08, 2019 1946 to July 12, 2019	6	122	93
MEDLINE Epub Ahead of Print	09/07/2019 15/07/2019	July 08, 2019 July 12, 2019	12	38	29
PsycINFO (Ovid)	09/07/2019 15/07/2019	1987 to July Week 1 2019 1987 to July Week 2 2019	265	Not searched for econ eval and QoL results	Not searched for econ eval and QoL results

Search strategies: Cost Utility filter

Database: PsycINFO <1987 to July Week 1 2019>

Search Strategy:

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1 Foster children/ (1566)

2 Adopted children/ (1578)

3 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (433)

4 ("care leaver*" or "leaving care").tw. (282)

5 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (772)

6 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (309)

7 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (142)

8 "ward of court*".tw. (0)

9 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (1638)

10 or/1-9 (6348)

11 group homes/ (884)

12 halfway houses/ (114)

13 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (1917)

14 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*)).tw. (8380)

15 or/11-14 (10954)

16 orphanages/ (301)

17 adoption/ (2693)

18 foster home care/ (0)

19 (special adj1 guardian*).tw. (5)

20 ((placement* or foster*) adj2 (care* or family or families)).tw. (7275)

21 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (790)

22 or/16-21 (10189)

23 exp Infant/ or Infant Health/ or Infant Welfare/ (0)

24 (prematur* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,jn. (119577)

25 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (8166)

26 Minors/ (0)

27 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,jn. (762095)

28 exp pediatrics/ (26284)

29 (pediatric* or paediatric* or peadiatric*).ti,ab,in,jn. (71640)

30 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (1874)

31 Puberty/ (2287)

32 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,jn. (291098)

33 Schools/ (25726)

34 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (0)

35 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jn. (578348)

36 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (811)

37 or/23-36 (1281612)

38 15 and 37 (5647)

39 10 or 22 or 38 (18267)

40 animals/ not humans/ (4267)

41 39 not 40 (18266)

42 limit 41 to english language (17063)

43 (1990* or 1991* or 1992* or 1993* or 1994* 1995* or 1996* or 1997* or 1998* or 1999* or 2000* or 2001* or 2002* or 2003* or 2004* or 2005* or 2006* or 2007* or 2008* or 2009* or 2010* or 2011* or 2012* or 2013* or 2014* or 2015* or 2016* or 2017* or 2018* or 2019*).up. (3398945)

44 42 and 43 (16072)

45 Markov chains/ (1336)

46 ((qualit* adj2 adjust* adj2 life*) or qaly*).tw. (1638)

47 (EQ5D* or EQ-5D* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european* adj2 quality adj3 ("5" or five))).tw. (1711)

48 "Costs and Cost Analysis"/ (14750)

49 cost.ti. (7067)

50 (cost* adj2 utilit*).tw. (745)

51 (cost* adj2 (effective* or assess* or evaluat* or analys* or model* or benefit* or threshold* or quality or expens* or saving* or reduc*)).tw. (29345)

52 (economic* adj2 (evaluat* or assess* or analys* or model* or outcome* or benefit* or threshold* or expens* or saving* or reduc*)).tw. (7025)

53 ((incremental* adj2 cost*) or ICER).tw. (1058)

54 utilities.tw. (1742)

55 markov*.tw. (3797)

56 (dollar* or USD or cents or pound or pounds or GBP or sterling* or pence or euro or euros or yen or JPY).tw. (8371)

57 ((utility or effective*) adj2 analys*).tw. (2844)

58 (willing* adj2 pay*).tw. (2253)

59 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 (60767)

60 44 and 59 (265)

Database: Ovid MEDLINE(R) <1946 to July 08, 2019>

(line 65)

Search Strategy:

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1 child, orphaned/ (661)

2 child, foster/ (74)

3 child, adopted/ (48)

4 adolescent, institutionalized/ (126)

5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (123)

6 ("care leaver*" or "leaving care").tw. (32)

7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (240)

8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (111)

9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (74)

10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (2986)

11 "ward of court*".tw. (12)

12 or/1-11 (4244)

13 residential facilities/ (5299)

14 group homes/ (950)

15 halfway houses/ (1052)

16 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (1136)

17 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*)).tw. (6631)

18 or/13-17 (13661)

19 orphanages/ (436)

20 adoption/ (4728)

21 foster home care/ (3508)

22 (special adj1 guardian*).tw. (7)

23 ((placement* or foster*) adj2 (care* or family or families)).tw. (3156)

24 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (282)

25 or/19-24 (9605)

26 exp Infant/ or Infant Health/ or Infant Welfare/ (1101046)

27 (prematur* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,jn. (813997)

28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (1843400)

29 Minors/ (2509)

30 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,jn. (2221342)

31 exp pediatrics/ (55492)

32 (pediatric* or paediatric* or peadiatric*).ti,ab,in,jn. (771944)

33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (1942946)

34 Puberty/ (13005)

35 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,jn. (395382)

36 Schools/ (35299)

37 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (8611)

38 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jn. (442260)

39 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (3665)

40 or/26-39 (4951548)

41 18 and 40 (4537)

42 12 or 25 or 41 (15959)

43 animals/ not humans/ (4563292)

44 42 not 43 (15848)

45 limit 44 to english language (14243)

46 limit 45 to ed=19900101-20190606 (11059)

47 limit 45 to dt=19900101-20190611 (10685)

48 Markov Chains/ (13500)

49 Quality-Adjusted Life Years/ or (qualit* adj2 adjust* adj2 life*).tw. or qaly*.tw. (15718)

50 (EQ5D* or EQ-5D* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european* adj2 quality adj3 ("5" or five))).tw. (6545)

51 Cost-Benefit Analysis/ (77012)

52 exp Models, Economic/ (14227)

53 cost.ti. (60952)

54 (cost* adj2 utilit*).tw. (4392)

55 (cost* adj2 (effective* or assess* or evaluat* or analys* or model* or benefit* or threshold* or quality or expens* or saving* or reduc*)).tw. (162969)

56 (economic* adj2 (evaluat* or assess* or analys* or model* or outcome* or benefit* or threshold* or expens* or saving* or reduc*)).tw. (26515)

57 ((incremental* adj2 cost*) or ICER).tw. (10100)

58 utilities.tw. (5428)

59 markov*.tw. (16739)

60 (dollar* or USD or cents or pound or pounds or GBP or sterling* or pence or euro or euros or yen or JPY).tw. (36613)

61 ((utility or effective*) adj2 analys*).tw. (14480)

62 (willing* adj2 pay*).tw. (4632)

63 or/48-62 (287270)

64 45 and 63 (311)

65 46 and 63 (269)

Database: Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations <1946 to July 08, 2019>

(Line 66)

Search Strategy:

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1 child, orphaned/ (0)

2 child, foster/ (0)

3 child, adopted/ (0)

4 adolescent, institutionalized/ (0)

5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (17)

6 ("care leaver*" or "leaving care").tw. (6)

7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (45)

8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (18)

9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (4)

10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (361)

11 "ward of court*".tw. (0)

12 or/1-11 (443)

13 residential facilities/ (0)

14 group homes/ (0)

15 halfway houses/ (0)

16 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (122)

17 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*)).tw. (785)

18 or/13-17 (897)

19 orphanages/ (0)

20 adoption/ (0)

21 foster home care/ (0)

22 (special adj1 guardian*).tw. (0)

23 ((placement* or foster*) adj2 (care* or family or families)).tw. (367)

24 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (31)

25 or/20-24 (391)

26 exp Infant/ or Infant Health/ or Infant Welfare/ (0)

27 (prematur* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,jn. (71122)

28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (0)

29 Minors/ (0)

30 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,jn. (282655)

31 exp pediatrics/ (0)

32 (pediatric* or paediatric* or peadiatric*).ti,ab,in,jn. (105594)

33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (0)

34 Puberty/ (0)

35 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,jn. (52576)

36 Schools/ (0)

37 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (0)

38 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jn. (61256)

39 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (516)

40 or/26-39 (410151)

41 18 and 40 (260)

42 12 or 25 or 41 (962)

43 animals/ not humans/ (0)

44 42 not 43 (962)

45 limit 44 to english language (945)

46 limit 45 to ed=19900101-20190606 (256)

47 limit 45 to dt=19900101-20190611 (916)

48 Markov Chains/ (0)

49 Quality-Adjusted Life Years/ or (qualit* adj2 adjust* adj2 life*).tw. or qaly*.tw. (1713)

50 (EQ5D* or EQ-5D* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european* adj2 quality adj3 ("5" or five))).tw. (1364)

51 Cost-Benefit Analysis/ (0)

52 exp Models, Economic/ (0)

53 cost.ti. (9867)

54 (cost* adj2 utilit*).tw. (767)

55 (cost* adj2 (effective* or assess* or evaluat* or analys* or model* or benefit* or threshold* or quality or expens* or saving* or reduc*)).tw. (29070)

56 (economic* adj2 (evaluat* or assess* or analys* or model* or outcome* or benefit* or threshold* or expens* or saving* or reduc*)).tw. (4431)

57 ((incremental* adj2 cost*) or ICER).tw. (1607)

58 utilities.tw. (947)

59 markov*.tw. (4984)

60 (dollar* or USD or cents or pound or pounds or GBP or sterling* or pence or euro or euros or yen or JPY).tw. (4280)

61 ((utility or effective*) adj2 analys*).tw. (2504)

62 (willing* adj2 pay*).tw. (911)

63 or/48-62 (45705)

64 45 and 63 (28)

65 46 and 63 (6)

66 47 and 63 (27)

Database: Ovid MEDLINE(R) Epub Ahead of Print <July 08, 2019>

(Line 64)

Search Strategy:

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1 child, orphaned/ (0)

2 child, foster/ (0)

3 child, adopted/ (0)

4 adolescent, institutionalized/ (0)

5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (8)

6 ("care leaver*" or "leaving care").tw. (5)

7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (13)

8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (8)

9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (3)

10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (170)

11 "ward of court*".tw. (0)

12 or/1-11 (198)

13 residential facilities/ (0)

14 group homes/ (0)

15 halfway houses/ (0)

16 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (60)

17 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*)).tw. (232)

18 or/13-17 (288)

19 orphanages/ (0)

20 adoption/ (0)

21 foster home care/ (0)

22 (special adj1 guardian*).tw. (0)

23 ((placement* or foster*) adj2 (care* or family or families)).tw. (185)

24 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (11)

25 or/20-24 (191)

26 exp Infant/ or Infant Health/ or Infant Welfare/ (0)

27 (prematur* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,jn. (14304)

28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (0)

29 Minors/ (0)

30 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,jn. (49388)

31 exp pediatrics/ (0)

32 (pediatric* or paediatric* or peadiatric*).ti,ab,in,jn. (19442)

33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (0)

34 Puberty/ (0)

35 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,jn. (12671)

36 Schools/ (0)

37 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (0)

38 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jn. (11661)

39 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (95)

40 or/26-39 (72744)

41 18 and 40 (102)

42 12 or 25 or 41 (409)

43 animals/ not humans/ (0)

44 42 not 43 (409)

45 limit 44 to english language (407)

46 limit 45 to ed=19900101-20190606 (0)

47 limit 45 to dt=19900101-20190611 (382)

48 Markov Chains/ (0)

49 Quality-Adjusted Life Years/ or (qualit* adj2 adjust* adj2 life*).tw. or qaly*.tw. (419)

50 (EQ5D* or EQ-5D* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european* adj2 quality adj3 ("5" or five))).tw. (316)

51 Cost-Benefit Analysis/ (0)

52 exp Models, Economic/ (0)

53 cost.ti. (1350)

54 (cost* adj2 utilit*).tw. (162)

55 (cost* adj2 (effective* or assess* or evaluat* or analys* or model* or benefit* or threshold* or quality or expens* or saving* or reduc*)).tw. (4696)

56 (economic* adj2 (evaluat* or assess* or analys* or model* or outcome* or benefit* or threshold* or expens* or saving* or reduc*)).tw. (838)

57 ((incremental* adj2 cost*) or ICER).tw. (342)

58 utilities.tw. (155)

59 markov*.tw. (807)

60 (dollar* or USD or cents or pound or pounds or GBP or sterling* or pence or euro or euros or yen or JPY).tw. (712)

61 ((utility or effective*) adj2 analys*).tw. (482)

62 (willing* adj2 pay*).tw. (178)

63 or/48-62 (7346)

64 45 and 63 (12)

Database: Embase <1988 to 2019 Week 27>

Search Strategy:

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1 orphaned child/ (606)

2 foster child/ (72)

3 adopted child/ (507)

4 institutionalized adolescent/ (16)

5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (239)

6 ("care leaver*" or "leaving care").tw. (60)

7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (328)

8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (137)

9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (66)

10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (3301)

11 "ward of court*".tw. (13)

12 or/1-11 (4918)

13 residential home/ (5797)

14 halfway house/ (616)

15 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (1546)

16 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*)).tw. (8776)

17 or/13-16 (15272)

18 orphanage/ (851)

19 foster care/ (3851)

20 (special adj1 guardian*).tw. (7)

21 ((placement* or foster*) adj2 (care* or family or families)).tw. (4024)

22 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (359)

23 *adoption/ (2710)

24 or/18-23 (6865)

25 exp juvenile/ or Child Behavior/ or Child Welfare/ or Child Health/ or infant welfare/ or "minor (person)"/ or elementary student/ (2784798)

26 (prematur* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,ad,jw. (990094)

27 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,ad,jw. (3070275)

28 exp pediatrics/ (89360)

29 (pediatric* or paediatric* or peadiatric*).ti,ab,in,ad,jw. (1438284)

30 exp adolescence/ or exp adolescent behavior/ or adolescent health/ or high school student/ or middle school student/ (88098)

31 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,ad,jw. (568613)

32 school/ or high school/ or kindergarten/ or middle school/ or primary school/ or nursery school/ or day care/ (91653)

33 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jw. (588621)

34 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (6349)

35 or/25-34 (5334085)

36 17 and 35 (5115)

37 24 and 35 (5358)

38 12 or 24 or 36 or 37 (14911)

39 nonhuman/ not human/ (3937063)

40 38 not 39 (14760)

41 (letter or editorial).pt. (1540594)

42 (conference abstract or conference paper or conference proceeding or "conference review").pt. (4222564)

43 41 or 42 (5763158)

44 40 not 43 (12196)

45 limit 44 to dc=19900101-20190606 (11884)

46 limit 45 to english language (11023)

47 Markov chain/ (4090)

48 quality adjusted life year/ or (qualit* adj2 adjust* adj2 life*).tw. or qaly*.tw. (30409)

49 (EQ5D* or EQ-5D* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european* adj2 quality adj3 ("5" or five))).tw. (15875)

50 "cost benefit analysis"/ (76518)

51 exp economic model/ (1504)

52 cost.ti. (88995)

53 (cost* adj2 utilit*).tw. (8688)

54 (cost* adj2 (effective* or assess* or evaluat* or analys* or model* or benefit* or threshold* or quality or expens* or saving* or reduc*)).tw. (264435)

55 (economic* adj2 (evaluat* or assess* or analys* or model* or outcome* or benefit* or threshold* or expens* or saving* or reduc*)).tw. (44462)

56 ((incremental* adj2 cost*) or ICER).tw. (20797)

57 utilities.tw. (10291)

58 markov*.tw. (26990)

59 (dollar* or USD or cents or pound or pounds or GBP or sterling* or pence or euro or euros or yen or JPY).tw. (49359)

60 ((utility or effective*) adj2 analys*).tw. (25580)

61 (willing* adj2 pay*).tw. (8767)

62 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 (437018)

63 46 and 62 (307)

64 (conference abstract or conference paper or conference proceeding or "conference review" or letter or editorial).pt. (5763158)

65 63 not 64 (307)

Database: Econlit <1886 to June 27, 2019>

Search Strategy:

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1 [child, orphaned/] (0)

2 [child, foster/] (0)

3 [child, adopted/] (0)

4 [adolescent, institutionalized/] (0)

5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (3)

6 ("care leaver*" or "leaving care").tw. (2)

7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (15)

8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (34)

9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (6)

10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (111)

11 "ward of court*".tw. (0)

12 or/1-11 (163)

13 [residential facilities/] (0)

14 [group homes/] (0)

15 [halfway houses/] (0)

16 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (42)

17 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*)).tw. (208)

18 or/13-17 (250)

19 [orphanages/] (0)

20 [adoption/] (0)

21 [foster home care/] (0)

22 (special adj1 guardian*).tw. (0)

23 ((placement* or foster*) adj2 (care* or family or families)).tw. (154)

24 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (23)

25 or/20-24 (172)

26 [exp Infant/ or Infant Health/ or Infant Welfare/] (0)

27 (prematur* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,jn. (5404)

28 [exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/] (0)

29 [Minors/] (0)

30 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,jn. (45263)

31 [exp pediatrics/] (0)

32 (pediatric* or paediatric* or peadiatric*).ti,ab,in,jn. (168)

33 [Adolescent/ or Adolescent Behavior/ or Adolescent Health/] (0)

34 [Puberty/] (0)

35 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,jn. (8812)

36 [Schools/] (0)

37 [Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/] (0)

38 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jn. (47608)

39 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (56)

40 or/26-39 (91121)

41 18 and 40 (71)

42 12 or 25 or 41 (359)

43 limit 42 to yr="2009 -Current" (176)

Database: NHSEED (CRD)

1 MeSH DESCRIPTOR Child, Orphaned EXPLODE ALL TREES IN NHSEED 0

2 MeSH DESCRIPTOR Adoption EXPLODE ALL TREES IN NHSEED 3

3 (("looked after" NEAR2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*))) IN NHSEED 0

4 ("care leaver*" or "leaving care") IN NHSEED 0

5 ("in care") IN NHSEED 40

6 ("care experience") IN NHSEED 1

7 (nonparent* or non-parent* or parentless* or parent-less) IN NHSEED 0

8 (relinquish* or estrange*) IN NHSEED 0

9 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*):TI IN NHSEED 22

10 ("ward of court*") IN NHSEED 0

11 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 64

12 (((residential or supported or remand* or secure or correctional) NEAR1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*))) IN NHSEED 88

13 MeSH DESCRIPTOR orphanages EXPLODE ALL TREES IN NHSEED 0

14 (guardian) IN NHSEED 13

15 (((placement* or foster*) NEAR2 (care* or family or families))) IN NHSEED 7

16 (((kinship or nonkinship or non kinship or connected or substitute*) NEAR1 care*)) IN NHSEED 1

17 #13 OR #14 OR #15 OR #16 21

18 (infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler* or child* or minor or minors or boy* or girl* or kid or kids or young* or adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*) IN NHSEED 5275

19 #12 AND #18 23

20 #11 OR #17 OR #19 105

Search strategies: Economic Evaluation and Quality of Life filters

Database: Ovid MEDLINE(R) <1946 to July 12, 2019>

Search Strategy:

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1 child, orphaned/ (664)

2 child, foster/ (74)

3 child, adopted/ (48)

4 adolescent, institutionalized/ (126)

5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (123)

6 ("care leaver*" or "leaving care").tw. (32)

7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (240)

8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (111)

9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (74)

10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (2989)

11 "ward of court*".tw. (12)

12 or/1-11 (4249)

13 residential facilities/ (5301)

14 group homes/ (951)

15 halfway houses/ (1052)

16 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (1136)

17 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*)).tw. (6640)

18 or/13-17 (13672)

19 orphanages/ (438)

20 adoption/ (4729)

21 foster home care/ (3508)

22 (special adj1 guardian*).tw. (7)

23 ((placement* or foster*) adj2 (care* or family or families)).tw. (3156)

24 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (282)

25 or/19-24 (9924)

26 exp Infant/ or Infant Health/ or Infant Welfare/ (1101512)

27 (prematur* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,jn. (814530)

28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (1844269)

29 Minors/ (2509)

30 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,jn. (2223285)

31 exp pediatrics/ (55515)

32 (pediatric* or paediatric* or peadiatric*).ti,ab,in,jn. (772838)

33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (1944098)

34 Puberty/ (13005)

35 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,jn. (395763)

36 Schools/ (35334)

37 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (8611)

38 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jn. (442578)

39 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (3674)

40 or/26-39 (4954893)

41 18 and 40 (4538)

42 12 or 25 or 41 (16193)

43 animals/ not humans/ (4565244)

44 42 not 43 (16082)

45 limit 44 to english language (14416)

46 limit 45 to ed=19900101-20190714 (11278)

47 limit 45 to dt=19900101-20190715 (10852)

48 Markov Chains/ (13507)

49 Quality-Adjusted Life Years/ or (qualit* adj2 adjust* adj2 life*).tw. or qaly*.tw. (15740)

50 (EQ5D* or EQ-5D* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european* adj2 quality adj3 ("5" or five))).tw. (6562)

51 Cost-Benefit Analysis/ (77068)

52	exp Models, Economic/ (14240)
53	cost.ti. (61003)
54	(cost* adj2 utilit*).tw. (4395)
55	(cost* adj2 (effective* or assess* or evaluat* or analys* or model* or benefit* or threshold* or quality or expens* or saving* or reduc*)).tw. (163128)
56	(economic* adj2 (evaluat* or assess* or analys* or model* or outcome* or benefit* or threshold* or expens* or saving* or reduc*)).tw. (26542)
57	((incremental* adj2 cost*) or ICER).tw. (10113)
58	utilities.tw. (5434)
59	markov*.tw. (16747)
60	(dollar* or USD or cents or pound or pounds or GBP or sterling* or pence or euro or euros or yen or JPY).tw. (36633)
61	((utility or effective*) adj2 analys*).tw. (14500)
62	(willing* adj2 pay*).tw. (4638)
63	or/48-62 (287514)
64	45 and 63 (314)
65	46 and 63 (272)
66	47 and 63 (267)
67	Economics/ (27059)
68	exp "Costs and Cost Analysis"/ (226218)
69	Economics, Dental/ (1906)
70	exp Economics, Hospital/ (23683)

71	exp Economics, Medical/ (14107)
72	Economics, Nursing/ (3986)
73	Economics, Pharmaceutical/ (2868)
74	Budgets/ (11138)
75	exp Models, Economic/ (14240)
76	Markov Chains/ (13507)
77	Monte Carlo Method/ (26889)
78	Decision Trees/ (10615)
79	econom$.tw. (220798)
80	cba.tw. (9569)
81	cea.tw. (19685)
82	cua.tw. (941)
83	markov$.tw. (16747)
84	(monte adj carlo).tw. (28270)
85	(decision adj3 (tree$ or analys$)).tw. (12136)
86	(cost or costs or costing$ or costly or costed).tw. (428019)
87	(price$ or pricing$).tw. (31251)
88	budget$.tw. (22462)
89	expenditure$.tw. (46305)

90 (value adj3 (money or monetary)).tw. (1946)

91 (pharmacoeconomic$ or (pharmaco adj economic$)).tw. (3350)

92 or/67-91 (869079)

93 "Quality of Life"/ (178315)

94 quality of life.tw. (210147)

95 "Value of Life"/ (5653)

96 Quality-Adjusted Life Years/ (11173)

97 quality adjusted life.tw. (9768)

98 (qaly$ or qald$ or qale$ or qtime$).tw. (8028)

99 disability adjusted life.tw. (2374)

100 daly$.tw. (2184)

101 Health Status Indicators/ (22927)

102 (sf36 or sf 36 or short form 36 or shortform 36 or sf thirtysix or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).tw. (21132)

103 (sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six).tw. (1258)

104 (sf12 or sf 12 or short form 12 or shortform 12 or sf twelve or sftwelve or shortform twelve or short form twelve).tw. (4470)

105 (sf16 or sf 16 or short form 16 or shortform 16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).tw. (28)

106 (sf20 or sf 20 or short form 20 or shortform 20 or sf twenty or sftwenty or shortform twenty or short form twenty).tw. (370)

107 (euroqol or euro qol or eq5d or eq 5d).tw. (7790)

108 (qol or hql or hqol or hrqol).tw. (39934)

109	(hye or hyes).tw. (58)
110	health$ year$ equivalent$.tw. (38)
111	utilit$.tw. (158839)
112	(hui or hui1 or hui2 or hui3).tw. (1208)
113	disutili$.tw. (351)
114	rosser.tw. (82)
115	quality of wellbeing.tw. (11)
116	quality of well-being.tw. (367)
117	qwb.tw. (186)
118	willingness to pay.tw. (3952)
119	standard gamble$.tw. (763)
120	time trade off.tw. (981)
121	time tradeoff.tw. (223)
122	tto.tw. (848)
123	or/93-122 (455927)
124	92 or 123 (1261859)
125	45 and 124 (1599)
126	46 and 124 (1395)
127	47 and 124 (1345)

128 125 not 64 (1300)

129 126 not 65 (1136)

130 127 not 66 (1090)

Database: Embase <1988 to 2019 Week 28>

Search Strategy:

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1 orphaned child/ (608)

2 foster child/ (73)

3 adopted child/ (510)

4 institutionalized adolescent/ (16)

5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (239)

6 ("care leaver*" or "leaving care").tw. (60)

7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (328)

8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (137)

9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (66)

10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (3308)

11 "ward of court*".tw. (13)

12 or/1-11 (4928)

13 residential home/ (5806)

14 halfway house/ (618)

15 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (1548)

16 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*)).tw. (8794)

17 or/13-16 (15298)

18 orphanage/ (851)

19 foster care/ (3854)

20 (special adj1 guardian*).tw. (7)

21 ((placement* or foster*) adj2 (care* or family or families)).tw. (4029)

22 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (360)

23 *adoption/ (2704)

24 or/18-23 (9315)

25 exp juvenile/ or Child Behavior/ or Child Welfare/ or Child Health/ or infant welfare/ or "minor (person)"/ or elementary student/ (2788952)

26 (prematur* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,ad,jw. (991635)

27 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,ad,jw. (3075545)

28 exp pediatrics/ (89475)

29 (pediatric* or paediatric* or peadiatric*).ti,ab,in,ad,jw. (1440596)

30 exp adolescence/ or exp adolescent behavior/ or adolescent health/ or high school student/ or middle school student/ (88253)

31 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,ad,jw. (569652)

32 school/ or high school/ or kindergarten/ or middle school/ or primary school/ or nursery school/ or day care/ (91782)

33 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jw. (589614)

34 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (6369)

35 or/25-34 (5342804)

36 17 and 35 (5123)

37 24 and 35 (6834)

38 12 or 24 or 36 or 37 (16935)

39 nonhuman/ not human/ (3943285)

40 38 not 39 (16745)

41 (letter or editorial).pt. (1542836)

42 (conference abstract or conference paper or conference proceeding or "conference review").pt. (4231963)

43 41 or 42 (5774799)

44 40 not 43 (13711)

45 limit 44 to dc=19900101-20190606 (13274)

46 limit 45 to english language (12254)

47 Markov chain/ (4122)

48 quality adjusted life year/ or (qualit* adj2 adjust* adj2 life*).tw. or qaly*.tw. (30497)

49 (EQ5D* or EQ-5D* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european* adj2 quality adj3 ("5" or five))).tw. (15926)

50 "cost benefit analysis"/ (76622)

51 exp economic model/ (1511)

52 cost.ti. (89185)

53 (cost* adj2 utilit*).tw. (8710)

54 (cost* adj2 (effective* or assess* or evaluat* or analys* or model* or benefit* or threshold* or quality or expens* or saving* or reduc*)).tw. (264961)

55 (economic* adj2 (evaluat* or assess* or analys* or model* or outcome* or benefit* or threshold* or expens* or saving* or reduc*)).tw. (44536)

56 ((incremental* adj2 cost*) or ICER).tw. (20854)

57 utilities.tw. (10311)

58 markov*.tw. (27064)

59 (dollar* or USD or cents or pound or pounds or GBP or sterling* or pence or euro or euros or yen or JPY).tw. (49454)

60 ((utility or effective*) adj2 analys*).tw. (25652)

61 (willing* adj2 pay*).tw. (8797)

62 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 (437885)

63 46 and 62 (336)

64 exp Health Economics/ (754904)

65 exp "Health Care Cost"/ (271264)

66	exp Pharmacoeconomics/ (183070)
67	Monte Carlo Method/ (36411)
68	Decision Tree/ (11234)
69	econom$.tw. (313756)
70	cba.tw. (8890)
71	cea.tw. (29221)
72	cua.tw. (1304)
73	markov$.tw. (27064)
74	(monte adj carlo).tw. (42778)
75	(decision adj3 (tree$ or analys$)).tw. (20246)
76	(cost or costs or costing$ or costly or costed).tw. (667335)
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79	expenditure$.tw. (65082)
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81	(pharmacoeconomic$ or (pharmaco adj economic$)).tw. (8274)
82	or/64-81 (1524839)
83	"Quality of Life"/ (429148)
84	Quality Adjusted Life Year/ (24150)

85 Quality of Life Index/ (2640)

86 Short Form 36/ (26202)

87 Health Status/ (117486)

88 quality of life.tw. (394895)

89 quality adjusted life.tw. (17693)

90 (qaly$ or qald$ or qale$ or qtime$).tw. (18129)

91 disability adjusted life.tw. (3574)

92 daly$.tw. (3505)

93 (sf36 or sf 36 or short form 36 or shortform 36 or sf thirtysix or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).tw. (38927)

94 (sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six).tw. (1902)

95 (sf12 or sf 12 or short form 12 or shortform 12 or sf twelve or sftwelve or shortform twelve or short form twelve).tw. (8636)

96 (sf16 or sf 16 or short form 16 or shortform 16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).tw. (51)

97 (sf20 or sf 20 or short form 20 or shortform 20 or sf twenty or sftwenty or shortform twenty or short form twenty).tw. (403)

98 (euroqol or euro qol or eq5d or eq 5d).tw. (18036)

99 (qol or hql or hqol or hrqol).tw. (87193)

100 (hye or hyes).tw. (123)

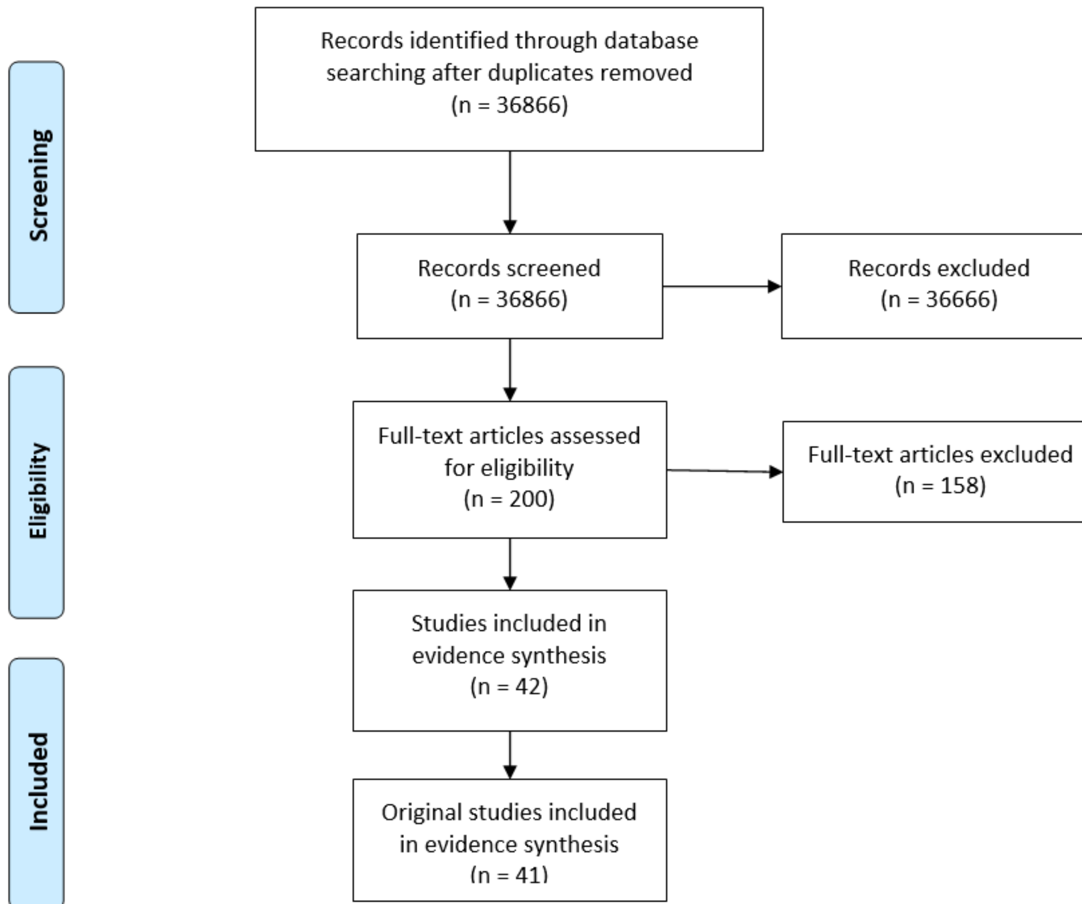
101 health$ year$ equivalent$.tw. (41)

102 utilit$.tw. (256882)

103 (hui or hui1 or hui2 or hui3).tw. (2074)

104	disutili$.tw. (837)
105	rosser.tw. (116)
106	quality of wellbeing.tw. (38)
107	quality of well-being.tw. (464)
108	qwb.tw. (234)
109	willingness to pay.tw. (7664)
110	standard gamble$.tw. (1054)
111	time trade off.tw. (1611)
112	time tradeoff.tw. (279)
113	tto.tw. (1529)
114	or/83-113 (891635)
115	82 or 114 (2273922)
116	46 and 115 (2228)
117	116 not 63 (1908)

Appendix C – Qualitative evidence study selection



Appendix D – Evidence Tables

Alderson 2019

Study type	Focus Groups Semi structured interviews RQ3 Evaluation of an intervention Supporting Looked After Children and Care Leavers In Decreasing Drugs, and Alcohol - RCT currently underway: Motivational Enhancement Therapy (MET) and Social Behaviour and Network Therapy (SBNT)
Aim of study	Authors aimed to establish whether the Motivational Enhancement Therapy (MET) and Social Behaviour and Network Therapy (SBNT) interventions were feasible and acceptable to adapt in relation to looked after children and other key stakeholders.
Study location	UK
Study setting	looked after children taking part in a randomised controlled trial of a behavioural change intervention to reduce risky substance use (drug and alcohol)
Study methods	Authors proposed to carry out individual 1:1 interviews with looked after children and carers and focus groups with professional participants. In reality, for pragmatic reasons we conducted a combination of individual interviews, dyad interviews and focus groups depending on participant's availability. Interviews were carried out by experienced qualitative researchers, they were audio recorded and transcribed verbatim. Transcripts were anonymised and identifiable participant details with a participant key were stored separately. Transcripts were thematically analysed, this entailed a line by line coding process and then analysis within a given transcripts and across the dataset as a whole. Analysis was an iterative process, using the constant comparative method [21], in order to identify key themes and concepts. Qualitative software

	(NVIVO 10) ws used to organise thematic codes. The data were compared across the three participant groups (i.e. LAC, professionals and carers) with similarities and differences being highlighted.
Population	Looked-after children who have experienced receiving drug and alcohol treatment interventions and/or LAC accessing other services for support surrounding 'help seeking' behaviour.
Study dates	March 2016 to February 2018
Sources of funding	Newcastle University
Inclusion Criteria	Age 12 to 20 years Health risks screened positive for being at risk of substance use
Exclusion criteria	None reported
Sample characteristics	Sample size 19 looked after children, 17 carers, 8 drug and alcohol workers, 8 social workers Reason for stopping recruitment not reported Type of care 5 in foster care, 8 in residential care, 5 in independent or supported living, 1 living with biological parents Other recruitment considerations The purposive sample aimed to ensure diversity with regards to age, exposure to drug and alcohol use and placement type. Substance abuse 16 with current or previous substance, 3 never used substances

Relevant themes	Theme 1 Trust and genuine care: The qualities of trust and genuine care were the two main sub- themes that emerged regarding what underpinned a successful therapeutic relationship. Participants, inclusive of professionals and LAC themselves highlighted the importance of building a therapeutic relationship when working to reduce substance misuse. Theme 2 Need to earn trust to gain confidence: The LAC's ability to confide in professionals and trust the substance misuse practitioner was a recurrent theme. Whilst trust is recognised as a necessary condition for any caring relationship, it was reported to be particularly important for LAC, whose experiences leading up to their placement in care may have impacted upon their ability to trust others. Professionals acknowledged that LAC often experience disorganised and difficult attachment. This included repeated experiences of their essential needs going unmet, relationship breakdown and abandonment, being let down and broken promises. Professionals displayed a clear understanding of these complex attachment issues and discussed the need to 'earn' trust when engaging with LAC: "You need to put in the groundwork initially. I think with teenagers you need to gain their trust, you need to work for it. Because if they have been hurt, which they will have been, they will try to push you away. They won't want to trust you." (Carly, Social worker, focus group) Theme 3 Availability: Practitioners were expected to act in particular ways in order to demonstrate their trustworthiness. Typically this involved the practitioner being reliable; a quality which practitioners reported could be communicated to the LAC in multiple ways within the interaction. One foster carer describes displaying their reliability in terms of being available 24/7, he is permanently 'on call' if a young person needs him, he states: "it is not a job because there is no job that makes you work 24 hours a day, 7 days a week and 365 days of the year, but this one does" (James, Foster carer, focus group). Theme 4 Reliability: Professional and LAC participants reported that the practitioner's reliability must be consistent as any inconsistency is likely to build mistrust. "Just by keeping to your word, even little things like keeping your appointments and attending on time, looking into things when you say you're going to…" (Susan, Social Worker, focus group). Theme 5 Time for building rapport: From the perspective of LAC, engaging with services depends fundamentally on the relationship between themselves and their allocated worker. To facilitate the sense of a reciprocal trustworthy relationship, young people explained the importance of 'working gradually', wherein at least the first couple of interactions should be dedicated to building a rapport and 'engaging' the young person prior to formal sessions commencing. Additionally, this could be shown by professionals not expecting young people to instantly make disclosures, but allowing a positive working relationship to develop first. Self-disclosures where practitioners 'trade' personal information were perceived to be beneficial to developing a trusting relationship, whereby the process of sharing information was not completely one sided. Some, examples that young people provided for this were discussing a hobby that the practitioner enjoyed doing or talking about a pet they had. This level of disclosure enable a small 'trade' of personal information to be made without divulging any sensitive personal information. LAC reported that such disclosure enhanced their sense of connection to the practitioner as well as their own safety to disclose information. "When you work with someone you have to build a bond up first, before you can open up to them…..It's, well the way I've done is just ask questions about them, and then if they tell you, then you know well if they've told me this then I can tell them that" (Sophie,17, YP interview). Theme 6 Genuine not contractual care: A further quality that LAC sought but did not always feel that they received was that of 'genuine care'. LAC described having multiple contacts with professionals, with much of the care a child usually receives from a loving family being provided by a professional who is employed to provide such care. The corporate parenting role dictates that safeguarding and risk management take precedent over the provision of emotional support. However, many social workers described going 'above and beyond' their role and being available outside of their contracted working hours in an attempt to show they care for the young people in their care. "Myself and his YOT worker had agreed between us that we would have our phones on 24/7. So that if he wanted to get in touch and check in we knew he was okay. So we did, we took turns and he did check in and he did arrange to meet up which was really good" (Steph, Social worker, focus group) Theme 7

	Importance of genuine care (2): LAC were acutely aware of the corporate parenting role fulfilled by the professionals and highlighted the importance of practitioners (professionals and foster carers) whom made them feel like they 'genuinely' cared about their welfare. Despite being in a paid position to provide care for young people, foster carers reinforced their attempts to provide the same level of care and support to the children and young people they foster/care for in the same way they would treat their own biological children. "Any child that comes to live with me, I know they are not mine, however I will work with them, I will play with them, I will live with them and I will do everything to my best ability in every area, in every arena because I want what is best for them." (Liz, foster carer, interview). Theme 8 Genuine care and availability (3): For LAC, Genuine care involves professionals 'being available' when needed, showing empathy, perseverance and providing support (emotional and practical) which feels unconditional. For the young people, genuine care was described as stemming from personal investment rather than a professional obligation or remuneration. "Like Josie talks to me, not like I'm just someone she has to work with, she talks to me like she cares" (Carla, 17, YP interview) Theme 9 Sensitive and non-judgmental response: From the perspective of LAC, a further way of professionals showing that they cared for a young person was to take a non-judgemental approach and to show unconditional positive regard to the young people under their care regardless of the information they were disclosing. This was reinforced by professionals and foster carers, whom reported LAC disclosing information to them regarding historical experiences. Foster carers described having to respond in a sensitive and non-judgemental way. "We had a young man who had been abused by a family member. He was feeling guilty himself about it and thought that we would feel disgusted that things like that had been done. It is letting him see that we are not disgusted. Straight away, I have heard all of this before, you are not the only one. It is not your fault." (Carol, female, foster carer, focus group). "…my family is 'f…. up'…really 'f….. up'. And if I sat there and told someone they'd probably run a mile, they probably would. So that's why I've never really opened up to anyone, cause if I did they probably would run away, do you know what I mean?" (Ewan, 17, YP interview) Theme 10 Traditional one-to-one counselling style interactions are often unproductive for LACYP: Typically this was experienced as overly formal for LAC who might find this type of interaction difficult to engage with. Young people commented on how they found it harder to participate in 'traditional' formally structured sessions. "It was like in a room…and like there's a table there and it had like little seats round, and like, he was just on about things. Do you know, he didn't make it very good, like, he didn't make it very fun and enjoyable kind of thing. It was just like, boring. He was just writing things down that I was saying basically and it just upset me. He just kept on going over it and over it and over it, he was like "so how did that feel? Bla bla bla." I didn't really feel comfortable" (Isabelle, 13, YP interview) Theme 11 Need for therapeutic practitioners to work creatively and use visual strategies. The ability for practitioners to work creatively and use visual strategies such as the 'node-link mapping' used in the International Treatment Effectiveness Project (ITEP) and mood cards whilst staying true to the intervention delivery was deemed a successful strategy to engage LAC. "That are notmany young people who you'll get to the point where you're doing that one to one counselling really. It is few and far between. You're being creative…" (Adam, drug and alcohol worker, focus group). Many LAC wanted other strategies and approaches to be used to help them connect with professionals, maintain concentration and become more involved in sessions. "Writing it down or doing it like arts and crafts way because I don't like just talking and having conversations cause I just get a bit bored and lose track, then I'll start fiddling about." (Abbie, 18, YP interview) Theme 12 Explicit upfront acknowledgement of the complexities of life in the care system when addressing drug and alcohol addiction: A further approach deemed necessary when working with LAC was to explicitly acknowledge the complexities of their life due to them being in the care system. This enables a holistic approach to be taken within sessions. LAC identified it was important that goals did not focus solely around substance use. They valued discussions that recognised the difficulties occurring within their lives and facilitated a personalised approach to be taken to meet their needs. Professionals also clearly identified that a bespoke approach has to be taken; "I think what's coming out here is that with the kids we work with, the drug and alcohol issue is over there, if you like, and a whole raft of other issues are here. As workers we're dealing with all of these here and that tends to sort the drug and alcohol issues out quite naturally" (Laura, Drug and alcohol worker, focus group) Theme 13

<table>
<tr><td></td><td>Frequent placement changes resulting in inconsistent and fragmented support networks: Frequent placement changes resulted in inconsistent and fragmented support networks for LAC. The transient nature of the LAC population can result in young people being eager to find friends even if that results in becoming involved in unhealthy friendships. “So they might, you know, have contact with their brothers or sisters, you know, it is just they get moved around, and when they are moved around they are vulnerable, they are desperate to have friends or they are desperate to have somebody to call their own…… people get attracted to them who are, I would say, not the type of kids I would want my kids to knock around with” (Liz, foster carer, Interview).

Theme 14
Gaps in the social network: the central part that social interaction and support for change plays in any resolution of substance misuse problems. “It is quite sad sometimes when they haven’t got anybody in the family, not even an uncle or a cousin or somebody who they can put down as a support really” (Steph, social worker, focus group). The challenges of finding appropriate network members was explored, in many interviews LAC struggled to identify someone they felt they could turn to, feelings of not having support or the need to be self-sufficient was verbalised; “My boyfriend and his friends, and there’s a few of my friends. Actually they’ve got their own lives as well, they’ve got their own houses and their partners and they’re all settling down as well, so… there’s not really many people there. When you think about it though, how many of them can you turn to if you’ve got a problem? Cause there’s not a lot” (Abbie, 18, YP interview).

Theme 15
Unconventional social support networks: When young people did identify positive support, it was often people outside of the traditional family support network as would be expected within the LAC population. This in itself could be challenging due to the identified sources of support often being professionals whose ability to provide ongoing or out of hours support is not always practical as would be possible from a more traditional family member. “There’s two main people I’ve got in my life which provides me with support. One’s my boss, he’s a farm manager, I work with him most days. Another person is the manager of [name of school], he owns the company and he helps quite a lot by, when I moved out of here the first time, he’s the one that made me come back, and let me get my head back” (Philip, 17, YP interview).

Theme 16
Looked after children's inability, at times, to recognize support

Theme 17
In interventions the need to include criteria for a ‘network member’ was made more flexible to enable less traditional members to engage with sessions and act as a support

Theme 18
That in interventions for substance abuse there is a need for treatment goals to be wider than substance use alone</td></tr>
<tr><td>Risk of bias</td><td>
<table>
<tr><th>Section</th><th>Question</th><th>Answer</th></tr>
<tr><td>Aims of the research</td><td>Was there a clear statement of the aims of the research?</td><td>Yes</td></tr>
<tr><td>Appropriateness of methodology</td><td>Is a qualitative methodology appropriate?</td><td>Yes</td></tr>
</table>
</td></tr>
</table>

	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *("The purposive sample aimed to ensure diversity with regards to age, exposure to drug and alcohol use and placement type. The final sample was representative of the LAC population so far as there was an equal mix of male and female participants and a range of placement types across the different local authority areas" However, the was no discussion regarding why/if some people chose not to take part.)*
	Data collection	Was the data collected in a way that addressed the research issue?	Yes *(However, researchers did not justify the setting for data collection. data saturation was considered.)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Can't tell if the researchers critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes *(ethical approval obtained)*
	Data analysis	Was the data analysis sufficiently rigorous?	Yes *(However, unclear if researcher critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Yes

	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Low
		Directness	Directly applicable

Barron 2017

Intervention	**Group-Based Psychosocial Trauma Recovery Program (N = 10)** TRT is a trauma-specific program based on cognitive behavioral theory that focuses on normalizing the trauma response; teaching strategies for intrusive memories, hyper-arousal, and avoidance symptoms of PTSD as well as coping with loss. TRT was originally developed for adolescents who experienced disaster situations, such as earthquakes, and war trauma. Content includes: (i) case studies as exemplars for psychoeducation on traumatic events, normalizing resultant symptoms, and stimulating the sharing of traumatic events; (ii) relaxation techniques and positive cognitions to help with emotional dysregulation; (iii) brief exposure for trauma reminders; and (iv) systematic desensitization of anxiety and anger hierarchies for avoidance. Because of short concentration spans and social skill difficulties, adolescents received an adapted version of TRT. Sessions were shorter, 40 min on average, and delivered twice weekly over seven weeks, rather than weekly two hour sessions. Two program workers were present during delivery, one to present, the other to support. Presenters received a-three day training by an expert trainer from the Children and War Foundation covering program values, content and processes. Training methods mirrored program activities and included information giving, modeling, experiential learning, reflection, and feedback. TRT was delivered to the intervention group during school time and over three phases (May, October and February) with four, four and two adolescents in the intervention groups respectively. Presenters received group supervision by the principle researcher, following each phase of delivery. This involved affirming adherence to TRT protocols, making adaptations within theoretical guidance and being responsive to adolescents. All sessions were video recorded for fidelity analysis.
Study type	Focus Groups

	Interviews (unclear) RQ3 Evaluation of an intervention Group-Based Psychosocial Trauma Recovery Program
Aim of study	to assess experience of and views on future development of this intervention
Study location	UK (Scotland)
Study setting	A secure accommodation facility in Scotland.
Study methods	Interviews were held with adolescents 1 month post TRT to assess their subjective experience of the program. Adolescents (n = 10) were asked what they thought of TRT including: whether it was helpful and in what ways; which parts worked best; what was learned; what strategies were applied in real life; how likely is it that they will use the strategies in real life (on a zero to ten scale); if any negative consequences were experienced and what would improve TRT? Adolescent responses were recorded verbatim by the researcher and checked for accuracy by the program worker at the time of interview. Analysis involved a quasi-qualitative thematic analysis that utilizes identification of meaningful codes and themes from statements as well as the frequency counts of statements under each code. A quasi-qualitative analysis was chosen in order to not only identify participant meanings but also to get a measure of how often the meanings were reported by adolescents and potential measure of importance. The steps within the quasi-qualitative analysis were: familiarization of the whole data set for each question; the identification of statements into codes of meaning; rank ordering of codes; the analysis of codes into superordinate themes; a review of statements, codes and themes.
Population	Adolescents in a secure accommodation facility
Study dates	not reported

Sources of funding	Scottish Government Youth Justice Team
Inclusion Criteria	Care Situation adolescents in a secure accommodation facility in Scotland
Exclusion criteria	None reported
Sample characteristics	Sample size 10 adolescents, A focus group was held with the three presenters and the support services manager after TRT ended.
Relevant themes	Theme 1 What adolescents liked about the intervention: Relaxing (n = 7); All activities (n = 6); Safe place (n = 4); Drawing (n = 2); Tapping (n = 1) Smelling (n = 1) Bad picture to good picture (n = 1) Being in a group (n = 1) Talking about things (n = 1) Comparing feelings then and now (n = 1) Theme 2 What adolescents learned from the intervention: Talking about feelings (n = 2) How to cope (n = 2) If annoyed, breathe and think about something else (n = 2) How to deal with difficult images, to keep them in the past (n = 2) How to put thoughts to the side (n = 2) Hear different points of view (n = 1) Beneficial to talk/not talk about (n = 1) Theme 3 What adolescents found challenging in the intervention: Not like groups (n = 6) Breathing, drawing and safe place (n = 3) Visual imagery (n = 2) Other adolescents' behavior (n = 1) Theme 4 Future direction the adolescents felt the intervention could take: One to one TRT (n = 3) Individual work after group work (n = 1) More sessions (n = 1) Others need to open up more (n = 1) Not so much visualization (n = 1) Theme 5 What the workers liked about the intervention: Valuable contributions from adolescents (n = 27) Individual and group activities (n = 12) Imagery, graded exposure, fear thermometer, safe place, fun (n = 5) Emphasize purpose of the activity (n = 4) Visual materials to aid imagination (n = 4) Small groups & short sessions (n = 3) Theme 6 What the workers felt adolescents learned about through the intervention: Normalization through shared experience (n = 9); Increased sense of control (n = 8); Re-visit learning in units (n = 7); Better understanding of trauma and symptoms (n = 6); Symptoms reduced (n = 4); Range of tools to apply in life (n = 4) Theme 7 What the workers themselves learned about through the intervention: Extent of trauma (n = 10); Recognizing trauma events and symptoms including in reports (n = 9); Trauma lens report writing (n = 6); Trauma recovery strategies (n = 4); Helping agencies recognize trauma (n = 4); Revisiting learning for adolescents (n = 4); Cautious re asking about trauma (n = 3) Embed TRT into practice (n = 3); Trauma not recognized or met (n = 3); Change is not linear (n = 1)

<table>
<tr><td></td><td>Theme 8
What the workers found challenging in delivering the intervention: Adolescent behavior (n = 17); Limited verbal contributions (n = 11); Liaison with care staff (n = 9); Uncertainty of adolescent response (n = 8); Need for follow-up to apply skills (n = 6); TRT delivery needed adapted (n = 5) Adolescents could respond to different activities on different days (n = 4)

Theme 9
The future direction the workers felt the intervention could take: Liaising with care staff essential (n = 14); Encourage peer support (n = 10) Fun activites; visual aids and attractive workbook (n = 7) Selection and grouping important (n = 3) Shorter and more frequent sessions (n = 3)</td></tr>
<tr><td>Risk of Bias</td><td>
<table>
<tr><th>Section</th><th>Question</th><th>Answer</th></tr>
<tr><td>Aims of the research</td><td>Was there a clear statement of the aims of the research?</td><td>No</td></tr>
<tr><td>Appropriateness of methodology</td><td>Is a qualitative methodology appropriate?</td><td>Yes</td></tr>
<tr><td>Research Design</td><td>Was the research design appropriate to address the aims of the research?</td><td>Yes</td></tr>
<tr><td>Recruitment Strategy</td><td>Was the recruitment strategy appropriate to the aims of the research?</td><td>Yes
(Participants were all selected as they had received a particular intervention)</td></tr>
<tr><td>Data collection</td><td>Was the data collected in a way that addressed the research issue?</td><td>Yes
(however no discussion of data saturation)</td></tr>
<tr><td>Researcher and participant relationship</td><td>Has the relationship between researcher and participants been adequately considered?</td><td>Can't tell
(No indication that the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)</td></tr>
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	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Unclear if sufficient data to support findings; no indepth discussion of ow the categories/themes were derived from the data; unclear if the researcher the researcher critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(unclear that more than one worker was involved with coding and interpretation of qualitative findings. No respondent validation. Inadequate evidence for and against researchers arguments (small sample size and few participants contributed to each theme).)*
	Research value	How valuable is the research?	The research has some value *(UK based study, however is limited by relevance to one intervention and a very specific setting.)*
	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Directly applicable

Berridge 2017

Study type	Semi structured interviews

Aim of study	to identify care and educational factors associated with the progress and attainment of children in care between the end of Key Stage 2 to end of Key Stage 4 (11–16 years of age). to hold semi-structured interviews with young people, carers, social workers and (designated) teachers in order to explore and contrast factors associated with high- and lower-progress.
Study location	UK
Study setting	Secondary schooling in England
Study methods	Semi-structured interview data was analysed sequentially by two researchers using a thematic approach. This incorporated elements of both an inductive and deductive approach, taking into account pre-formulated theory and ideas as well as concepts formed from the data. Following an initial reading of all interviews, NVivo software was then used to organise and code the data.
Population	Children in care between the end of Key Stage 2 to end of Key Stage 4 (11–16 years of age). In addition, social workers, foster carers, residential worker, teachers
Study dates	2013
Sources of funding	the Nuffield Foundation
Inclusion Criteria	None reported
Exclusion criteria	None reported
Sample characteristics	Sample size 26 adolescents, 17 social workers, 17 foster carers, 1 residential worker, 20 teachers

	Time in care Entry to care varied between 3 and 16 years of age with most separations occurring during secondary schooling Mental health problems "Children's mental health problems were reported with at least one, possibly two, attempting suicide." non-white ethnicity About a quarter were from minority ethnic groups and one young man had been an asylum seeker. Unaccompanied asylum seekers one participant Gender 15 females and 11 males
Relevant themes	Theme 1 Trouble at home spilled over into schooling: Young people reported an inability to concentrate in class and problems spilling over into conflict and aggression with teachers or peers. Many lacked confidence. Theme 2 Entry into care was felt to lead to educational improvement: there was an overwhelming view from young people that entry to care had led to an improvement in their lives: one young woman put it starkly when she said the biggest difference was that she was no longer being shouted at. Another explained: 'When I got into care, that's what basically saved me'. Entry to care was also generally felt to have benefited schooling. Half had made good educational progress, which was how they were sampled, and most overall had become regular attenders Theme 3 Expressions of individual agency were used to help authors understand variability in attitude to schooling and engagement with learning, which is linked with children's resilience. Four broad groups can be identified from our interviews. These are termed: 1. 'stressed/unresolved'; 2. 'committed/ trusted support'; 3. 'private/self-reliant'; and 4. 'disengaged'. Not all young people fit neatly under these headings and there is some overlap between groups. Furthermore, high- and lower-progress young people were included in each of the first three categories. Theme 4 (stressed/unresolved group) Influence of birth family on education: for most of the sample, birth family continued to influence their lives and education. Children do not cease to belong to a family simply because they no longer live with one. Social media brings a further dimension to this, permitting children to keep in contact with birth parents and others in different ways. Birth family could have positive benefits but was often a source of conflict. At the time of her GCSEs a young woman had been experiencing a complex and very stressful court case in which her loyalties were torn. Another young woman was troubled by the continuing violence in her birth family home, especially as 'My poor old brother still lives there'. She explained how she could become aggressive in class as a consequence but teachers were unsympathetic: 'And they didn't understand if you told them, look I just [need] space, and they didn't understand, they didn't really care…They hadn't got a clue, they probably just didn't know'. Theme 5

	(stressed/unresolved group) importance of close relationships with carers for turning point in education: She also stated that she would have done better at school if her foster carers and social worker had shown more interest in her education and given her more encouragement. She took an overdose before her examinations but subsequently formed a close bond with her foster carers who did not reject her. She described this as something of a turning point in her life: a key stage in her resilience. Theme 6 (stressed/unresolved group) Impact of shocking events on ability to concentrate: a young woman had entered care early in her secondary schooling. As she explained it, her mother had a new 'boyfriend', who said that she had to choose either him or the children. Shortly after, the girl was hit with a succession of shocks: two bereavements of close foster relatives and her foster mother was diagnosed with cancer. She stated that she had too many social workers and not all teachers were as supportive as they could have been. 'Obviously, when you're going through things, you can't really ignore it completely…And although I tried my best to get on with what I could do, and do the best I could, it wasn't always that easy, and it wasn't easy just to block everything out, but I did the best I could when it came to school'. Theme 7 (stressed/unresolved group) No body to talk to/to listen: One young woman had entered care at 15. She stated that she had no stability in her life and felt that she had no one whom she could talk to. If there had been someone who understood her, she felt that she could have done better. Theme 8 (stressed/unresolved group) supports of varying quality: the 'Stressed/unresolved' group had accessed different forms of support, including school mentors, counselling, CAMHS (Child and Adolescent Mental Health Services) and a maths tutor. However, supports were of a varying quality and had not (yet) managed to help young people to contain their problems and engage fully at school. In terms of resilience, the negative influences from the past had not yet been successfully managed. Reliable social relationships, particularly with carers, still needed to be established to help provide a secure base for the future. Theme 9 (Committed/trusted support group): Most were planning university careers and at least three are at leading UK universities pursuing careers in medicine, engineering and English Literature. There were several distinguishing features of this group. They had strong support, which young people engaged with. They lived with highly caring, sometimes quite remarkable foster families. Young people felt genuinely cared for, that their lives mattered and that it was, therefore, worth making an effort. They said that they needed to feel that their lives matter to someone else before it could matter to them. Theme 10 (Committed/trusted support group) Wider support beyond family: Grandparents also emerged as important in two cases. There were accounts of good teachers, who were also supportive. These positive social relationships facilitated young people's resilience. Theme 11 (Committed/trusted support group) foster carers believed strongly in the benefits of a good education and pushed young people to do well. Theme 12 (Committed/trusted support group) genuine care, one of the family: There were six other birth and foster children in total and he had never felt treated differently to any of the others. He commented that he always had good social workers; he meets his birth mother every weekend; and teachers have respected his wish to keep his family background confidential in the school. If he needs anything for his education or more generally, the foster carers buy it first then claim it back later if they can. He comments: 'I was treated like one of their own children, so you become part of the family and when that happens it's easier for you to excel'. 'I think that everyone has the ability actually to do well in education. It's just the support mechanism that you give to them…For me, I just needed someone to give me a kick up the backside and say to me "[name], you can do it" …Because when someone does something for you, you don't want to let them down…It made me feel touched and it made me feel like, you know, maybe this is not just a placement…And it made me feel more warm'.

	Theme 13 (Committed/trusted support group) the importance of support needing to be tailored to the individual and that social workers and teachers need to ask carers and young people about what is required. **Theme 14** (Private/ self-reliant group) autonomy/independence/no preferential treatment: These young people explained that they preferred to remain independent and autonomous. Some were very clear that they did not like to be treated differently to others and they could be very stubborn. some were very determined to succeed educationally and were doing well. It could entail a high level of support but this 'Private/self-reliant' group did not like to feel dependent on others. As a group, they tended to enter care slightly older than other interviewees. They were divided between the high- and lower achieving groups, so independence and self-reliance are not necessarily linked with educational failure. 'I don't think anyone can help you get on in school, it's just yourself, it's if you want to get on yourself…Wasn't focused on the future. I didn't think it was going to end, to be honest…I was living in the moment if you know what I mean'. Some individuals (young women) in the 'Private/self-reliant' group described undertaking caring roles for their mothers with substance misuse and mental health problems, which may be linked to their autonomy and exercise of control. **Theme 15** (Private/ self-reliant group) importance of privacy/not being labelled: She did not feel that her placement moves affected her achievements ('…I was used to changing. It was a normal thing'). She received support from others '…but I didn't want them knowing my business'. 'I wasn't that type of person to be branded needing help'. **Theme 16** (Private/ self-reliant group) impact of home context on education: One said that at every Personal Education Plan (PEP) meeting she attended, she reiterated that the best way that professionals could help her do well at school was to make sure that her mother was taking her medication. The young woman felt that, in effect, she was having to undertake the social worker's role, who was unhelpful: 'Oh, I'm very outspoken. It's just been part of my character…And I was quite articulate in what I wanted. So I was just like, "This is what I want, and this is what I'm asking". And you can see I was a bit of a gutsy person, so I wasn't going to take no for an answer. And plus, my IRO [Independent Reviewing Officer] was quite nice… if my social worker wasn't going to do anything, I'd just literally go to my IRO and say, "Look, my social worker and her manager are not helping me out here. So can you help me out, please? Like, I don't know, nag them or do something to them, but just get them to do something". I wanted to ask my social worker about helping my mum, because she's not been taking medication for a year now, and they've been like…they literally will say, "Oh, we'll look into it, we'll look into it, we'll look into it." But they never look into it. So in the end, I'm just like… and I literally, review after review after review, I'm telling them I need someone to look at that'. **Theme 17** (Private/ self-reliant group) criticism of services. One theme of this 'Private/self-reliant' group was the criticism of services, particularly foster carers but also some teachers. Services were not sufficiently reliable to genuinely support young people. Their high level of independence could be seen as a demonstration of 'hidden resilience': an attempted protective mechanism against further harm. One described her first carers as 'nasty'. Two others described their carers as uninterested in their education; one of whom never attended any parents' evenings or school functions. Another said her foster carers were too strict, laid down too many rules and so she felt very soon she should leave, which she did. **Theme 18** (Private/ self-reliant group) impact of independence/agency on health: One young person, struggling to deal with depression and anxiety, explained how '…I keep it to myself' rather than discuss problems with others. He felt that none of his schools had helped him, spending most of his time in the library having been excluded from classes ('No…I don't think any school did'). **Theme 19** (Disengaged group) These young men felt that they could have done better in their exams and that the reason for this was down to them. Their explanations were that they disregarded advice and that they did not pay attention. They were often offered support at school, such as counselling for example, but chose not to take advantage. In their own

	words: (Interviewer - 'Is there anyone that's stopped you from doing well?') 'Yeah my mates really…and mainly myself.' 'I think it was mainly down to me…if I'd focused more than I did on my coursework, I probably would have done a lot better.' Theme 20 (Disengaged group). Disengagement from school associated with school discipline problems: There was more evidence of school discipline problems for this group than others, including disobedience of teachers and rule-breaking. There were accounts of fighting at school, smoking and setting-off fire alarms. One young man was selling drugs at school. Theme 21 (disengaged group) impact of home situation: One young man was said not to cope well with exam pressure and missed a GCSE exam: he said that 'Things were going on at home'. The mother of one young man had died and another had never met his father, nor had a reliable male adult in his life. The father of one was in prison for drug convictions. Theme 22 (disengaged group) Importance of being in care in benefiting education: Despite feeling that they had under-achieved, nevertheless, all of this group felt that entry to care had helped them and benefited their education. When interviewed, three were still living in the same, stable placements. Two were at college and one on an apprenticeship. They had become regular school attenders, unlike previously. Theme 23 Importance of relationships as preconditions of engaging with education: Stable, fulfilling relationships provided the foundation for children's resilience. The second precondition for many was that birth family issues need to be managed. Birth parents required support and boundaries need be placed around contact. As far as possible, young people need to be protected from family stress, or helped to deal with it, in order to get on with their own lives and create new opportunities. Theme 24 Importance of tailored support in school once stable and secure: once these structures were in place, young people said that they could then engage with schooling and it was individual teachers who could make the difference. They did this by understanding pupils' social and emotional problems; exercising confidentiality and sensitivity in the classroom; and taking into account individual learning styles with flexibility. Additional tuition was often welcomed. There is no guarantee that this would work: some young people had these supports in place but did not make good progress (yet). A few others did very well despite their difficulties remaining unresolved.

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes *(This study was looking to explore factors associated with high- and lower-progress, which, it could be argued, is better answered using quantitative methods. However, the study was mixed methods.)*

	Research Design	Was the research design appropriate to address the aims of the research?	Can't tell *(It is not clear that the researchers justified the research design and discussed how they decided which method to use)*
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(It was not clear how participants were selected; it was not clear why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study; it was not clear why some people chose not to take part)*
	Data collection	Was the data collected in a way that addressed the research issue?	Yes *(no justification of setting for data collection; no discussion of data saturation)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(unclear that researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes *(However, unclear if researchers ritically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(More than one researcher performed thematic analysis, however, no other discussion of triangulation, or respondent validation. Credibility of findings were not discussed at length)*

	Research value	How valuable is the research?	The research has some value *(Authors considered models of agency in secondary school aged children, which did not always have clear applications for policy or practice.)*
	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Directly applicable

Brewin 2011

Study type	Focus Groups social work managers Semi structured interviews Looked after children RQ4 transition from primary school to secondary school for children
Aim of study	to elicit factors that stakeholders perceive as supporting or hindering the transition from primary to secondary school for Looked After children
Study location	UK
Study setting	a semi-rural borough in Wales
Study methods	Semi-structured interviews. Different types of questions were included in the interview. These included questions to elicit factual information; “descriptive” questions that prompt

	participants to provide accounts of what happened; "evaluative" questions to explore the participants' feelings towards someone or something; and questions designed to encourage participants to think hypothetically about the future and possible alternative events.Data from the interviews were analysed using themes and principles derived from "framework analysis": familiarisation, identifying initial themes and concepts, indexing, charting and finally synthesising. These stages were applied to the data collected from the present study.
Population	Children who are looked after in one borough in Wales, on roll at a school within the local authority and about to make, or have recently made, transition into secondary school Child interviews, foster carer interviews, teacher interviews, interviews with Looked After Children Education Support Officers, and a social worker focus group took place
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	Care Situation "Looked After" by one borough in Wales Education On roll at a school within the local authority; in Year 6 and about to make a transition to secondary school from primary school, or they were in Year 7 and had recently moved from primary to secondary school
Exclusion criteria	None reported
Sample characteristics	Sample size 14 child interviews took place, 22 foster carer interviews, 19 teacher interviews, three interviews with Looked After Children Education Support Officers, and a social worker focus group Mean age (SD) Six Year 6 children (age 9-10) and 13 Year 7 children (age 11-12) were identified

Relevant themes	Theme 1 Need for holistic/individualised care - complexity of factors that impact transition from primary to secondary care: no single factor, or single set of factors, was perceived as supporting Looked After children when moving from primary to secondary school. Instead, interacting factors, at many levels, appeared to play an important role when supporting children through transition. Theme 2 difficulties in transition due to social skills and behaviour: Around half of teachers and carers indicated that the “Looked After” child in question had difficulties making and maintaining friendships, with most attributing these difficulties to the child’s inadequate social skills. Many adult respondents indicated that the children presented behaviours which caused, or would cause, difficulties around the time of transition. while adults often attributed difficult-to-manage behaviours to within-child factors, children tended to attribute such behaviour to external factors, such as being triggered by other children or school staff. Theme 3 Fears and anxiety before transition: Many children indicated that they felt fearful or anxious before transition. Some of this fear related to the work being hard, getting lost or having strict teachers, although the most commonly cited fear was that of bullying. Theme 4 Minimising differences: All participants made reference to the immediate systems children interacted with as having an influence on their transition. Within these systems it was considered important to minimise children’s differences so as to not make the child feel different or stand out. Theme 5 Importance of maintaining peer relationships during transition: The influence of peer relationships was mentioned in some form by almost all participants and across all groups, making this a very strong theme to emerge. Carers, teachers, and children in particular, indicated that friendships were an important factor in choosing a secondary school. Participants reflecting on transition considered that making the move with friends had helped, and conversely an absence of friends was sometimes associated with difficulties following transition. As well as being accompanied by existing friends, making new friends was considered to be a positive aspect of moving to a new school for most children. Theme 6 Importance of maintaining wider local social networks of support: This theme appeared to be very pertinent to carers, who indicated that extended networks of people, relating to their locality and forged over time, were important for the child they fostered. Most carers emphasised this, other than the small minority who fostered children attending school outside their immediate locality. Theme 7 Importance of children building up positive relationships with individual members of staff: Teachers and Looked After Children Education Support Officers talked about the importance of children building up positive relationships with individual adults at school. Most school staff indicated that they, or another member of staff, had built up a positive relationship with the young person, or were in the process of doing so. Theme 8 Usefulness of transition "activities": A range of general transition activities for all of Year 6 was cited as supporting children’s transitions. Primary school staff, children and carers were more likely to identify transition in terms of specific activities that children were involved with. Secondary school staff were more likely to describe transition in terms of processes. This may reflect their experiences: information from participants indicated that secondary schools organised transition activities, so subsequently those on the receiving end of these may have perceived them as separate activities, while the organisers perceived activities as fitting into an overall process. Most participants indicated that Looked After children as a group did not experience different transition activities to other children. It was felt unnecessary, and important that children were not singled out.

	Theme 9 Usefulness of sport as a transition activity: Sport emerged as a factor that was perceived to engage and support children. In particular it was mentioned by carers, with over half indicating that sport was enjoyed by their child. Some participants indicated that sport enabled success to be experienced in a way that was not easy in other areas of the curriculum, others indicated that sport supported children more generally. Theme 10 Difficulties adapting to the environment: All groups of participants mentioned difficulties triggered by the new secondary school setting. Getting lost was most commonly cited by carers and children; many indicated that children had got lost or felt overwhelmed following arrival at the school. However, in all cases it was indicated that these difficulties were soon resolved. Theme 11 Information sharing and relationships between stakeholders: The importance of sharing information about the child and planning for the transition was a particularly strong theme, with nearly all adults making some reference to this. It was thought important that information was shared between primary and secondary schools, and also between different agencies, and that this went on over time. Many adult participants also talked about the value of building and maintaining relationships between themselves and other adult stakeholders, to facilitate information sharing and support children. Theme 12 Allocation of secondary school places: The children in the study transferred to either their local school in their home placement catchment area, or transferred to the secondary school of which their primary school was a feeder school. Social workers and Looked After Children Education Support Officers in particular talked about the different systems and circumstances that impacted on a child's transfer. Respondents talked about how catchment areas could be restrictive, and one suggested that the rules should perhaps be more flexible for Looked After children. Theme 13 Turnover of social workers and lack of involvement: Adult participants indicated that frequent changes of social worker impeded information sharing, which subsequently had a negative effect on children. School staff also expressed the view that social workers were not as involved or pro-active as they should be. Some teachers felt that they were forced to perform duties that they considered should be the role of a social worker, such as preparing paperwork for review meetings, and ensuring contact between Social Services and the school. Theme 14 Importance of minimising differences between LACYP and peers: All adult participants made explicit reference to the importance of not singling out children and making them appear or feel different due to their Looked After status, particularly in front of their peer group. Some teachers indicated that it was unlikely that any pupils other than the child's close friends knew they were Looked After, indicating that children did not want to single themselves out amongst their peers. No child made reference to feeling different or the same as other children, or wanting to be treated differently. Theme 15 Change as a way of life for children: As well as the transition itself, many participants talked of additional change in the child's life. Children tended to mention change far less than adults, perhaps becausechange was so much part of their lives anyway, or it was too difficult or confusing a topic. Some children were unclear about their own personal history, indicating difficulties remembering previous changes Theme 16

	Impact of placement stability on school attendance and ability to cope at school: Many children were reported to have experienced numerous changes of care placements, which were in turn associated with having attended many different schools. Some adult participants indicated that lack of stability had a negative impact on children's ability to cope with changing school. Adults talked of the value of providing stability and routine for children who had experienced change. Theme 17 Missing relationships that were left behind: When children talked about change, it tended to be about people they had "left behind". Many children indicated that they missed the relationships they had with their families or friends from previous schools or neighbourhoods. Theme 18 New peers bringing back issues from the past: Some participants talked about transition creating difficulties by bringing the child back into contact with people or memories from their past, especially when moving to a secondary school that had a large number of feeder primary schools. This could bring children back into contact with peers who knew them in a previous context and their association with being bullied, coming to school in a dirty state or behaving differently. Some participants reported that this resulted in children reverting to the kind of negative behaviours displayed in a previous setting. Theme 19 New school as a fresh start for looked after children: For some participants the move was an opportunity to get away from associations with the past. Many participants talked about the child having "a fresh start" and having an opportunity to create a new image for themselves. Theme 20 Biological change as well as other transitions: In addition to all the changes related directly to school, some adult participants recognised that primary-to-secondary transition comes at the same time as children are having to manage other changes such as the biological and hormonal changes of puberty, and changes in cognitive capacity, emotional development and personal identity Theme 21 Pre-care experiences impacting on current ability to form relationships: Some adults made reference to children's pre-care experiences, or their experiences in care, as affecting their current emotional well-being, behaviour and ability to form and maintain relationships.
Risk of Bias	**Section** / **Question** / **Answer**: see table below

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes

	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(no discussion about why certain participants chose not to take part. Sample was well defined to answer the research question otherwise)*
	Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(No discussion of setting for interview or saturation of data. Unclear the form of the data analysed (e.g. tape recordings, video material, notes))*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Unclear if researcher critically examined heir own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes *(However, unclear that researchers critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(Unclear that the researcher has considered the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst). In addition, it is often unclear which source (population) the themes have been drawn from most strongly))*
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Moderate

	Directness	Directly applicable

Brown 2019

Study type	Focus Groups Semi structured interviews RQ2
Aim of study	to explore how care is perceived and practiced among LACCL and those with a duty of care for them
Study location	UK
Study setting	four local authorities in North-East England
Study methods	Twenty-eight semi-structured 1:1 interviews, four dyad interviews and three focus group interviews. Interview questions differed according to the group i.e. there were separate semi-structured topic guides; one each for LACCL, carers and professionals. Audio recordings were transcribed verbatim and subject to iterative, in-depth, thematic analysis. Qualitative software (NVIVO 10) assisted in the organization of thematic codes and categories. To ensure trustworthiness of findings, data was critically discussed in project management meetings and among the qualitative team to agree a consensus on the interpretations.
Population	Looked after children (aged between 12 and 20 years), carers, and social workers.
Study dates	between May and July 2016.

Sources of funding	National Institute of Health Research (NIHR)
Inclusion Criteria	Age between 12 and 20 years old
Exclusion criteria	None reported
Sample characteristics	Sample size 19 looked after children 17 carers, 8 social workers Reason for stopping recruitment not reported Mean age (SD) six participants were under 16 years old Type of care Six were care leavers and the remainder was deemed 'looked after'. Eight of the young people lived in residential care homes, five lived with foster carers, three lived independently, two lived in supported accommodation, and one lived with a biological parent after recently leaving residential accommodation, but was still subject to social services supervision and was deemed to be 'in care'. non-white ethnicity All were white british apart from one young woman who was black African Other recruitment considerations Purposive sampling techniques ensured diversity with regard to age, placement type and experience of service.
Relevant themes	Theme 1 Genuine care - going above and beyond (not just contractual): Above all, the young participants evaluated their relationships with practitioners and carers according to the extent they felt 'cared for' and they categorized individuals as either 'caring' or 'uncaring'. They also contrasted those who 'genuinely' and/or 'actually' cared with those who were 'just doing their job' and/or 'in it for the money'. This reflects the non-contractual aspect to genuine care. Relatedly, one of the main themes in relation to such care was the importance of going 'above and beyond' i.e. going further than the remit of one's paid role and contractual obligations. Examples of going 'above and beyond' included foster carers staying in touch after a placement ended and residential keyworkers making contact when they were off work. Going above and beyond formal duties was key to building a relationship with the LACCL participants and also engendering feelings of being cared for: "I have been very lucky to find a lovely, lovely [foster] carer, who actually cares…..there are carers, and there are carers who actually care" (Natalia, 20) "The old social worker who I used to have, she cares and this (new) one's just about the job. ……you know yourself when someone cares or when someone just looks at you and thinks 'You're just a piece of paperwork'" Theme 2

Limits of the care that social workers are able to provide: Most of the social workers talked about ‘going the extra mile’ for the children and young people on their caseload. However, this did not necessarily involve spending more time with a young person or doing ‘fun’ activities. Rather, it involved doing overtime, working outside of scheduled hours, and leaving one’s phone on 24/7. However, their care was not unconditional and limitless in every respect. One of the main themes among the social workers was rationing the distribution of care. All of the social workers spoke of the limits to the kind of care they could provide to LACCL. This related to time, workload and the nature of statutory care rather than how much they personally cared about the young people. They stressed the need for realism because their care needed to be distributed among others on their caseloads. This is acknowledged in the following quote from a dyad interview with two social workers: Carly: But I think the difficulty, [is] we are “statutories” [statutory organisation employees], I think people and voluntary organisations who don’t have the same kind of “stat limits” can give that more consistent care and support to a teenager [which] is really important. Because as much as we want to, we can’t do it."

Theme 3

Clash between expectations of looked after children and their social workers: Whilst the young participants conceptualized care in terms of altruism (limitless, selfless and spontaneous), the social workers understood care in terms of equal rationing and distribution between different young people. Social workers therefore had to manage and negotiate this discrepancy in their relationships with LACCL such as by stressing the need to be available ‘when it matters’, such as during an out of hours crisis or an emergency. many of the workers recognized that some colleagues were unavailable outside of office hours and the ‘service’ was therefore inconsistent which affected LACCL’s expectations. Some also felt that constantly that going ‘above and beyond’ could lead to LACCL becoming overly dependent upon their social worker: “…because you’re not on 24-hour call. You’re not. You don’t get paid for that. Me personally, I would have my work’s mobile on and I would say to my young people, “If it’s an absolute emergency text me” ….but I think you do have to realise you’ve got some social workers that are very much the opposite. That literally the phone goes off. You know, at 5 o’clock”Despite these potential problems, all the social workers nevertheless felt that sometimes going ‘above and beyond’ was necessary in caring for LACCL and essential to building a relationship with them. Some stressed the need to do ‘whatever it takes’ to help the individual at particular times.

Theme 4

Carers going beyond contractual relationship in caring: One of the main themes among the carers was the regular need to go beyond their prescribed/statutory role. In contrast to the social workers, most of the carers highlighted the potentially boundless nature of their role, in the sense that it was more than simply a ‘job’: “….it is not a job because there is no job that makes you work 24 hours a day, 7 days a week and 365 days of the year, but this one does” (James, foster carer).

Theme 5

Carers struggling with limitations of social care support: They felt the role was boundless due to the needs of LACCL, but particularly in terms of gaps in social workers’ abilities to provide a certain level of care. Most of the carers stressed the difficulty of working within the care system due to a lack of resources and the increasing pressures placed on social workers and their subsequent limited ability to provide consistent high-quality care to LACCL. Foster carers in particular saw themselves as the young person’s main advocate and as in a constant ‘battle’ with the system over resources and access to services for the LACCL: “If you have got 30-odd cases and only 35 h a week to do it you can only spend about an hour on each kid. How on earth do you care for somebody an hour a week? It is just pants. We will just battle away” (Carol, foster carer). “I had to fight to get him into college and then I had to fight to get a taxi to take them. I then had to fight with both the IRO [Independent Reviewing Officer] and the social worker because they weren’t sure whether they wanted to fund another year of education for him..…[over] the last few years we have become more fighters and pests than foster carers” (James, foster carer).

Theme 6

The desire for carers to "treat as their own": Most of the young people had low expectations about being cared for and described needing constant reassertions that ‘someone cares’. Isabelle’s quote below highlights the importance of her residential care home workers demonstrating care via tangible, practical acts such doing activities, buying things and showing concern for welfare. “We go out every weekend, we get bought things, they treat you like you’re one of their own, care for you, and if I’m gone for just half an hour they’re always ringing me wondering where I am, and that shows to me that someone cares about me” (Isabelle, 13). “It is when you think, “What if that was my kid? Would I be relaxed? Would I want to be there and help them?” Forget about being a foster child and forget about you being a social worker, put yourself in their shoes and think, ‘What if that was my kid?’” (Natalia, 20).

Theme 7

	Day to day tangible acts of care: carers also conceptualized care in terms of day-to-day, tangible acts of care. But in contrast to the practitioners, this was more explicitly in terms of treating the child 'as one of their own' and they stressed the parental nature of their role. For example, care involved basic familial acts such as ironing clothes, playing football, and 'nagging' young people to eat vegetables: "…what they [care leavers] would tell you is [that] they want someone who doesn't nag them about having a shower, eating vegetables, washing up, washing their laundry or getting to college on time. They would tell you that is what I spend my life doing and they wish I'd shut up. But I do…realistically they really need that and they do appreciate it" (Jackie, Supported Accommodation worker). Theme 8 Importance of discipline and boundaries: discipline was the main way the foster carers in particular treated LACCL 'as their own'. They felt that care resided in teaching LACCL boundaries and consequences for their behavior as it demonstrated care to them. All the foster carers stressed that their methods of discipline were the same as they used with their biological children: "The telling off he'd get would be exactly the same as our four children [got], …We treat him just the same as we did our own. If you go out and come back later than what you should do, you'll get told off" (Charlie, foster carer). "We say to [our foster son], 'If we didn't care, we'd just say, right then, go on, do what you want to do'. That makes him think, 'they do care'" (Elaine, foster carer). Theme 9 Lack of legal authority undermined ability to provide appropriate discipline: discipline was a source of tension for many foster carers. They often felt undermined in their ability to discipline LACCL as the local authority were the legal corporate parent. Carers felt unable to carry out simple 'parental' tasks such as booking a GP appointment which had to be arranged by the social worker. The corporate parent also set boundaries for discipline, which the foster carers were obliged to adhere to. For example, carers were unable to withhold LACCL's pocket money as they would do for their biological children and they could only 'ground them' for a very short amount of time. Although the carers sympathized with some of the logic behind this, they felt it hindered the young person from learning from the consequences of their behavior and restricted carers' attempts to 'treat the child as their own': "If my kids were naughty or misbehaving when they were younger they wouldn't get pocket money. Now looked after children have to get pocket money, you can't not give them pocket money. You just do as you're told, we all do as we are told. I don't think it is the right thing to do, but we have to do it" (Carol, foster carer). Theme 10 Care should be unconditional "no matter what": key component of care is that it felt unconditional and endured 'no matter what'. This related to empathy and compassion, which most of the LACCL participants talked about in terms of 'understanding'. For some of the young people, this particularly referred to understanding certain risky behaviors as a consequence of being in care (behaviors require safeguarding procedures such as drug use or going missing). For some this extended to a desire for some leeway or leniency. Many LACCL participants felt that adults who did not demonstrate such understanding did not care and were unsupportive, even if in reality they were following safeguarding protocols. Feeling unfairly disciplined was often interpreted as a lack of care. This is clear in the quote below from a young woman who claimed she would not turn to her teachers for support as she did not trust them. Here Louise seeks empathy and compassion rather than judgment and discipline: "Who's gonna trust a teacher?…Sometimes if I haven't attended for school, they ring the police. Like they don't give you time it's just like, do it now, do it now. That's what they're like. They used to always ring the police on me cause I was like, never on time. But it's because I didn't wanna go into school cause I was upset, I was hurting, from going into care and not being able to see my brother and sister and things like….but the teachers I had they weren't bothered" (Louise, 16). Theme 11 The need for persistence in care: majority of social workers and carers also articulated the need for care to be unconditional, particularly in relation to problematic behavior and they stressed the need for persistence. For example, most social workers expected LACCL to reject them in order to test if their care was unconditional. As such, they demonstrated care by perseverance and an acceptance of certain behaviors. "I think with teenagers you need to gain their trust, you need to work for it. Because if they have been hurt, which they will have been. They will try to push you away. They won't want to trust you. They won't be used to having that consistent relationship maybe so actually when I try to push you away and you keep on going back no matter how many times they swear at you or slam the door in your face. The fact that they start realising, she is still coming – do you know what I mean?" (Carly, Social Worker). "…and we've had young people in here who've had 10 previous placements. Depending how they view that, that could be 10 rejections.… [Isabelle] spent the first few months of being here trying to break the placement down. She still does to a degree but she's starting now to realise that it isn't going to happen" (Frank, Residential Keyworker). Theme 12

	Persistence of care when children have additional needs: Most of the carers described how many of the children and young people in their care had additional needs due to emotional and behavioral issues. Many carers had experience of dealing with issues such as mental health problems, drug and alcohol misuse, and having their property damaged. However, these carers stated that, when facing such problems, care must be unconditional. They stressed the need to try and understand the young person's behavior and support them in the same way they would with their biological children, rather than reject them because of their complex issues. This is illustrated in the following quote: "I just think foster carers need to be trained to a really high standard. Lots of foster carers when issues like this arise just give up, [and say] "Right, I am getting rid of him." Would you get rid of your own kid if they were involved with drugs and alcohol? You wouldn't just say, "I am getting rid of him." We have to keep them, be resilient with them and support them" (Elsie, foster carer).

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *("Purposive sampling techniques ensured diversity with regard to age, placement type and experience of service." However no discussion as to why some participants chose not to take part)*
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes *("We re-iterated the participant's views back to them during interviews to ensure interpretation and understanding was correct.")*
Ethical Issues	Have ethical issues been taken into consideration?	Yes

Section	Question	Answer
Data analysis	Was the data analysis sufficiently rigorous?	Yes *(Thematic analysis with triangulation of views. "To ensure trustworthiness of findings, data was critically discussed in project management meetings and among the qualitative team to agree a consensus on the interpretations.")*
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and directness	Overall risk of bias	Low
	Directness	Directly applicable

Carter 2011

Intervention	**Childhood First large-group Residential care community (N = 3)** Childhood First implements its understanding of the crucial factors needed in a therapeutic community in a methodology called Integrated Systemic Therapy, IST. The approach emphasises emotional life and relationships with a clear theoretical framework for thinking about individuals and group dynamics using psychoanalytic and systemic thinking. IST outlines the network of inter-related groups necessary to realise the positive potential of the staff and peer group dynamics. Each group has a specific task, with a constant manager or consultant and many are designed to examine in detail and understand inter-group and interpersonal dynamics. The implications of the approach, and the structure needed to realise it, is that the emotional life of the staff and their relationships needs as much attention as those of the children. Staff are thus helped to process the difficult emotions they feel so they can continue to work with optimism. Such an approach also provides a

	framework for using the staff's emotional responses to understand the children's deep communications. Additionally these structures provide the function of constantly reflecting on and evaluating the staff's emotional input into situations—this ensures among other things.
Study type	Semi structured interviews Subgroup of interest Residential care Evaluation of an intervention Residential therapeutic care home (Childhood First). Integrated Systemic Therapy, IST
Aim of study	The aim of the research was to: explore current and past residents' experiences of living in a large group therapeutic community and any differences they feel it has made to them; inform the organisation, referrers, donors, the professional field about what it feels like to be placed and live in Thornby Hall; and contribute to the wider social care discourse which is still searching for effective means of treating early life trauma.
Study location	UK
Study setting	Thornby Hall - a therapeutic residential care home. Childhood First's largest and oldest community which caters for 15–25 adolescents.
Study methods	Semi-structured interviews. Transcriptions of the individual interviews, and notes from the group interview, were organised into recurring themes.
Population	Residents of a therapeutic children's residential care home
Study dates	not reported

Sources of funding	the Children's Workforce Development Council
Inclusion Criteria	Care Situation Previous stay in Thornby Hall residential care home
Exclusion criteria	None reported
Sample characteristics	Sample size 8 interviews with five current residents and three previous residents Reason for stopping recruitment not reported
Relevant themes	Theme 1 Thornby Hall was felt to create a sense of belonging: "awesome" "remarkable" "Safe: the staff are going to keep you safe no matter what and then you realise it is safe to talk about your feelings and no-one will trample on them. It is safe to express yourself and know they are still going to be there and want to know you and still give you the love that you need. It is safe knowing you are part of this family and you know you are not going to be pushed out or turned into the black sheep. Safe." Theme 2 Environment of Thornby Hall: Thornby hall was a large country home. Many commented positively on first impressions; two mentioned the 'wow' factor; other descriptors included 'grandeur' and 'magical'. The boys in particular were impressed with the grounds and activities available. They felt the rural setting helped them to avoid getting into trouble, and they felt more able to be themselves, especially to express anger: "The good thing about Thornby Hall is that it is secluded which stops me getting into trouble and if it was a smaller house you'd need it to be in town else you wouldn't meet many people." Theme 3 Ownership of the home: They appreciated the welcome they were given, and some used the terms 'home' and 'my Thornby family'. Current residents were keen to tell us exactly where they sat, 'their place'. Ex-residents seemed moved by re-experiencing the fabric of the place. One described knowing 'every tree, every stone, and every step'. This sense of ownership, and fond familiarity was in contrast to other placements they described. Theme 4 Importance of relationships that do not feel contractual: Everybody commented or agreed with others' comments that at Thornby, in contrast to other places, they did not get a sense of staff 'clocking in and out', staff 'not caring' or being 'in it for the money'. When they had encountered this before in places which they described as 'cold', 'strict', 'regimented', 'quite militarily run', they described feeling lonely and isolated. Some of the residential homes they were describing were small, with three or four staff but had not felt homely. It seems that for these residents the feeling of homeliness had more to do with the relationships with staff than with the size of the setting. The only comments about the large staff group at Thornby Hall were positive ones, several people agreed that 'there are more people to help when you struggle' and 'you can get little bits from each person'. "When they were here they allowed themselves to be absorbed. I just thought they were there to look after us. You don't get a sense of that from any of the other kids homes I've been to because they come in, they clock in, they do their shift, they clock out. But here it was much more a sense of 'I do this because I really want to and I do this because it's what I've chosen to do'."

	Theme 5 Genuine caring relationship: The main topic of conversation, and what the participants wanted to talk about most, was the staff themselves. These comments were about feeling wanted, cared for, loved; the staff forgiving and returning 'no matter what you threw at them'. "I hadn't had hugs before. The staff here want to talk to you, unlike most people in my life. I feel loved, cared for." Theme 6 Persistence of relationship: A recurring theme was the 'patience' of the staff group, the fact that residents felt forgiven and that they were still wanted if they had misbehaved. "Even when you were naughty; even when you were being silly and you knew you were, and you were told. The next day 'that's gone, we've talked about it, we've dealt with it' and they would put their arm round you again today. Hugs are important. And you don't get that physical bond and affection in other places, not that I've experienced. It's a very warm loving place and every member of staff is like that without fail." Theme 7 Listening and understanding: describing a prior experience one participant said 'you couldn't go to them and say I have got a problem because that wasn't what they were there for'. Participants felt that their difficulties were part of them and appreciated staff's efforts to understand what the difficulties meant for them. Theme 8 Unconditional: young people were acutely aware of how difficult they were to relate to when they were struggling and most of all appreciated that staff accepted them 'warts and all'. Theme 9 Peer relationships: It was clear fromeverybody that one of themost positive aspects of living in the community was living alongside 'kids (who) have had the same experience as you and you can understand them and they can understand you'. This was particularly acutely expressed by current residents: "You can relate to them because they have had the same experiences as you. If you say something they know exactly what you mean." Theme 10 Education on site in residential care: One participant explained how difficult it had been to attend mainstream school because of being in care and feeling different; the fact that education was on site here and the teachers are 'more patient' meant that he was able to go to school and not worry about exclusion: 'I feel like I belong here more than I ever have. The kids here understand a bit more'. Theme 11 Thornby care home leading to improved social skills: Everyone thought that being at Thornby Hall had changed them for the better. Nearly every comment was framed in terms of their improved ability to relate to others. Ex-residents, in particular, were asked what they were like at the beginning and the end of their stay. They were eloquent about their upset, confusion and anger at the beginning, and were clear that this manifested itself in their behaviour, including a lack of ability to trust others and form relationships. Descriptions of how they had changed were almost universally framed in terms of becoming better able to relate with others. Several people said they were better at communicating (including with their parents and in meetings) and were more patient: "I don't fly off the handle at everything. I don't get so angry because I am better at listening. [When I left] I felt confident in my own ability as a human being to be able to operate on my own." Theme 12 Thornby Hall impacting future career and life choices: Each described their journey to this point in a reflective thoughtful manner. They didn't describe learning skills but rather ways of thinking and interacting. "I try to look after people and try and guide them in the right way so they don't commit crime but if they do I have to deal with them. I am very proud of getting that job and that is in a huge part down to being here and being able to have the time to develop." hree participants had attended college after Thornby Hall. One was a policeman.

<table>
<tr><td rowspan="8">Risk of Bias</td><td>Section</td><td>Question</td><td>Answer</td></tr>
<tr><td>Aims of the research</td><td>Was there a clear statement of the aims of the research?</td><td>Yes</td></tr>
<tr><td>Appropriateness of methodology</td><td>Is a qualitative methodology appropriate?</td><td>Yes</td></tr>
<tr><td>Research Design</td><td>Was the research design appropriate to address the aims of the research?</td><td>Yes</td></tr>
<tr><td>Recruitment Strategy</td><td>Was the recruitment strategy appropriate to the aims of the research?</td><td>No
("The sample does not claim to be representative of the whole Thornby Hall population; in fact it self-selects for success. For ex-residents, the mere facts of being available and willing to take part in a fundraising film, and judged to be able to process the impact of this experience selects automatically for successful people with a positive perspective. Current residents who chose to take part (five out of 14 current residents) also probably did so because they felt they had something positive to say.")</td></tr>
<tr><td>Data collection</td><td>Was the data collected in a way that addressed the research issue?</td><td>Yes
(However, no discussion of saturation of data)</td></tr>
<tr><td>Researcher and participant relationship</td><td>Has the relationship between researcher and participants been adequately considered?</td><td>No
("The method was to try to help the participants to think about the differences therapeutic community living had made to them" questions seemed to be framed in a leading manner which may lead participants to talk only about positive aspects of care.)</td></tr>
<tr><td>Ethical Issues</td><td>Have ethical issues been taken into consideration?</td><td>Yes</td></tr>
</table>

	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(The method by which thematic analysis was performed was not clear. Unclear that contradictory data had been taken into account. Unclear that researchers ritically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	No *(There didn't appear to be a discussion of evidence both for and against the researchers arguments, rather the study seemed to focus only on the positive aspects of living in this residential care home. There was no real discussion of the limitations of this research or credibility (e.g. triangulation, respondent validation, more than one analyst))*
	Research value	How valuable is the research?	The research has some value *(There may be some generalisability issues in sample selection and in the type of care home these participants lived in.)*
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Partially applicable *(Research was conducted in a specific Charity Run (Childhood First) residential care home with some quite unique features, likely to be unlike what is on offer in other residential home premises.)*

Carver 2019

Study type	Semi structured interviews

Aim of study	The aim of the study was to examine how carers communicate with looked-after young people about alcohol, tobacco, and drug use.
Study location	UK
Study setting	residential care staff and foster carers in Scotland.
Study methods	Semi-structured interviews. All interviews were recorded using a small digital recorder. The interview schedule covered a range of topics, including participants' experiences of developing relationships, communication about substance use, and use of digital media. Data were transcribed verbatim and analysed using a thematic analysis approach.
Population	Those identified as providing care to young people in foster and residential care were recruited from the social work department, residential units, and an independent fostering agency.
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	Carer situation Those providing care to young people in foster care and residential care
Exclusion criteria	None reported
Sample characteristics	Sample size 16 residential care staff and foster carers in Scotland Reason for stopping recruitment Not reported Mean age (SD) The young people in their care tended to be aged 12–19 years

	non-white ethnicity "mostly white scots" Gender "The young people in their care were mixed in terms of gender"
Relevant themes	Theme 1 Shared activities consist of - Carers talked about doing things together as a way of developing relationships and communicating about substance use. These shared activities, or “shared doing,” were described as particular activities that carers and young people would do together, such as going for a walk, driving in the car, doing activities in the kitchen such as cooking and washing the dishes, and watching TV together. The purpose of shared doing appeared to be twofold: spending time together and creating a time-limited environment in which communication could be facilitated. Theme 2 Shared activities can facilitate a less intense form of communication: Participants talked about the importance of shared doing when communicating about substance use, with a lack of eye contact being particularly useful. Having conversations about sensitive topics such as substance use can be daunting for both carers and young people; limiting eye contact through shared doing allowed conversations to take place in a less intense and intimidating way. Several carers talked about the ineffectiveness of face-to-face conversations; young people find such conversations too intense, uncomfortable, and difficult to deal with. Having conversations while jointly being involved in an activity encourages a more natural approach. Having conversations in the car, in the kitchen, when watching TV, or going for a walk all suggest the need for carers and young people to be front-facing rather than looking at each other, and for something else to be happening at the same time as talking. Jennifer talks about the importance of having conversations about substance use when eye contact is minimized: "Quite often take them drive in the car and they don't once there's no eye contact there's just it's the best they just chat away. (Jennifer, residential care staff, Unit A)" Theme 3 Problems of more formal manners of conversation when the focus is on substance use: Conversations through shared doing are in stark contrast to more formal types of communication, in which carer and young people might be sitting across from each other and eye contact might be maximized. Carers talked about the difficulties of having conversations in a more formal manner, when the focus is on substance use: "It's that care environment … there is a difference between...addressing issues … and identifying this is an issue for this kid so let's sit them down and talk about it … a lotta kids aren't gonna respond to that. (James, residential care staff, Unit A)" Theme 4 Shared activity makes the conversation feel natural and unplanned when discussing substance use: Shared doing appeared to be a favoured method of having conversations, because participating in an activity made the communication feel more natural and unplanned. There was a sense that these conversations would simply occur when the focus was on the task, providing an environment in which carers and young people could feel more relaxed and have more difficult conversations. For example: "I think it needs to be … goin' for a drive in the car that's that's the ultimate top one for me … cos kids don't have to do the eye-to-eye contact when you're driving you can't d'you know so they'll quite happily chat away. (Sharon, residential care staff, Unit D)" Theme 5 Shared avtivities as a prompt to conversation: carers talked about taking young people for a drive in the car as a way of prompting conversations. Thus, shared doing creates an environment in which young people have the space to talk openly about substance use: "They don't quite know how to ask they'll do it in the car … so that's always quite a good tool if you know somebody's kinda wanting to speak about something let's go along to [town] [laughs] let's go a wee trip in the car and and then you can kind of very subtly ask or let them kinda just … spew it out. (Marie, residential care staff, Unit B)" Participants' language suggests that shared doing creates an environment in which young people feel able to open up and have conversations that they may find more difficult within a residential unit or foster home setting.

<table>
<tr><td></td><td>Theme 6
Conversations about substance use during shared activity were time-limited: Being in the car seemed to provide young people with the opportunity to have difficult conversations. These car journeys, and therefore the conversations which occurred during them, were time limited: When the journey was over, the conversation would also stop. Thus, conversations about substance use could occur for short periods of time, giving young people control over how much they could and would reveal in a limited period of time. However, although it appears that young people had an influence over such communication, most of the time carers seemed to initiate the conversations, rather than the young people themselves. Thus, young people might feel that they are in control of the conversations but rather they are carefully planned by carers as a way of encouraging young people to talk about substance use.

Theme 7
Shared activity as a chance to get away from the home environment and improves pricavy: Being away from the residential unit, or being alone with a young person, appeared to facilitate communication about substance use more so than having conversations when other people were around; carers talked about the need to have “quiet time” and being “away from this environment.” These environments created spaces in which communication could occur because they were likely to enable carers and young people to feel comfortable: They were normal, homely, or safe settings where conversations tended to occur more naturally. For example, having a conversation in a car or in the kitchen will feel different to conversations that occur in offices, at meetings, or even in other areas of the residential units and foster homes. "We've got a wee place we go a drive to … it's just that it's a space out we go a wee drive and we sit and we have a chat and reflect on what's been going on … sort of mark it rather than formal. (Jennifer, residential care staff, Unit A)"</td></tr>
<tr><td>Risk of Bias</td><td>
<table>
<tr><th>Section</th><th>Question</th><th>Answer</th></tr>
<tr><td>Aims of the research</td><td>Was there a clear statement of the aims of the research?</td><td>Yes</td></tr>
<tr><td>Appropriateness of methodology</td><td>Is a qualitative methodology appropriate?</td><td>Yes</td></tr>
<tr><td>Research Design</td><td>Was the research design appropriate to address the aims of the research?</td><td>Yes</td></tr>
<tr><td>Recruitment Strategy</td><td>Was the recruitment strategy appropriate to the aims of the research?</td><td>Can't tell
(Researchers did not explain in great detail how participants were selected, why participants they selected were most appropriate to provide access to the type of knowledge sought by the study, or why some chose not to take part.)</td></tr>
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</td></tr>
</table>

	Data collection	Was the data collected in a way that addressed the research issue?	Yes *(More or less clear how interviews were conducted and form of data. Setting was not justified and there was no discussion of saturation of data.)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Unclear if researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Unclear if researcher took into account contradictory data, unclear if sufficient data supported findings, unclear if researchers critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(not adequate evidence both for and against researchers arguments. presented. Researcher only discussed generalisability not credibility in terms of triangulation, respondent validation, more than one analyst. However, "participants were provided with a debrief sheet, and then detailed notes were written about experiences, thoughts, and feelings of the interview as a way of enhancing reflexivity")*
	Research value	How valuable is the research?	The research has some value *(Researchers used quite a narrow frame (the importance of shared activities for facilitating conversations about substance use). Generalisability was discussed however as well as other relevant research,.)*
	Overall risk of bias and directness	Overall risk of bias	Moderate

	Directness	Directly applicable

Chase 2010

Study type	Subgroup of interest UAS See also Chase 2013 RQ3
Aim of study	To explore factors affecting the emotional well-being of young people seeking asylum on their own in England. The main research questions examined in the course of the study were: • what factors are perceived to positively and/or negatively impact on the emotional well-being of unaccompanied children and young people seeking asylum in England? • what types of health and social care provision and services may be useful in promoting the emotional well-being and mental health of unaccompanied children and young people?
Study location	UK
Study setting	London local authorities in which there were a high number of young people seeking asylum and where there was a degree of specialist knowledge and expertise among professionals of working with this group.
Study methods	"in-depth" interviews. Young people were asked to talk about their experiences since coming to the UK and to focus on the things that had made them feel well and happy since arriving here and the things that had made them feel sad or had created difficulties

	for them. Discussions with young people lasted between forty-five minutes and three hours. Members of the research team frequently met a young person on more than one occasion, for example an initial conversation in a neutral venue such as a cafe´ followed by a more in-depth interview at a later date, sometimes supplemented by an additional telephone discussion. The main interviews with young people were recorded, using a digital or tape recorder and then transcribed. A thematic analysis was conducted of all interview transcripts using the constant comparative method (Glaser and Strauss, 1967) to identify recurrent themes. Emerging themes were then checked for 'negative instances', or examples that contradicted these themes.
Population	young people seeking asylum on their own in England
Study dates	Between January and July 2007
Sources of funding	UK Department of Health
Inclusion Criteria	Care Situation unaccompanied children and young people seeking asylum accommodated (or previously accommodated) by local authorities in London.
Exclusion criteria	None reported
Sample characteristics	Sample size 54 unaccompanied children and young people seeking asylum and accommodated (or previously accommodated) by local authorities in London. non-white ethnicity Research participants originally came from a total of eighteen different countries (boys and young men originating most commonly from Afghanistan and girls and young women from Eritrea). Other recruitment considerations Young people were recruited to the study through three different specialist social work teams working with unaccompanied young people—reflecting different age groups of young people (under sixteen years; sixteen to seventeen years; and eighteen years and older). This provided a balance of young people supported under different care arrangements, including foster-care, residential care, semi-independent housing and independent living arrangements. Age

	The age of young people on arrival ranged from nine to seventeen years for boys and young men and twelve to seventeen years for girls and young women. At the time at which they were interviewed, the age range was eleven to twenty-three years and thirteen to twenty-one years, respectively.
Relevant themes	Theme 1 Initial feelings of bewilderment and confusion upon contact with immigration systems: sually upon arrival at a major airport. From here onwards, young people frequently described finding themselves catapulted into a series of interlocking systems of surveillance and control thatwere completely alien to thembut that had been set up to identify, label, oversee and monitor. Theme 2 The branding/labelling as an asylum seeker: he categorisation of young people as 'asylum-seekers' (or otherwise)—labels thatmany soon recognised, and fundamentally defined other people's perceptions and treatment of them. Examples of surveillance, judgement and 'othering' abounded in young people's descriptions and analysis of their subsequent experiences: "They took me inside, they took picture . . . something like that and they ask me if I come to claim asylum . . . I say, 'What is asylum?'. I had no idea what is asylum . . . so I just stay like that (remain silent). They just took picture, finger prints and X-ray to see if I've got chest infection . . .. But it's hard when you claim asylum here because you don't know what to say. 'Cos for me, I told you, I didn't get interpreter. I didn't know what is asylum— those kinds of things." "I just still remember those eyes. I was so scared, yeh?, but I didn't want them to see that I was scared. 'Cos I see worse things yeh? But it was a totally different environment. I didn't even want to tell them my name or where I came from like . . .. But they treat me like an animal—that is the worst thing." Theme 3 Resisting the stigma of the asylum seeker: many young people talked of developing strategies to distance themselves from the 'asylum-seeker' label or avoid situations in which they would have to answer to it. William, aged nineteen, had arrived in England from the Democratic Republic of Congo when he was seventeen. When asked about how open he was able to be about his asylum-seeking status, his reply was indicative of the normalising judgements he feared from his peers: "No, the British I don't tell them, I don't tell them . . . all of my friends they don't know, they don't know I am an asylum seeker. I just feel, you know . . . I never tell no one. 'Cos they never ask as well. Most of the people think I am French and I never tell no-one I'm French. I just feel embarrassed to tell them . . . 'I have been here for this, blah, blah' . . . it's not quite good." Malashu, aged seventeen years and from Eritrea, commented on how when she first arrived at the age of fifteen, she had observed other young people being teased and called names because they were asylum-seekers. Not wanting to be treated in the same way, she said she told no one about her situation, not even her friends. Theme 4 Resisting the stigma of asylum seeker: "I have to lie in some situations . . . I lie because I don't want to have fuss on my ear. I don't want to have to explain to anyone. How can I explain to say a British born 19 year-old man what indefinite leave to remain is, what exceptional leave to remain is, what discretionary leave to remain is, what the appeals process is? That's the sort of questions they would ask you, and they can't get their heads around it." "What really gets me down is the term 'asylum-seeker'. When I tell people, I feel really uncomfortable. I have to fill in a form at college and I have to say I am an asylum-seeker. I see their faces change." Theme 5 Selective disclosure of the past and current struggles: Many young people described either not telling friends or carers about details of their past and their asylum-seeking status, or carefully selecting one or two people whom they confided in, usually other young people who had endured similar experiences. Their reasons for this selective disclosure were varied. "There is (sic.) only like two people who know my situation, so they can always understand if I am a certain way. But not everybody, I would never tell everybody . . . because some people, you know, they don't like asylum seekers so they are bound not to understand the way I am feeling." "I cry sometimes but I keep it to myself. I never talk to no one about my mum and my family. My friends at school don't know about me living with a foster carer. They just think I live with my mum. But my friends at church know." "With my friends from college, I never feel comfortable about talking to them about what I've been through with my family. My boyfriend and my social worker and the people at the children's home are the only people I've told." Theme 6

	selective disclosure, and university as a fresh start: Maryam, age twenty-one from Iran, told how she had, in the past, tried being open about her asylum status with friends at college but felt rejected because of it. When she subsequently started university, she decided not to talk about her status or situation with others. Aware of the negative consequences on herself of not being open with her peers, she commented: "It's strange because I feel they (friends at university) are my closest friends but they they're not because they don't know about me. It's good to be able to be who you are, without hiding bits and pieces of your life." Theme 7 Valuing carers who "give them space" and are "not intrusive": Thierry, aged sixteen years from Burundi, indicated that the difficulties with his first foster-care placement at the age of thirteen largely emanated from the carers attempts to overly examine and scrutinise his past: "The people wanted to know too much, asking me a lot of questions so I didn't like feel comfortable. I didn't feel part of the family, I used to feel like a stranger every day."; And Asif, aged fifteen, having arrived when he was ten years old from Afghanistan, commented on how difficult it was to communicate his experiences to foster-carers who had no knowledge of his life previous to arriving in the UK: "Sometimes you can't communicate. You try but it doesn't always work out. It's not your own family, it's not your real mother. If I had my family, I wouldn't be having this meeting right now (with the researcher). I'd just get on with my life. But living here is much different so that's why I can't always communicate things with the foster family." Theme 8 "bracketing" the past to focus on the future: For many, it was only through 'bracketing' the past that they could focus on the future without being distracted by the upset and trauma of what had gone before. Peter, aged eighteen from Uganda, had arrived in the UK five years earlier. Like many other young people who spoke with us, he explained that not openly talking about what had happened enabled him to look to the future and move forward with his life: "I don't keep secrets but I keep to myself. I keep quiet about some issues. I tend to hold in some issues . . . I feel that if I hold in those issues, they won't feel bad on me . . . sometimes they go away but at some point they always catch up . . . I've just come . . . its come to be where I just keep quiet about the whole thing. I don't really talk about it, or think about it. I just tend to move on and carry on with my life. I'd rather carry on with my life than address some issues." Theme 9 Resisting intrusive elements of the system: Young people often described complex relationships with social workers and other social care professionals. While some such relationships were depicted as being open, offering young people extensive practical and emotional support, others were less positively portrayed. positive feelings were often juxtaposed with a sense that they were to a large extent controlled by social care and immigration systems, that the privileges they enjoyed were limited and that their futures were highly uncertain. These concerns were more evident among (though not exclusive to) those young people in the study who were nearing the end of their discretionary leave to remain in the UK, and who had been exposed more directly to the confusion and uncertainties surrounding the immigration system. These young people were also more mistrustful of the interplay between social care and immigration services. Several young people who spoke with us disliked what they felt to be a degree of constant scrutiny and intrusion on the part of others. "It's hard to tell . . . even now it's hard for me to tell you about my family because I don't want to talk about it. I just want to keep it for myself. They (social services) don't know anything about it. Like, if I want to talk about it I just talk to X (her closest friend). I don't like my social worker 'cos she keep asking me the same question and I tell her just leave me alone, don't ask any question. She keep saying, 'do you want to find your family?' I just say I don't want to . . . (and) I don't want the counsellor to hear my story again." Theme 10 Stress through being constantly questioned and reminded about the past/sense of surveillance: "It's just a waste of time . . . I don't know. I've got my friend downstairs and she says, 'don't ask me about my family, I don't want to talk about it'. 'Cos she got migraine every day . . . every day and she is sick. Her social worker left and now she has to see duty social worker. And when she see that duty social worker—when she needs something—they just say, 'who are you, where are you from, what happened in your life . . .'." "Sometimes they don't understand you when you are sad. They keep asking you questions. It makes me angry, it makes me want to shout. It makes me remember all the bad things and they don't understand that. If they ask me (questions) I will suffer for months." Theme 11 constant sense of surveillance: the sense of surveillance that young people experienced in other ways was a recurrent theme. Nanu (aged twenty, having arrived from Eritrea when she was sixteen) captured the way that many aspects of young people's lives were perceived to be controlled by 'the system': "Everything, they (social services) know what we are doing, everything . . . it is all on the computer. And every six months with social worker we have interview (i.e. review). And one month, my friend, when her social worker was doing a review for her she said, 'what are you going to do for your future?'. And she said, 'I don't know because all my future is in your hands (laughs), because when I say something to do

	you say “NO”—I always do what you want not what I want. Don’t ask me about my future’. I said to her why did you said this (still laughing) and she said, ‘all the time when I say I want to do this, she say don’t do this you have to do this. She told me that when I am 21 they are going to take the house, they are going to stop supporting me, why she ask me about my future?’." "When they (social services) visit, it’s really . . ., they have to ‘cos they have to check the house etc. I didn’t understand when he came to my house. I am very sensitive and I see that he is checking things but he is not saying it out . . . and I say, ‘When you come to my house, you are checking on me and I don’t like it’." Theme 12 Contractual, not genuine, relationship: "[about social worker] They visit every six weeks but they just write whatever they want to write. At the end of the day, they seem to just do their work and they go. They are not there for you." Theme 13 The impact of forced moves and overt control of social services: Miguel, from Angola, talked of how he resented the fact that social services had forced him, at the age of eighteen, to move from living with his older sister into independent living arrangements, far from all his friends and social networks. Mireille, aged eighteen from Cameroon and mother of a young baby, found the repeated accommodation moves she was subjected to extremely difficult to cope with, but felt she had no control over them: "I had to make a complaint about social services. They keep moving me; I have no security; I can’t do anything. Next week they can call me and say ‘you have to move’. They don’t take care of you." Similarly, Daisy, aged twenty-one from China, spoke of how she had been dispersed with her seven-month-old baby son at a day’s notice to a city far from her partner (the baby’s father) and friends. Theme 14 Immigration and uncertainty about the future as the overriding concern: When young people were asked about the factors that made them sad or created difficulties for them, almost all identified their immigration status and uncertainty about the future as their overriding concern. The immigration system therefore was perceived to exercise the greatest degree of control over young people and impacted on their daily lives. Ultimately, the decision made by the Home Office determined whether or not young people could remain in the UK, and ultimately decide every aspect of their futures. Theme 15 Being categorised as "undeserving" by social services (and age disputes): A number of young people in the current study felt that they had been categorised as ‘undeserving’. In fact, about one-quarter of the young people who participated in the current study had their age disputed by the local authority within which they were resident. Although Kiki from Eritrea, for example, had been accepted by the Home Office as being aged fifteen when she entered the UK, the local authority in which she resided had assessed her as being eighteen years old. This meant that she was placed in independent accommodation, had no allocated social worker and very limited support from social services. At the time of the study, she was being transferred to the benefits system and was struggling to complete a complex housing benefit application." Some were not able to defend themselves due to the lack of English speaking skills.
Risk of Bias	**Section** / **Question** / **Answer** Aims of the research / Was there a clear statement of the aims of the research? / Yes Appropriateness of methodology / Is a qualitative methodology appropriate? / Yes

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes

	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(However, no discussion regarding why some participants chose not to take part)*
	Data collection	Was the data collected in a way that addressed the research issue?	Yes *(However, unclear that study setting was justified and unclear that researcher considered saturation of data)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(unclear that researcher examined heir own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes *(However, unclear that researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(no adequate discussion of evidence both for and against the researcher's arguments; unclear that esearcher discuss the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst))*
	Research value	How valuable is the research?	The research has some value *(Not clear that researcher has considered whether or how the findings can be*

			transferred to other populations or consider other ways the research may be used)
	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Partially applicable *(study data collected prior to 2010)*

Chase 2013

Study type	Subgroup of interest UAS Interviews (unclear) "in-depth interviews" RQ3
Aim of study	to consider how young people seeking asylum alone in the UK conceptualised wellbeing.
Study location	UK
Study setting	Unaccompanied children and young people seeking asylum and accommodated (or previously accommodated) by local authorities in London.
Study methods	In-depth "qualitative" interviews were carried out. An inductive methodology based on the grounded theory approach (Corbin and Strauss 2008, Glaser and Strauss 1967) was adopted. Young people were encouraged to talk openly about their lives and wellbeing in an integrated way, focusing on the life events and circumstances they considered most relevant. They

	were asked to think about two broad questions: (i) the things that had made them feel happy since arriving in the UK and (ii) the things that had made them feel sad or created difficulties for them. A topic guide was used to draw out key aspects of young people's lives and experiences. Once all interviews had been transcribed, an inductive thematic analysis was conducted. Emerging themes were then tested for negative instances, or examples that contradicted the themes, prior to their inclusion in the findings.
Population	Children and young people seeking asylum on their own in the UK
Study dates	Between January and July 2007
Sources of funding	UK Department of Health
Inclusion Criteria	Care Situation unaccompanied children and young people seeking asylum accommodated (or previously accommodated) by local authorities in London.
Exclusion criteria	None reported
Sample characteristics	Sample size 54 unaccompanied children and young people seeking asylum and accommodated (or previously accommodated) by local authorities in London. Mean age (SD) The age range at the time of interview was 11–23 years non-white ethnicity seeking asylum from 18 different countries Gender 9 girls and young women and 25 boys and young men.
Relevant themes	Theme 1 The destabilising impact of previous trauma on self: Each story was different; in total 54 girls and boys, young men and women from 18 different countries each having experienced a unique trail of events that had irreversibly transformed their worlds, shaken their identities and launched them into the unknown. At global, national, local and family levels, events conspired to set them on trajectories over which they had no control. Others made decisions for them; others took control over what happened to them; others treated them with

	kindness or not, in what they believed was in their best interests, or as cargo for which they received a price. This lack of control combined with varying degrees of loss, trauma and upheaval all worked to fundamentally undermine these young people's sense of self and evoke fear about what become of them: "And what happened one day…I was taking a shower outside. Some gun machines [sic] just start…'cos where I was living gun machine you can hear it everywhere, every time. And I didn't know it was happening in my house and I just hide.When it finished, it cool down and everything quiet. I could hear people running up and down. I came inside the room and I find my sister dead, my mum dead and my younger brother was crying there …and I bite my tongue and I thought I was dreaming. And I catch him [brother] and shake him and say, 'what happened…what happened?'…he couldn't talk." These events turned William's life upside down and things, as he indicated later, would never be the same again. He described being constantly haunted by what happened, chose a vocational training course rather than a more academic one which, he said, would stop him from 'thinking too much'; experienced a chronic sense of detachment from family or community and feared the prospects of being returned to the DRC, having been threatened by his mother's assailants. Theme 2 Importance of immigration status: Irrespective of the degree of trauma they had experienced, when they were asked about the factors that had made them sad or created difficulties for them, most young people in their late teens identified their immigration status and the consequent uncertainty about the future as their overriding concern. They spoke of being restricted by their lack of status, not receiving any response to their asylum applications for extensive periods of time and having to communicate with the Home Office through their own, third-party, legal representatives. Many had been told that they might have to wait up to five years for a decision from the UK Border Agency with respect to their applications for further leave to remain in the UK. The temporary immigration status of most of these respondents placed them in limbo. Many said they had a persistent sense of uncertainty about what lay ahead, an inability to envisage a future and feelings of having fundamentally no importance in the world. Mesaret aged 18 from Ethiopia, commented: "Last August I had to apply for exceptional leave as I got two years when I first came. I met my solicitor but the Home Office has still not given me an answer. To be honest, I don't see a future. If I had to go home it'd be horrible. To be here – I can't hope for too much… I am like a beginner in this country. I need to know if they accept me in this country. I have been here for three years but I'm down here [gesturing to the floor]." Theme 3 Impact of language and unfamiliarity causing disorientation: they felt frightened, they had no idea what might happen to them, they were unable to read signals in an alien language or express themselves independently without the intervention of an interpreter. Theme 4 The impact of asylum seeker label: They recognised early on how being branded 'asylum seekers' fundamentally determined how they were treated. Within the system this label subjected them to continued surveillance and control. Outside of the system it served to differentiate them from citizens and meant that they suffered the pervasive stigma directed at the asylum seeker. Many young people described how this generalised stigma meant they could not be open about who they were, or mention the fact that they were seeking asylum or their past experiences. his inability to sustain a biographical narrative was inextricably linked to the perceptions that others had of them. Hence, their own identities were subsumed by the institutional labels given to them and society's responses to them as the categorised 'other'. Theme 5 A range of mental health problems experienced by asylum seekers linked to both previous trauma and immigration status: Young people talked of experiencing a wide spectrum of emotional health difficulties ranging from problems with sleeping and generalised anxiety to acute and chronic depression, attempted suicide and, in some cases, periodic mental illness requiring them to spend time in hospital psychiatric units. While the roots of such difficulties lay in earlier trauma and upheaval, there was little doubt from the analysis of young people's accounts that other uncertainties, most crucially with respect to their immigration status, exacerbated these mental health problems. Theme 6 Impact of change in immigration status on deterioration in mental health: Innocent, aged 20 had arrived from Nigeria at the age of 16 and, at the time of interview, reported having persistent mental health difficulties. He had, he said, made several attempts at suicide, had repeated nightmares and managed to sleep barely four hours a night even though he had doubled the recommended dose of his prescription sleeping tablets. He was under the care of a psychiatric team and saw a counsellor on a weekly basis. Innocent drew an unquestionable link between changes in his immigration status and the deterioration in his mental health. On arrival in the UK he was awarded discretionary leave for two years. During that time he described himself doing really well, working under an apprenticeship scheme with a large supermarket chain which taught him new skills, kept him busy and helped him maintain his mental health. At the end of his discretionary leave, however, Innocent entered a period of extended limbo as he waited for the Home Office to consider his

	application for further leave to remain. He spoke of how, during this time, his mental health took a turn for the worse and reached a crisis point when he was asked to appear in court to defend his application. He was subsequently sectioned under the Mental Health Act (Department of Health 1983) and taken into hospital: "But last year January, it was too much for me, with the Home Office as well. I was doing well, but when the papers ran out and I started going to the Home Office, I didn't know what to do…my plans collapsed. I don't have the heart to carry lots of things more. You don't know when you're going to have your freedom [status]. I don't believe in anything now, 'cos tomorrow they can say you go back." Theme 7 Ability to cope with what happened in the past depending largely on how they feel about the future (contingent on immigration status), however their ability to grasp onto opportunities impeded as they moved into the adult immigration and asylum system: young people were highly sceptical of clinical and therapeutic interventions to address past trauma, feeling instead that a sense of coping and wellbeing was better derived from bracketing the past and looking towards the future. Yet while they sought to grasp onto the things that gave them hope and helped them consider prospects and opportunities, they found themselves subjected to tighter restrictions on what they could and could not do. This was particularly the case as they made the transition from child to adult within the immigration and asylum system. Theme 8 learning English as a starting point to order, routine and security: the young people typically described a process through which they began to re-establish order and comprehension in their lives. For many, the starting point was learning English which, they recognised, not only facilitated communication with others but also gave them access to other important social spheres. They described making enormous efforts to learn English, often with no or limited support. "Nasir (from Somalia) had arrived only one year prior to participating in the research. Unable at first to communicate with others around him, he talked of how he set himself a target of learning five new English words every day, diligently attended all his English for Speakers of Other Language classes and practised his new language skills whenever he could with friends. He commented, 'I don't want to waste my time, so I try to improve my English and try to study hard'. Within a year Nasir's English was good enough to enable him to begin a course in business studies at a local further education college." Theme 9 Other benefits of knowing English: On a practical level, a command of English afforded young people more control over issues such as selecting solicitors who they knew would provide a good service, accessing services such as doctors and pharmacists and expanding social networks and developing a social identity. English also provided an entry point to other educational opportunities. Theme 10 The importance of college, school, and learning for order routine and security: Importantly, in response to the wider question over what helped them feel well and happy, 'college', 'school', 'learning' were repeatedly named as being among the most positive dimensions of their current lives. Juxtaposed against earlier sporadic and inconsistent educational experiences (see also Hek 2005, Rutter 2006, Sporton et al. 2006), the regularity and predictability of school were fundamental to re-establishing order and routine. Theme 11 Importance of college, school, and learning for overcoming past difficulties (as well as other structured activities): when asked how they managed to cope with past difficulties as well as the ongoing stresses in their lives, the respondents frequently cited the importance of education alongside other routines such as attending church, the mosque or the temple or attending weekly youth groups, choirs or volunteer programmes. Over and above providing them with new opportunities, therefore, education and other regular activities provided structure, security and solace. The day to day routinisation (Giddens 1984) of going to school or college, building trust in the professionals and others that they came into contact with and the sense of predictability it afforded helped strengthen the feeling of basic trust that was essential to their ontological security. "College was like a haven for me, you know? A safe haven where I could go and hide. I'd be in the college morning to evening every day. Education provided a smokescreen in a way – that's how I sort of coped with it…until I stood on my feet. That's my way of looking at it…that's my analysis." "For me, the better things that helped me is that I go to college…that help me a lot. I used to concentrate on my study and forget everything. I just want to be someone for me and my son…I don't want to live this life every year. I want to change something in my life. …When I stay at home, all the thing I think about is family, myself and what I have been through with these problems. But now I have college I think, 'what am I going to do next year? What is my progress now?'" Theme 12

	Importance of college, school, and learning, for being able to picture a future for themselves, for aspirations, and hope: Education and learning and the multiple pathways they generated also became central to how the young people described their futures. Once engaged in education, they were able to structure the possible trajectory of their prospects. Ali was 13 when he first arrived from Afghanistan. At the age of 15 he was about to complete his GCSEs and go on to a Sixth Form College to study science and maths. From there, he said, he planned to go on to university to study medicine. He was very clear about the meaning that education afforded to his life: "You want to become something in your life. You don't want your life to be like meaningless. That's why you have to get your education…to become something." Theme 13 Re-emergence of insecurity as a result of aging in the immigration system (education): On reaching the age of majority in the immigration system, young people's rights to education become less clear and they face difficulties on a number of levels with respect to accessing and sustaining educational opportunities. Maryam, despite doing well in her university studies, described her constant anxiety about whether she would be able to complete her course and the destabilising impact of her uncertain immigration status: "It's really, really stressful. I ask, 'what I am doing this for?' Two months before I graduate, they might ask me to leave the country. You just don't know. It's really horrible. You don't know if you'll be able to live here the day after tomorrow. I don't enjoy thinking about the future at the moment. I just want to take it step by step. Not knowing doesn't make me feel more motivated – it actually puts me off. You think, 'they don't even have to kick me out of the country: it's enough to get an interview just before my finals'." Theme 14 Re-emergence of insecurity as a result of aging in the immigration system (mental health): the prospect of deportation to their countries of origin, a real threat for many young people, provoked extreme anxiety. Ibrahim had been obliged to report every month to the Home Office for over three years. Each time he went he faced the possibility of immediate removal. He commented: "They don't know if they're going to deportme or what. I don't know. I don't understand and I have been here for three years. Everymonth I amgoing there and the last time I asked, 'please help me about this, can you please giveme information about how long I have to come more? I amcoming three years every month'. And they said they don't know." Theme 15 Lack of social ties and connections a prominent concern about returning to country of origin: For those forced to contemplate being returned to their countries of origin, anxieties about not belonging and no longer having social and family ties and connections in their country of origin emerged as a prominent concern. Nadine, aged 18, had left Rwanda at the age of six, having spent many years in refugee camps outside her country of birth before finally arriving in the UK. She recounted a discussion with her solicitor of how she would respond if she were told to return to Rwanda: "I said to him [solicitor], 'if they tell that to me, I will just tell them, I will just hold a gun and I will say, ''you know what, you can either shoot me right now or, I don't know, go and put me somewhere in a hole rather than take me to Rwanda. OK?'' Because I have got nothing to go there for'. If they tell me, 'we have found your parents living safely there, they have gone back to their normal way'…oh my God, I will say, 'please take me tomorrow morning'. But telling me they are going to give me money to start a new life…I don't know…'do anything you want but taking me there, no chance'." Theme 16 Improvement in wellbeing after secure immigration status: "For those few young people granted asylum in the UK, the end of the wait had come. They could make plans, had security and could carve out a future for themselves. Azyeb was 12 when she arrived from Eritrea. At the time of the research, six years later, she was applying for permanent citizenship, having passed the citizenship exam. Similarly Asif, 15 and having arrived aged 10 from Afghanistan, had just been granted indefinite leave to remain status and contemplated the fact that within a year 'I can be British basically'. These young people had lost the label and the associated stigma of 'asylum seeker'; they no longer experienced the persistent intrusion of the asylum and immigration system into every aspect of their lives and they were able, with some confidence, to carve out a future for themselves, knowing that they had every chance of accessing the necessary resources to devise and execute a life plan."

	Section	Question	Answer
Risk of Bias	Aims of the research	Was there a clear statement of the aims of the research?	No *(Researchers did not state a clear aim of the study)*
	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Can't tell *(There is no clear discussion about why researchers chose to use the research design outlined in the methods)*
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(unclear how participants were selected and no discussion about why the selected participants were the most appropriate to provide access to the type of knowledge sought by the study, no discussion about why some participants chose not to take part.)*
	Data collection	Was the data collected in a way that addressed the research issue?	Yes *(Data were collected by what looks like a semi-structured interview; however methods are not justified. No discussion of saturation of data.)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No indication that researchers considered heir own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes

	Data analysis	Was the data analysis sufficiently rigorous?	Yes *(thematic analysis was used however, the researcher did not appear to critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(No discussion of credibility of findings e.g. triangulation, respondent validation, more than one analyst. Evidence both for and against the researchers arguments were considered)*
	Research value	How valuable is the research?	The research has some value *(Lack of consideration regarding he contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature.)*
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Partially applicable *(data collection occurred prior to 2010)*

Dodsworth 2013

Study type	Focus Groups Semi structured interviews RQ2 Evaluation of an intervention

	Digital Inclusion Team: fostering internet service
Aim of study	To ascertain how far the implementation of the service had: (1) altered, and potentially improved, the way in which social workers and foster-carers communicate with each other and work together; (2) facilitated access by foster-carers to training resources and enabled them to efficiently book training courses online; (3) provided secure file transfer between foster-carers and social workers; (4) given carers greater access to support materials and an extensive online knowledge base that could be expected to improve child outcomes and placement stability; (5) created an 'online community' of carers who use the social networking aspects of the site to message each other, share ideas and provide mutual support.
Study location	UK
Study setting	Three authorities in England: a rural county that includes the county town, a city unitary authority and a London borough.
Study methods	Focus group discussions for foster-carers took place after the questionnaire phase of this mixed methods study. A semi-structured interview schedule was used, with participants encouraged to engage in a wide-ranging discussion of the issues raised. Separate focus groups were held with social workers. Focus group discussions were, with the participants' permission, recorded, transcribed and analysed using Nvivo. No information about the method of thematic analysis was reported.
Population	foster carers and social workers
Study dates	2009

Sources of funding	The funding for the original project came from the Digital Inclusion Team (a delivery body funded by the Department for Communities and Local Government/City of London).
Inclusion Criteria	None reported
Exclusion criteria	None reported
Sample characteristics	Sample size 27 foster carers and eighteen social workers
Relevant themes	Theme 1 Computer technology intimidating: While it would appear that the technology is not, in itself, a barrier to the use of the specialist fostering internet service, individual foster-carers did admit in the focus group to finding computer technology intimidating: "To me this computer I've got is like a monster in the corner. I'm afraid of it and I won't go on it, because just the thought of switching it on is quite scary." Theme 2 Impersnal nature of computer communication: "I'm not a computer person, and I don't think that's what fostering is about." Theme 3 for many, the provision of an adapted specialised and accessible resource made good use of existing skills, habits and interests. For the fostering internet site to be of benefit, that enthusiasm needs to be harnessed and skills improved by the provision of sufficient training and additional support in using computer technology for a wide range of professional tasks. Theme 4 Usefulness of initial training: The subject of initial training and the adequacy of ongoing support to use the system generated much discussion in the foster-carers' focus groups. In one authority, the perception of some carers was that they 'never got any training'. In the second authority, there had been personal home visits to install computers and give start-up advice. However helpful this had been, and there were many complimentary comments, the view was that the brief one-off introductory session was insufficient, at times inconvenient, and that further formal training was needed. In the third authority, training took place primarily in group settings in libraries, with a back-up mentoring system of training coaches. Given the number of carers in that authority, attendance at the sessions was not comprehensive and views were mixed on how effective these sessions had been. Theme 5 Internet service to facilitate communication between carer and social worker: In all three authorities, focus group discussion centred mainly on how foster-carers and social workers communicate with each other. Fostercarers were aware that social workers 'check e-mails first thing', whilst text messages were perceived to yield a response, as 'people can't ignore a text'. Carers felt that social workers were too busy, that the new internet service had not yet become a normal part of social workers' working practice and that too few staff used the service to make it an accepted, and thereby viable, method of communication: "It's a positive thing, but if the supervising social worker and social teams aren't using it that's the big stumbling block we've got to overcome."

	Theme 6 Preference for telephone or email contact particularly if the matter was urgent: Fostering social workers and managers also preferred telephone or e-mail contact with the carers they supervised, particularly if the matter was urgent and it was vital to know the message had been received: "It's replaced the telephone to an extent. If it's urgent it's still the telephone or (they) ring your mobile and get you, but if it isn't . . . then I've got one or two who would just put it on (the website)." Theme 7 Importance of face to face contact: "There's something about working with people; there's a lot to be gained by doing so face to face with them. We're going to gain a lot more from our foster-carers in return. If we got into too much of an electronic exchange it's too alienating. It can support what we do but it can't replace it." Theme 8 Web service as a method of facilitating communication between foster carers: Focus group discussions with social workers indicated that their initial perceptions were that the online service had been developed primarily for foster-carers. It was expected to enable an exchange of experiences, views and questions between foster-carers who were facing similar situations and challenges, and provide links between individuals, of particular value to those who did not know any or many other foster-carers, or who lived in isolated areas: "If foster-carers are contacting each other for support on it then that's brilliant, it is, to coin a phrase, 'the point of it'. It was networking foster-carers together so they could actually talk to each other, such as Facebook but a more secure site, a more professional site." Those foster-carers who had contacted other carers did so to arrange car shares, suggest excursions, discuss paperwork, fostering standards and training courses, share their experiences of their child's behaviour and problems, 'off load' after a bad day, exchange ideas, seek or offer support and chat. "I'd love to develop contacts; swap stories, share advice, meet (support, grumble, laugh, cry) . . .. Internet's so convenient; you can send a message late at night, while you snatch lunch etc. and the recipient can reply when it's convenient to them." Theme 9 dedicated site useful for confidentiality: While the use of the website for communicating with other carers was fairly limited, this aspect was used and liked by a small number of individuals. Some reported that they appreciated the confidential nature of the dedicated site, comparing it favourably to Facebook, whose public nature could pose problems: "It's safer than a Facebook system I'd say. Parents track down foster-carers (through Facebook), where they live, and that's worrying." Theme 10 Lack of immediate response or knowledge that message had been received: Reported drawbacks included not knowing whether messages had been looked at, particularly problematic if a quick response were needed. In general, carers said that they preferred more personal contact, and mentioned mobile phones, meeting outside school, meals out and meeting at fostering support groups: "To come in and see face to face, I prefer that. To me that's more a way of socialising. Younger people socialise a lot and seem to believe a lot in the virtual world, but I prefer to see people." Theme 11 Use of internet service for booking foster carer training sessions: Foster-carers need to communicate with their local authority fostering service in order to book foster-carer training courses. The ability to book training courses via the purpose-designed pages within this website had been a key selling point for this service and the first facility within it to become widely used in all three authorities. Moreover, there was an intention that, in the future, training courses would only be bookable online: "I've really loved being able to book the training, it's a lot of time saved. Gives an instant picture of training courses available and whether there are any places left." Theme 12 Use of internet service for transferring daily log records: A further dimension of foster-carer/social worker communication concerned the transfer of documentation, particularly the daily record of the child. It had been envisaged that the website would allow for the electronic keeping and transmission of the daily records, or log, which the foster-carer writes. This had begun to occur in one of the three authorities: "I've started using it recently; I've had the paperwork on line. Often in the evening I check my e-mails, so it's easy just to log on and do your diary as well. It's quite useful for that because it gave me access to my supervising social worker. It should be accessed by the child's social worker, but she can't work out how to do it." ""I'm getting so much paper, so to do it electronically, yes definitely . . .. If encrypted and secure it will be fine; a plus point if it speeds up communication." But perceived

	concerns around confidentiality were often the bar to wider use of the electronic log transfer facility. One foster-carer admitted that, while she kept her log on the computer, she submitted it by post: "I'm a bit worried about the security of it. I do type it in, and print it out at the end of the month and then delete that file. That way nobody can access it." Theme 13 Accessability of the internet service: The internet could be expected to provide a significant resource to fostercarers, with the specialist online service acting as a portal, providing assurance as to the quality or veracity of the information it linked to. Additionally, the internet is accessible twenty-four hours per day, when other sources of information or support, such as help lines, might be unavailable. Theme 14 Use of discussion boards on the internet service: Discussions had rarely been generated and sustained. One example in which it had been was mentioned by a manager in a social worker focus group: "Last summer when we were consulting on the new proposals, (the site) really came into its own just for a few days, and to my detriment unfortunately! . . . because one carer started a debate on it about something they disagreed with, and another foster-carer contributed and I responded in some depth. I was hoping that it would spark it off as a medium for debate on other specific issues; unfortunately it hasn't happened since. I think we have to encourage foster-carers to have more general discussion. It might be quite heated and sometimes it will be critical but we have to give them the message that if you are going to say something you are going to have to justify it, and it has got to be appropriately said." These quotations indicate emerging threads of awareness and discourse on the potential for the technology to change aspects of the power balance between social workers and foster-carers and an awareness of the need to embrace the changes, but some trepidation about doing so. Equally, however, as some of the quotations below indicate, there was also some resistance to changes in what fostering was perceived to be about. Theme 15 "professionalisation of foster caring": The professional identity and status of foster-carers were discussed by both foster-carers and fostering staff. Some carers stated that they had been attracted to the job because they liked children and that an overemphasis on standards and qualifications, or a requirement to become IT proficient in order to foster well, could act as impediments: "For me most foster-carers are hands on people. It's not (about) tweeting. I think the difficulty with the NVQ etc. is that a lot of people who come into fostering want to look after children, funnily enough. Sometimes they're not academic, they don't want to go down that route; they just want to look after these children. Standards are crucial, but we need more foster-carers. I think we're going to have an even smaller pot of people prepared to become foster-carers. There are people who the thought of doing any sort of paperwork at all is going to put them off." Other foster-carers, however, were willing to use all the resources, including IT resources, available to them to foster as effectively as possible: "Using computers should be part of the training, part of the induction as a foster-carer, so that it becomes obvious it is part of the role. I think it (fostering) should be seen as a more professional standing. Some managers will view us as professionals, but some won't." Theme 16 Social worker perceived need for the internet service: "One social worker questioned the need for carers to become proficient on the new internet service, commenting that: "Carers that have got the little ones are just exhausted and they should just be left, because what we want them to do primarily is provide good care for children, not going on to (the website). Would that improve outcomes for children? I'm not really sure." In general, however, fostering practitioners thought it important that carers became more adept at using computer systems and the internet: " They (foster-carers) have to take some responsibility on being able to receive information, because gone are the days where we can tie up the whole admin team sending out a mail shot to 260 households every time. Carers who are very reluctant to use any form of IT are disadvantaging children's placements, so we need to find a legitimate way of challenging that and continue to challenge it. We have carers who still find it very difficult to record in this day and age." Theme 17 Fears of encouraging "horizontal" exchange of information and views: the 'horizontal' exchange of information and views between those engaged in fostering, which computer-assisted technology encourages, and the potential for increased foster-carer knowledge and participation may, on occasions, appear threatening to social workers, some of whom might feel less competent technologically than some foster-carers. This potential change of dynamics between carers and social workers was alluded to by two social workers, in the focus group discussions: "We'll be in a funny situation of carers knowing more about what they're supposed to be doing in terms of (the website) than their supervisors. We could get to the point where foster-carers would have a sense of ownership, and be pushing to develop it, and could be telling us how to be using it. That's a scenario that's a little scary. We are really holding back from empowering carers because we don't want them to really take over this communication."

<table>
<tr><td></td><td>Theme 18
Inclusion of foster parents as professionals through technology: a fostering manager expressed the view that: "This (online) community gives carers a chance to communicate . . . feel they belong to a professional community who understand what they are doing. From there hopefully there will be better corporate parenting and better experiences for children, because they are being cared for by a more professional group."

Theme 19
Internet services as the "way of the future": Some practitioners suggested that the next generation of foster-carers would be more receptive to new ways of working and that: "The new people that are coming through are foster-carers who are prepared to use the internet and want to record things regularly and are happy to be engaged in conversations and will even send you a text. All contemporary ways of living and that’s what you want from your foster-carers."</td></tr>
<tr><td>Risk of Bias</td><td>
<table>
<tr><th>Section</th><th>Question</th><th>Answer</th></tr>
<tr><td>Aims of the research</td><td>Was there a clear statement of the aims of the research?</td><td>Yes</td></tr>
<tr><td>Appropriateness of methodology</td><td>Is a qualitative methodology appropriate?</td><td>Yes</td></tr>
<tr><td>Research Design</td><td>Was the research design appropriate to address the aims of the research?</td><td>Can't tell
(researchers do not appear to have justified their research design or how they decided which method to use.)</td></tr>
<tr><td>Recruitment Strategy</td><td>Was the recruitment strategy appropriate to the aims of the research?</td><td>Can't tell
(no in-depth discussion about how participants were selected for the focus groups, or why some people chose not to take part.)</td></tr>
<tr><td>Data collection</td><td>Was the data collected in a way that addressed the research issue?</td><td>Can't tell
(researchers have not justified the setting for data collection; have not justified the method used for interviews; researcher has not discussed saturation of data)</td></tr>
<tr><td>Researcher and participant relationship</td><td>Has the relationship between researcher and participants been adequately considered?</td><td>Can't tell
(not clear that researcher examined their own role, potential bias and influence</td></tr>
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			during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(unclear how analysis was performed or if there was sufficient data to support the findings; unclear if researchers critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(no discussion of credibility of findings: e.g. triangulation, respondent validation, more than one analyst)*
	Research value	How valuable is the research?	The research has some value *(no discussion of generalisability)*
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Partially applicable *(data collection occurred prior to 2010)*

Durka 2015

Study type	Focus Groups Semi structured interviews

	Evaluation of an intervention Consultation between mental health specialist (psychologist) and other professionals
Aim of study	to explore the experience of consultation in a residential childcare setting for LAAC, from both a consultee and a consultant perspective: (1) What are the perceived benefits and limitations of consultation? (2) What is the perceived role of the consultant? (3) What are the relevant aspects of the consultation relationship?
Study location	UK
Study setting	Three residential care establishments in the North West of Scotland
Study methods	Semi-structured focus groups. Focus groups were held at the participants' place of work within their regular working hours. One with each of the three residential care establishments and one with the consultants. Each focus group was recorded using a digital audio voice-recorder. Qualitative data from focus groups were analysed using NVivo 10. Thematic analysis was used to analyse the qualitative data as recommended by Braun and Clarke (2006), using both a semantic and an inductive approach to identify themes. The findings were fed back to the participants to ensure that the themes reflected their experiences accurately
Population	residential care staff for looked after children and clinical psychologists who provide consultation to the establishments.
Study dates	not reported
Sources of funding	not reported
Inclusion Criteria	None reported

Exclusion criteria	None reported
Sample characteristics	Sample size 13 members of residential care staff, two clinical psychologists working in CAMHS who offered consultation to the three residential care establishments.
Relevant themes	Theme 1 Consultation facilitates multiagency working: consultees reported that consultation was seen as a way of developing links between the residential care establishments and different services. Discussions with the consultant helped staff to signpost young people to appropriate services and staff felt that they had an improved relationship with CAMHS: "… we had a discussion about where CAMHS [sic] was the most appropriate sort of [sic] agency and she was saying like no you'd [sic] probably be better off going down this route. (P10/L123, residential care staff)" Theme 2 lack of clarity around boundaries of role became a problems: when the role of the consultant and staff became unclear, it elicited a sense of frustration and confusion among staff – for example, confusion about what the consultant can offer and the level to which the consultant should be informed about the young people. Previous experiences of working with psychologists also created confusion when the roles differed and expectations were not met: "I think they should be kept in the loop. Like [Care Staff] was saying about really critical information emm [sic] but when you feedback that's not the case. They don't really need to hear about, about [sic] such things as well so that's really confusing. (P8/L297, residential care staff) … the role of the psychologist within [location] council is completely and utterly different to what I was used to in a previous council as well [sic]. It's. it's less [sic] … I'm used to the psychologist being far more hands on. (P8/L232, residential care staff)" Theme 3 Power differentials, and expectation that the consultant should be able to provide all the answers: Power differentials associated with roles and professional status influenced the consultee–consultant relationship. Some staff viewed the consultant as an expert and became frustrated when they did not provide answers or solutions to the concerns or problems in consultation: "… they're looking at the consultant they feel is qualified in this field and should come up with more solutions that that [sic] they can, and maybe [sic] offer us more solutions. But they feel like that's been restricted so you know then staff may become slightly frustrated and slightly anxious about where it will go. (P8/L96, residential care staff)" Theme 4 Usefulness of consultant led training: Staff expressed feeling under-confident and overwhelmed by some of the young people in the residential establishments, many of whom have complex backgrounds and needs, and display challenging behaviour. This highlighted the need for further training and support. Overall, staff felt that gaining a better understanding helped develop new ways of working with complex young people, but emphasised that they felt there were significant gaps in skills and training necessary to support them: "The needs have been so complex recently and I think that we've all been felt totally useless and that we're not able to do our job because we don't have the expertise to, to [sic] help these young people. We almost just became a babysitting service. (P9/L233, Residential Care Staff) … we were knocking on doors that weren't opening. And we were told oh [sic] there's a key like this but unless you're in a terrible crisis we're not going to help you. I think having [consultant] has made that difference. (P11/L175, Residential Care Staff)" Theme 5 Consultants felt the need to be clear about roles and expectations: Being clear. It was expressed that staff expectations sometimes exceeded the role of the consultant. A shared understanding of roles and expectations was considered necessary to reduce confusion and frustration that arises when these become unclear: "It's trying to kind of I guess [sic] just be clear about what our role is so we can offer appropriately something they can take benefit from. As I said there's just been a few occasions where there's been oh [sic] are we being asked to do something I actually don't think should be part of our role there so … it's just addressing them as they come along. (P14/L282, consultant)" Theme 6

	Confusion regarding own role without explicit contracting guidelines or protocols for consultation: Without explicit contracting guidelines or protocols for consultation, the consultants expressed confusion within their own role regarding responsibility and information keeping: "… does it ever get to the point where we say actually we've heard this now, and we feel something needs to be done and take this out with. And [sic] I don't know, we've never been clear about that like you would do in supervision. When you're contracting for supervision you're very clear about fitness to practice, you know [sic], for the person in supervision but also if there were bigger issues you were concerned about and what you would do. (P14/L209, consultant)" Theme 7 improved multiagency working: Multi-agency working. The consultants felt their role of increasing staff skills and confidence indirectly increased support for the young people who may not meet criteria to attend CAMHS: "Trying to kind of [sic] help people feel more confident in being able manage some of these issues instead of referring straight on to CAMHS or feeling that it needs to be the CAMHS workers that need to directly do this work. So trying to kind of up skill and … that [sic] would be part of it … (P14/L236, consultant)" Theme 8 confusion around … one of the young people I'm actually working with we've done some consultation around and … that's been quite … I guess [sic] confusing, it's blurred that boundary as well 'cos [sic] obviously I know a lot more information. (P15/ L181, consultant)different roles and blurred lines: Having different roles as a consultant and a CAMHS clinician elicited confusion for the consultants but also for the consultees. Holding information separate within each role when a LAAC also attends CAMHS was particularly confusing for consultants. It was also perceived as difficult for staff to fully distinguish between these different roles of the consultant – for example, why the consultant would work directly with a LAAC as a CAMHS clinician but not as a consultant: "… one of the young people I'm actually working with we've done some consultation around and … that's been quite … I guess [sic] confusing, it's blurred that boundary as well 'cos [sic] obviously I know a lot more information. (P15/ L181, consultant)" Theme 9 Confidentiality: Encouraging staff to discuss concerns anonymously and ensuring that the information remained confidential within other professional forums was challenging for consultants: "People do know that these children are being spoken about in various forums, professional forums and what not, so I think that comes in at times where people will give you a lot of information and details and it's kind of well [sic], trying again to go back and be very clear about it being an anonymous thing. (P14/L38, consultant)" Theme 10 Challenge of providing consistent training: Providing consistent and non-repetitive information or training was also difficult, especially when establishments received training from other sources: "I know that the councils access them support from other areas. But I guess my concern is about consistency emm [sic], that we're not repeating too much of the same thing. (P14/L384, consultant)" Theme 11 Disruptiveness of the environment: Delivering consultation within the establishments meant the environment was not always conducive to effective consultation, affecting the time and availability of staff to commit to and attend the sessions. Factors such as the telephone ringing and staff coming and going created multiple disruptions and often impacted on their experience. The environment felt unsuitable and sometimes uncomfortable for the consultants to deliver consultation as young people may be in the building: "We've been doing it in the young people's living room and you know [sic] some people may not be at school and I think that that, that [sic] feels uncomfortable. (P15/L144, consultant)" It was expressed that a location separate from the residential establishment would improve consultation sessions; however, it was also acknowledged that this would be difficult to organise: "… we did do a training session actually which was in another building across from the young people's unit and I think that worked really well 'cos of [sic], and it was [sic] because they were away from the unit. Emm and [sic] but I think that's quite practical, practically [sic] difficult to organise at times so that's something to think about for future. (P15/L149, consultant)" Theme 12 lack of time/resources: The consultants felt overwhelmed at times when trying to meet the needs of the residential establishments, and felt that more resources would be required to meet these demands: "… the response we got was that people we very appreciative of the time and found that really helpful but then you know [sic] we were posed with the well this is what you are offering to the units what are you now going offering to through care and after care and … so there's that expectation of more, more, more. (P14/L228, consultant)"

	Theme 13 Remaining collaborative, not prescriptive: Collaborative working was seen as important to build the consultation relationship, but perceptions of expertness made it challenging for both the staff and the consultant to maintain. At times the consultant found it difficult to refrain from offering answers and solutions rather than facilitating staff thinking due to their knowledge and experience. This became more difficult due to staff perceptions of expertness and expectations of being told what to do: "… it's always a bit contradictory when you read about consultation that you're supposed to be there and really facilitate that person's thinking and what not. Of course you're going to come in as someone from CAMHS who's got experience and have experience and knowledge in advance of what they have in certain ways. (P14/ L444, consultant)" Theme 14 time needed to develop the collaborative relationship: Developing a collaborative relationship with staff was seen as a process, and feeling comfortable adopting a non-expert position was important to develop and maintain this relationship: "… not feeling you have to be an expert. Recognising when you do have skills that you can impart but also times being able to say I'm not sure, I don't know about that one, let me have a think and I'll get back you or I'll forward you on information about emm [sic] rather than that pressure to have something straight away. (P15/L438, consultant)" Theme 15 Warm, genuine, and transparent: Being warm, genuine and transparent were highlighted as important attributes in order to build a positive relationship with staff. Consultants felt that using listening and reflective skills enabled staff to feel understood: "… you know like being warm, being genuine, being transparent. I think that works no matter what role you've got in your job really. (P14/L432, consultant)" Theme 16 Flexible yet boundaried: Being flexible yet boundaried enabled consultants to respond to the changing needs of the establishments while maintaining their role: "I guess we've had to be flexible and go with the units, as long as it feels appropriate in terms of consultation and not getting into other stuff. (P14/L90, consultant)" Theme 17 Need for committment from staff to attend, prepare for, and safeguard time allocated to consultation: Perceived commitment from staff to attend, prepare for and safeguard the time allocated to consultation positively influenced the consultee–consultant relationship: "… commitment and a bit of a value of that time, ring fencing that time would be quite helpful [sic]. I guess what, as times gone on, I've been pushing for a bit more [sic] organisation and been emailing [sic] or prompting them about what they want to do with a session or who they want to think about. (P15/L483, consultant)"
Risk of Bias	(see table below)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes

Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(researchers did not explain why e participants they selected were the most appropriate to provide access to the type of knowledge sought by the study. No discussion about why some participants chose not to take part.)*
Data collection	Was the data collected in a way that addressed the research issue?	Yes *(Setting is justified, however, methods could have been made more explicit. Saturation of data was not discussed.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes *(Authors considered the relationship between eir own role, potential bias and influence during data collection but not formulation of the research questions. Approach was inductive however and results were fed back to participants.)*
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes *(However researcher did not explain how the data presented were selected from the original sample to demonstrate the analysis process, and unclear if sufficient data was presented to support the findings. Researchers did consider their own bias in influence during analysis and selection of data for presentation and sought to overcome this using respondent validation)*
Findings	Is there a clear statement of findings?	Can't tell *(No obvious presentation of evidence for and against the researchers arguments, only one analyst performed the analysis.)*

	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Directly applicable

Evans 2016

Study type	Focus Groups Semi structured interviews Evaluation of an intervention a range of interventions highlighted in the Evans review
Aim of study	to explore the acceptability of the theory of change and delivery mechanisms associated with educational interventions already subjected to evaluation and potentially in routine practice
Study location	UK
Study setting	Wales. Participants were purposively sampled though The Fostering Network, a non-governmental organization that aims to promote and support the participation of care-experienced children and young people in social care policy and practice.
Study methods	The sample size allowed for theoretical saturation to be reached. Focus groups were used with semi-structured interviewing. Focus group centered on brief vignettes depicting the hypothetical participation of a care-experienced child or young person in one of the interventions. Each vignette outlined: participant demographics; the context of the participant's recruitment; delivery mechanisms, including delivery agent, setting and point of intervention; postulated outcomes. Creative

	methods were integrated into the groups in order to facilitate discussion by making interventions less abstract for participants by providing some concrete visual stimuli. These included examples of intervention activities (e.g. behaviour charts and book parcels) and a range of drawing and writing materials. Focus groups were recorded with use of a digital audio recording device and transcribed verbatim. Thematic analysis was conducted. A subset of the data was indexed and coded by two members of the research team. Discrepancies in coding were resolved through discussion. Themes were developed through the process of constant comparison. Two researchers independently constructed themes. The research team read the data, agreed on the interpretation and refined the themes.
Population	Looked after children and young people or those with prior experience of being in care and education
Study dates	June and July 2015
Sources of funding	Welsh Government
Inclusion Criteria	Care Situation urrently living in local authority care or prior experience of being in care Education involvement in mainstream or nonmainstream, alternative educational placements (e.g. Pupil Referral Units);
Exclusion criteria	None reported
Sample characteristics	Sample size Twenty-six young people Type of care Participants had resided in foster care (n = 25), kinship care (n = 4), and residential care (n = 13). Gender Fifteen participants were male and 11 were female.

	Number of previous placements Twenty- five of the participants had experienced multiple placement moves across the range of care types, with the number of placements ranging from four to 24. Age Participants were aged 16– 27 years old. The median age was 18, and 22 of the participants were aged 21 or younger. Education All participants had lived in local authority care and attended mainstream school.
Relevant themes	Theme 1 Attachment problems and dearth of meaningful relationships at the root of educational disadvantage for children and young people in care: They spoke of the importance of relationships with primary care givers in supporting educational development, with some individuals noting how the absence of such relationships had inhibited their social, emotional and educational progress: "…because of my learning difficulties and I always used to have books andWhere'sWally? Andmy carers used to read them, letme read them, and then I had to summarize the whole book, and then that helped me with English…We had. A drama piece, like a drama book and we did… act it. [Participant M01] …at 16 I am, Iwas, and probablymy emotional and behavioural level or social, the social side of it was below, was below that level anyway. [Participant M02]" Theme 2 Relational learning could be aided through a "properly applied" letterbox-type intervention: From such discussions arose a notable preference for the Letterbox Club,with the reported aspects of acceptability reiterating the reasons offered by Mooney et al. (2016) for the intervention's lack of effect. Evaluation concluded that for book-gifting programs to have impact they need to focus on encouraging direct involvement by foster carers in shared literacy activities with children and young people. Participants in the present study felt the key underpinning mechanism of change for the Letterbox Club was the facilitation of better relationships between foster carers and children, which would provide support for learning: "Its bonding, you knows, it shows the foster carer what you weaknesses are so maybe they can give you a bit more help. [Participant F01]" Theme 3 Inclusion of games and interactive activities to consolidate relationships in younger children: Inclusion of games and other interactive activities were considered to be particularly important in consolidating relationshipswith younger children, as 'a child is going towant to sit there and play and color with his [foster]mumand stuff' (Participant F02) Theme 4 Letterbox - receipt of parcels would make them feel special or worthy within a system where they often felt to be a burden. This led to suggestion of inclusion of other significant items, such as memory boxes or teddy bears,whichwould serve to develop additional positive attachments. Theme 5 Ongoing intervention to support development of social and emotional competencies to remove a key barrier to educational engagement and achievement: Ongoing intervention to support development of social and emotional competences were considered to be vital to participants, with the home-based counselling offered by Fostering Individualized Assistance Program (FIAP) being cited as an exemplar (Clark et al., 1998). Possession of these competencies were seen to remove a vital barrier to educational engagement and achievement: "…they're encouraging educational, social and emotional development of the children, that's what it says that they're doing. I mean if the kid is struggling socially in school their schoolwork is suffering, that's pretty much a fact isn't it? [Participant M03]" HOWEVER Despite preference for interventions focusing on social and emotional competencies and relationship development, a number of participants did warn against approaches privileging these outcomes at the expense of educational attainment, thus suggesting academicmeasures should serve as the primary outcome: "People tend to focus on behaviour instead of education, it's like we will fix their behaviour and then we'll give them an education. It doesn't work, it's got to go at the same time. Because what happens is youngsters lose chunks of their education because people are trying to fix their behaviour and then they knowthat type of thing, that doesn't really you don't get anywhere for the kid. [Participant M02]"

	Theme 6 Concerns about being overly focused on behaviour change: participants rejected approaches that constructed them as a problemin need of solving, indicating a desire to move beyondmedicalized models that utilized clinical sounding vernacular, such as Fostering Individualized Assistance Program(Clark et al., 1998) andMulti-dimensional Treatment Foster Care (Leve & Chamberlain, 2007; Green et al., 2014). One young person maintained that the names of these interventions made them feel as though they were 'suffering from a disability' (Participant F03). With particular regard to the latter program, which employed a points system to monitor good and bad behaviours, one participant claimed 'I'm not a dog, it sounds like they are training a dog' (Participant F04). Theme 7 Inadequate focus in many of the interventions on the major issue of care and school placement instability: Beyond discussion of the strengths and weaknesses associated with interventions' underpinning theory of change, participants' explored elements that the interventions had largely failed to address. They felt that the interventions considered did not sufficiently address the structural determinants of educational disadvantage. Firstly, was an inadequate focus on instability in care and school placements: "I'd say that themost important thing is tomake sure that there is stability in the young person's life because moving around a lot affects their education… I think there should be something in a young person's life that stays the same so whether that be the social worker, or the school, or the placement. [Participant M04] Yeah I found obviously moving around schools a lot, because I moved from Wales to England and it was like during that transition of like for a year I was out of education so I was playing a catch-up game, always like right the way up through school until I left, I was always trying to catch up. [Participant F05] The dreamwould be that you only ever have two schools, like everybody else. [Participant F06]" Therefore, whilst interventions to enhance the relationships between carers or care systemprofessionals and children and young peoplewere deemed necessary, there also needs to be a focus on improving the stability of these relationships. Theme 8 Interventions had too low aspirations for looked after children: participants noted the failure of interventions to address entrenched discourses around the educational capacities and aspirations of children and young people in care, namely a dominant expectation that care-experienced individuals had lower academic ability: "They had expectations that basically I was going to become a thick shit. [Participant F07] Some teachers were like openly against us. You know they were like 'oh there's no point like trying with themsort of thing'….I think sometimes young people in care do get a bad rep. You know the teachers are told this young person is in foster care or residential, 'ooh care kid, trouble maker'. [Participant F05] I think if you're not challenged enough as a person just because of you being in care… you go to school and you know and everyone will pull you to the side and say are you ok and blah blah blah. [Participant F08]" Theme 9 High degree of acceptability for educational specialists to act as advocates for educational rights of individuals in care: was a notably high degree of acceptability for education specialists,who advocate for the educational rights of individuals in care when social workers are unable to resolve difficulties (Zetlin et al., 2004). Participants felt that an independent authority figure would be extremely beneficial in ensuring that a young person was enrolled in school, received the necessary resources to complete their education, and that the educational environment was conducive to their learning needs. As one participant commented, 'sometimes it takes, literally sometimes it takes someone threatening legal action for people to pull their fingers out' (Participant M03). Theme 10 A lack of resources, particularly in the care placement: participants acknowledged the lack of financial resources afforded to children and young people in care, which may not only restrict the funding of interventions but would prevent sufficient investment in their education, thus ensuring their continued disadvantage. Although not a universal statement, a number of young people commented on their inability to achieve in line with peers due to their limited access to computers, lap-tops, and internet facilities within their care placement: "Iwasn't able to usemy own [lap top] in the care home because obviously there was no Wi-Fi or anything like that. [Participant M05]". Theme 11 Lack of resources more broadly: Others noted an awareness of the cost implications of resources in times of austerity 'when we're supposed to be spending less' (Participant F09). Participants shared anecdotes of witnessing arguments over the funding of educational resources, particularly when they had moved across local educational boundaries: "If you aremoved out of county then one county will argue with another county about who pays for transport, who pays for schooling, who pays for food, who pays for everything. That has

	something to do with your education. And they do, they can be, councils are just like no that's your problem, no that's your problem, palming young people off sort of thing and it's just really unpleasant. [Participant M06]" Theme 12 Importance of intervention delivery agent (not adding more!): Participants reported the delivery agent as being the most important criteria against which intervention acceptability was assessed. In general young people were disinclined to partake in interventions involving the introduction of additional care system professionals. Indeed, professionals were already thought to be omnipresent, and as a result, programs such as the Fostering Individual Assistance Program, which provided clinical program specialists in the development of tailored wraparound services (Clark et al., 1998), were seen as excessively increasing the number of professionals in young people's lives: "There is enough meetings and stuff that go on with kids…Don't want another person coming and telling you to say 'look you've got to do this, you've got to do that…[It is]what's wrongwith him but it's just herewe go again, another person in a suit, another bureaucrat. [Participant, M02]" Theme 13 The problem with introducing yet another transient relationship: "Participants further expressed caution about external intervention potentially contributing to the problem of transient relationships experienced by young people in care, especially where they are delivered for a fix duration: "Nine months is a long time for a child to have someone in their life and spending that much amount hours with them. And then just suddenly be like right that's it now, good bye. It's going to be really hard for a child to accept after everything they've been through obviously. So it's going to be really hard that is…Because I still struggle with that now.My [socialworker] has just leftme and I brokemy heart because she waswith me 18months I think itwas and I actually brokemy heart, knowing that I will never see her again. [Participant F10]" In response to these concerns, participants highlighted to necessity of stipulating the duration of an intervention in advance and ensuring young people know the relationship is time limited, whilst ensuring that this does not compromise its authenticity or meaningfulness. Theme 14 Need for educational advocates: There was nuance within young people's perceptions of professionals however, with delineation of those whose practices were informed by principles of transparency and co-production and those whose were not. In particular, participants indicated support for the intervention that provided educational specialists charged with advocating for children's rights within the educational system (Zetlin et al., 2004). These individuals were considered to prioritize the views and perspectives of those in care, rather than making decisions on their behalf. Thus the intervention was valued for respecting children's rights and privileging their voice. Theme 15 Preference for carer-delivered interventions: Participants preferred interventions delivered by their carer. The reasons for this were threefold. Firstly, intervention could serve to improve the relationship between the carer and the young person, thus facilitating the 'normal' parent-child relationship that those not in care may enjoy. Thiswas considered to increase parity between care-experienced and non-care-experienced individuals: "It's being a normal parent really isn't it? It's what they basically are. If you had children you would sit down with them and help them with their homework so why can't foster carers?" Theme 16 Preference for carer delivered interventions: Secondly, intervention delivery by carers was thought to provide an opportunity to form positive attachments. In particular, engagement in informal activities within these healthy relationships could offer a supportive and safe environment where more formalized educational learning can then be effectively delivered: "…it's challenging them [individuals in foster care] because they're learning how to bake, but they're also learning how to do numbers, and they're also learning like with the colouring stuff. It's like number games and counting games and stuff so you can help them with their maths and whatever else. [Participant F10]" Theme 17 Preference for carer delivered interventions: Thirdly, the provision of specialist training to foster carers, as in Teach Your Children Well (Flynn et al., 2011; Flynn et al., 2012; Marquis, 2013), was considered to address instances where carers were too busy or unwilling to support education within the home, or lacked the necessary skills to do so: "Yeah they did sit there and they did like give me time and they did like try and helpme but they, I knew that they couldn't. RE [religious education] they had even less clue about. [Participant F09]"

Theme 18

Preference for care rather than school setting for interventions: Intersecting with discussions pertaining to delivery agents were concerns regarding the delivery setting. Interventions were predominantly provided within the school or care setting, with discussion indicating preference for the latter. A number of participants expressed their reticence to receive interventions within the school context. Their status as being in care had already served to demarcate them as different, and enrolment in educational interventions or engagement with professionals only served to further exacerbate this sense of difference: "…you've got people making fun of you and stuff because you know they're giving you extra support for no need. [Participant F08] …it's singling me out and its making me seemspecial when I'm not, I'm a normal person. [Participant M07]"

Theme 19

Don't like being singled out: As an extension of these concerns about being constructed as different, many participants indicated a preference for universal rather than indicated intervention approaches: "We don't like being singled out as individuals, as care leavers, we always make that big point that we want to be treated the same as others, so this is where we need to be treated the same as others, do you get that? … It should be for like all kids, not just looked after children. [Participant F03] This education liaison officer and the rules should be apply to any young person, or any child rather than just looked after kids. [Participant F03]"

Theme 20

Fears that transition in to school programs such as Kids in Transition to School would be stigmatizing, wraparound services better: in resonancewith the broader literature on the unintended harms of targeted interventions (Evans et al., 2014), participants felt that programs such as in Kids in Transition to School, which delivers skills training to children in care as they enter into kindergarten (Pears et al., 2013),would be stigmatizing. There was concern that conferral of the label of 'at risk' of educational failure at commencement of a child's educational journey could lead to a self-fulling prophecy whereby it diminished children's expectations for their future educational attainment. In contrast to interventions exclusively targeted at those in care,many participants found the Head Start program,which is a wraparound set of services intended to support disadvantaged pre-school aged children (Lipscomb et al., 2013), to be highly acceptable: "This programis for everybody, which I think is good because it's not just focused around young people in care. [Participant F11]"

Theme 21

Appreciation of interventions which afforded the opportunity to spend time with peers: Yet despite wanting to avoid overt targeting of individuals in care, participants appreciated interventions that afforded the opportunity to spend time with other young people who were care-experienced as these peers could offer support inways that professionals or individuals not in care could not. Indeed, one participant cited the study's focus group as potentially being a beneficial intervention composition due to the opportunities to discuss the structural factors associated with the educational disadvantage they experience, which allowed them to avoid any deficit-modelling and understand their position as being someone in care: "I'd say it'smore the idea that you get to see other people in the same position. Because that's what's valuable, this is the reason why I came here because I thought you know it would be nice to see other people that are in the same position. [Participant M08]"

Theme 22

Preference for group level interventions which allow for relationship building: Regardless of the composition of interventions, and whether they comprised peers who are or are not in care, participants were keen to emphasize the importance of group-level rather than individual-level interventions. This was primarily due to opportunities for relational development, which they saw as being important due to citing the enhancement of social and emotional competencies as a key theory of change for interventions. Foster Healthy Futures, which a group-based approach informed by the evidence-based PATHS curriculum and Second Step approach (Taussig & Culhane, 2010; Taussig, Culhane, & Hettleman, 2007; Taussig, Culhane, Garrido, Knudtson, & Petrenko, 2012), was particularly popular due the opportunities to forge new healthy relationships: "…it helps to learn how to interact with people because that helps your emotions a lot because it teaches you to talk to people and stuff. [Participant F10] …it creates bonds like you'd be surprised how not many young people sit down and have a meal together you know…I didn't do that when I was in a children's home, never ate together. [Participant M09]"

	Section	Question	Answer
Risk of Bias	Aims of the research	Was there a clear statement of the aims of the research?	Yes
	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(However, no discussion about why some chose not to take part)*
	Data collection	Was the data collected in a way that addressed the research issue?	Yes
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes
	Findings	Is there a clear statement of findings?	Yes
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Low

		Directness	Directly applicable

Fargas-Malet 2018

Study type	Focus Groups Semi structured interviews RQ3 mental health services
Aim of study	To outline the health problems of children and young people in care in Northern Ireland, and to explore how their health needs were being addressed.
Study location	UK
Study setting	Northern Ireland
Study methods	Authors asked the HSC Trusts to identify social work managers, senior practitioners and senior social workers for looked after children, fostering and residential services who would have particular experience in relation to meeting the health needs of looked after children. The focus group interview was designed to ascertain participants' views on how the HSC Trusts were meeting the health needs of children and young people in care, what facilitated or obstructed implementation, gaps in service provision and suggestions on how to make things better. Carers of 10 per cent of all 2,500 children and young people in care in Northern Ireland were also interviewed over the phone. This interview involved the collection of quantitative and qualitative data. It lasted approximately forty-five minutes and included questions regarding: (i) the medical information they received when the child/young person was placed with them (including historical health information); (ii) their perception of the child/young person's health needs; (iii) the impact of past and current assessments to attend these needs; and (iv) any other health services they were given. Authors interviewed twenty-five young people,

	who agreed to be interviewed. Two researchers went to their homes to carry out the face-to-face interview. They asked the young people about their understanding of their health and their experience of help-seeking and supports. All interviews (with practitioners, carers and young people) were digitally recorded, transcribed and analysed using content analysis. Authors scrutinised the transcriptions for recurring themes, and identified and developed detailed codes, which were input in Excel sheets.
Population	social work managers, senior practitioners and senior social workers for looked after children, foster carers, and looked after children
Study dates	August 2013
Sources of funding	Office of the First Minster and Deputy First Minister in Northern Ireland
Inclusion Criteria	Care Situation children and young people in care
Exclusion criteria	None reported
Sample characteristics	Sample size 233 telephone interviews with carers (foster, kinship and residential); twenty-five semistructured interviews with young people; and multidisciplinary focus group interviews with professionals across the HSC Trusts.
Relevant themes	Theme 1 prevalence of mental health problems: Participants highlighted the prevalence of mental health difficulties, in addition to alcohol and drug abuse, for children and young people in care, especially for those in residential care, but also for those in the older age groups, who were about to leave care. Theme 2 Attribution of improved mental health to relationships: Half of the young people recalled a time when they were feeling not as well as in the present, some of whom had experienced serious mental health problems (e.g. suicidal feelings, depression, selfharming, etc.). Young people attributed these positive changes in their mental health to their new situations and their supportive relationships, having grown up or the support offered by particular formal services. Four young people were still struggling with their mental health. For instance, Nina had taken two overdoes recently and described her mental health as ‘not good’; and Anna was deeply affected by guilt because of the way she entered

	care, and had a difficult relationship with her mother and grandmother. She had also overdosed and had been self-harming, but felt she was working through her issues and was on the path to recovery. Theme 3 Difficulty engaging young people in addiction and mental health services: Professionals, carers and the young people themselves highlighted the difficulties in engaging young people in mental health and addiction services. Social work practitioners emphasised young people's lack of engagement with services as one of the factors or challenges hindering their capacity to meet the health needs of children and young people in care: "I think there are services out there but it's just the young people are not engaging because of the culture that they're in, but once they do start engaging you know it's working for them, so . . . there are a lot of good services . . . a lot of it is down to their involvement and engagement (Focus Group—FG1)." Theme 4 Lack of willingness or ability to "open up": Some carers drew attention to young people finding it difficult to talk to somebody about their mental health. Sometimes, they stated that children and young people found it hard to talk about their feelings and their past, and they believed in the need for these young people to 'open up' to somebody they felt comfortable with. Some carers were also concerned that the young people, whom they cared for and had been 'emotionally damaged', refused professional help. They also felt there was a lack of effort made to encourage young people to engage with these services. Theme 5 Opening up about mental health problems (young people perspective): the majority were able to seek help and talk to significant others (especially their families and carers) when they were not feeling mentally well, one-third did not feel capable of talking about mental health difficulties with others, largely due to the stigma associated with that. These young people spoke of feelings of embarrassment, insecurity or guilt. Some understated the importance of feeling mentally unwell, arguing that it was something that eventually goes away. Two believed they never felt mentally unwell: "I usually wouldn't tell anyone about mental health issues because it's triggered by a lot of guilt, . . . if I knew something was up and something was bad then yeah I would definitely tell them, but usually I just kind of deal with it myself because it passes, so usually I just keep on top of it (Anna). You don't feel mentally unwell for that long, well I haven't. I just get over it. Bottle it up for a couple of days and it will go away . . . . What stops me telling people? It's just not knowing what other people would think (Connor)." Theme 6 Barriers to help seeking, embarrassment, and stigma: Young people's feelings of embarrassment, stigma, guilt and fear of opening up were identified by the young people themselves and their carers as obstacles for seeking help. In addition, Bridget also talked about her fear of the process of seeking help and the service itself, and the unknown ('What are they going to try and get out of me?'). Theme 7 Barriers to help seeking - effort of services: some carers claimed that services were not making sufficient effort to engage the young people. Carers in children's homes stressed the fact that involving CAMHS was not always the appropriate response. They stressed the mental health difficulties that young people living in residential care faced and that not enough was being done to help them: "It seems to be that young people who don't readily engage with CAMHS or find it difficult to engage with CAMHS can be quite quickly discharged, whereas these are the young people with the most complex difficulties, most in need of the service and there should be greater effort maybe in trying to engage them, if you miss three appointments, forget about it (Residential Carer 1)." Theme 8 Barriers to help seeking - professionals do not spend enough time to build positive relationships: Young people and carers also talked about professionals, in particular social workers, not spending enough time with them in order to build positive strong relationships. Although some had good experiences with professionals, others recalled damaging ones that they had with practitioners that did not take the time to know them or put pressure on them: ". . . they don't take enough time and effort to actually see what's wrong, they don't get to know, they assume too much sometimes I think, maybe that's just personal experience but they assume like she or he is the same as him, so we'll keep them that way, nobody is the same . . . I think they need to try and meet the individual needs of the young people (Bridget)."

Theme 9

Barriers to help seeking - timeliness of help: research participants talked about a range of difficulties in accessing the services needed at the right time. These difficulties related to timing issues (e.g. long waiting lists, difficulties in getting a referral, etc.), geographical/locality issues (no local services available in rural areas, having to travel, etc.), appropriateness of services, and a lack of information provided in relation to the services that are available and where to ask for help. long waiting lists for mental health services was a regular issue, reported by practitioners, carers and young people. Professionals explained that young people could be waiting fourteen to fifteen weeks to have an appointment with CAMHS and carers revealed how sometimes they never received the service at all. That could be a deterrent to seeking help in the first instance. The importance of receiving the right service at the right time was highlighted by social work and health professionals, carers and young people. If the service is not provided when needed, it may be too late for it to work when it is finally provided (as the level of need may have multiplied), the young person might have had to look for immediate short-term help elsewhere and/or the young person might not be ready to avail of the service (at the time it is finally offered): "Takes a long time to wait for referrals. In my experience of this one time, there was too long a gap from knowing [child] was ready to talk about it, to getting an appointment. The notion would nearly leave [child] . . . . If I had to say that these services are fabulous, yes, they might well be, but I do think they have to have a quicker turnaround to be of benefit. Waiting list is too long (Foster Carer 1)."

Theme 10

Barriers to help seeking, slow referral to mental health teams in the first place: For some, it was also difficult to get a referral in the first place. Sometimes, this could be due to staff turnover (which slowed down the time to put actions in place to meet young person's needs), the lack of efficiency of the young person's social worker or social work team or the young people not fitting the restricted criteria needed to be referred.

Theme 11

Geographical barriers to help-seeking: professionals identified difficulties regarding the shortage of local provision and the consequent travelling times needed to avail of specific services. This was a specific problem for LACYP that were not living in the Belfast HSC Trust, and especially those in rural areas, as well as for those that had moved jurisdictions. These young people were forced to travel long distances to access a service. This has implications for the effectiveness and responsiveness of the service, as well as for the young person's engagement: "On occasions, when a child is placed outside of the Trust area, it can be difficult accessing available resources for the young person, travelling can also take up a lot of time and impact on the amount of times you get to review the young person (FG2)."

Theme 12

Lack of training, clear indicators, and information leading to inappropriate referrals: Regarding the appropriateness of services, professionals talked about difficulties in providing the young people with the appropriate service. They believed this was because of the challenges in assessing the youth's mental and emotional well-being (e.g. lack of appropriate indicators and training for social workers in doing so), as well as gaps in service provision (e.g. lack of therapeutic services for children under the age of eleven, lack of services for young people with autism spectrum disorder (ASD), lack of a regional secure mental health facility and assessment centre for children with high risk-taking behaviour and severe mental health issues, etc.). Finally, carers, especially kinship carers new to fostering, and some young people described a lack of information provided on the services available to them.

Theme 13

Need to make services more engaging: Carers talked about services needing to be more 'proactive in how they seek to support young people'. A suggestion from one young person was to create more outreach mental health support: "I would like to find a way that they could come into the house or do something that they can analyse maybe more and see exactly what you can do maybe without necessarily going to a place like that [i.e. CAMHS], because I think sometimes you don't need it, you just need somebody to talk to. . . ., and you don't really want to tell people that's where you're going, whereas you can say 'I have a friend coming over', that's a lot easier to say than 'oh, I have to go to an appointment', because I didn't tell anybody in school (Bridget)."

Theme 14

Need for services to be more locally accessible: Carers also argued about services being more locally accessible, while young people highlighted the need for more local drop-in centres: "I think if we could bring those services in an informal way into the local area, I mean where [child] has to go to access some of them services is 15 miles away, which

<table>
<tr><td></td><td>means [child] has to commit to being here for us to take them over and commit to being away from friends for three hours, which [child] doesn't want to do, so access, if they were local in your GP surgery, [child] might go (Residential Carer 1)."

Theme 15
Greater multiagency working (communication): Another key recommendation by young people and carers was more communication between health professionals. Young people commented on the frustration they felt having to retell their stories and problems over and over, which in itself discouraged them from seeking help: ". . . the social worker ended up sending me to three different counsellors and I keep explaining things, I couldn't keep doing that and it upset me more, . . . I would be panicking, not trusting people like that. I ended up in a worse state crying and stuff, because they made me change, and I just ended up refusing to go anywhere (Nicole). . . . really the lack of communication is dreadful between each department . . . it's the main problem and children have a tendency to get lost in the system . . . there's not a consistent member in this child's life, one member or event two members of a staff team that would be there to see a child through and support them through it, it's not there (Foster Carer 2)." "It has to be a multi-agency response, it can't be in isolation, can it? . . . there are other things impacting and sometimes you have to stop the other things to do the mental health issues or the emotional support, and then you have to swap to something else, so it needs timing and agreement and a proper plan, these ad hoc services coming in, it doesn't really work, does it? (FG2)"

Theme 16
Possibility of a one stop shop for all children in care: Another suggestion was to set up a multidisciplinary mental health team (occupational therapy (OT) specialist, clinical psychologists, specialist nurse and educational psychologists) working in a 'one-stop shop' for all children in care.

Theme 17
Information needed on the services available and knowing where to find them: Having been provided with information on the services available and knowing where to seek help was also considered crucial by young people and carers. Some highlighted the need to give the appropriate information to young people and parents/carers, so they could seek and obtain the support they required: "There's help available but a lot of us don't know that it is there . . . because nobody tells us, I mean if social services can get away with not doing something for us, they'll not do it, . . . you really have to push the Trust for something that you want, instead of them actually telling you what's available (Anna)."</td></tr>
<tr><td>Risk of Bias</td><td>
<table>
<tr><th>Section</th><th>Question</th><th>Answer</th></tr>
<tr><td>Aims of the research</td><td>Was there a clear statement of the aims of the research?</td><td>Yes</td></tr>
<tr><td>Appropriateness of methodology</td><td>Is a qualitative methodology appropriate?</td><td>Yes</td></tr>
<tr><td>Research Design</td><td>Was the research design appropriate to address the aims of the research?</td><td>Can't tell
(researchers did not justify their methods in great detail)</td></tr>
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	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(however no discussions about why some participants chose not to take part)*
	Data collection	Was the data collected in a way that addressed the research issue?	Yes *(Researchers broadly covered the topics that were covered, although a range of different techniques were used. Researcher did not discuss saturation of data.)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Unclear that researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(No in-depth discussion of analysis process. Unclear how themes were derived from the data. Unclear if sufficient data was presented to support the findings (e.g. saturation). Unclear if researchers critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(Unclear that researchers have discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst))*
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Moderate

	Directness	Directly applicable

Francis 2017

Intervention	Theraplay (N = 20) Each child received weekly Theraplay sessions lasting for 30 minutes. The number and content of sessions varied depending on the needs of the child, determined at initial assessment. Some individual sessions took place at home. Group and individual sessions with the children were based on the Theraplay framework suggested by Booth and Jernberg (2010). A typical session would have the following core elements: welcome song, check-ups; Theraplay activities based on the dimensions of structure, nurture, challenge and engagement; snack and goodbye song. Consultation sessions with the significant adult were offered throughout the intervention.
Study type	RQ2 RQ3 RQ4 Evaluation of an intervention Theraplay
Aim of study	This study aims to: • Explore the impact of Theraplay® group or individual interventions on the child's relationship with a key adult in school; • Explore whether there are changes in the child's engagement with education, such as their self- confidence, attention and concentration skills.
Study location	UK

Study setting	Looked after children referred from nine primary schools in an English local authority (Leicester)
Study methods	Post-intervention qualitative data were collected from the child's significant adult in school, using semi-structured interviews involving open and closed questions. A small number of semi-structured interviews with carers and a social worker were completed. The data were transcribed and analysed using thematic analysis (Braun & Clarke, 2006). Data extracts were colour coded and categorised into themes. The themes were then analysed using a Realist Evaluation approach (Pawson & Tilley, 1997, 2004).
Population	Looked after children who would benefit from additional psychology service support
Study dates	Not reported
Sources of funding	supported by the Leicester City Virtual School Team.
Inclusion Criteria	Age Primary school Mental health Looked after children were identified in consultation with the Virtual School Team as children who would benefit from additional psychology service support
Exclusion criteria	None reported
Sample characteristics	Sample size 20 looked after children Special educational needs or learning disability Four children had a Statement of Special Educational Needs or an Education and Health and Care plan and a further nine children had identified SEN and received SEN support in school. Mental health problems Looked after children were identified in consultation with the Virtual School Team as children who would benefit from additional psychology service support

	non-white ethnicity 60% White, 20% Asian and 20% Black/African/Caribbean/Black British Gender girls 55% and boys 45%. Number of previous placements he number of care placement changes the children had experienced ranged from one to six. Age The age of the LAC ranged from five to 11 years Education 70% of the children were in Key Stage One and 30% in Key Stage Two; 0% of the children had had two or more school moves. Three children had had one or more fixed term exclusions from school. Two children attended a pupil referral unit.
Relevant themes	Theme 1 Context: Care setting – carers and school staff felt that the child’s early life experiences and placement instabilities impacted on the child’s learning. Theme 2 Context: School systems – staff felt the work was constrained by limited time for sessions, support for teachers and the intervention not being embedded in the school. Theme 3 Mechanisms of intervention: Relationship with significant adult – staff appreciated opportunities to build relationships with the child/children. Theme 4 Mechanisms of intervention: Theraplay® activities – staff felt the individualised nature of Theraplay® activities matched the child/children’s needs. Theme 5 Mechanisms of intervention: Consultation with staff – staff valued the additional sessions and having protected time for their own well-being and learning. Theme 6 Outcomes: Increase in positive relationships with peers and key adults. Theme 7 Outcomes: Increase in engagement with education – school staff noticed improvements in attendance, the children following adults’ requests, and their attention and concentration. Theme 8 Outcomes: Increase in confidence and self-esteem.

	Theme 9 Outcomes: Increase in positive behaviours. Theme 10 Outcomes: Increase in enjoyment and engagement – children reported enjoying the group, making friends and feeling happy; some children shared the activities with their carers at home.
Risk of Bias	(see table below)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Can't tell *(The main focus of this mixed methods study seemed to be the effectiveness of the intervention, which is best answered using a quantitative approach.)*
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(However, unclear if/why some participants chose not to take part)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Setting not justified; unclear in what form the data took; unclear if data saturation was considered.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Unclear that researchers examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*

	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(No in-depth description of thematic analysis. Unclear if sufficient data presented to support the findings; unclear if contradictory data was taken into account; unclear if researchers critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	No *(There was no adequate discussion of the evidence both for and against the researchers arguments, or the credibility of the qualitative findings e.g. triangulation, respondent validation, more than one analyst)*
	Research value	How valuable is the research?	The research has some value *(Findings were very much related to the intervention only, generalisability not discussed.)*
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Directly applicable

Franklin 2013

Study type	Semi structured interviews Subgroup of interest Human trafficking

	RQ3
Aim of study	• Assess the experiences of children identified as trafficked or suspected trafficked and accommodated in local authority care. • Assess mechanisms in place to support trafficked or suspected trafficked children and the role of social workers, Independent Reviewing Officers (IROs) and other professionals mapped as having had contact with the child in providing and accessing care appropriate for them • Assess the multi-agency response in the context of best practice in child protection and safeguarding as set out in the Home Office/Department for Education – Safeguarding Children who may have been Trafficked Guidance (2007) • Identify good practice and areas for improvements.
Study location	UK
Study setting	Voluntary organisations supporting trafficked children
Study methods	Face-to-face interviews were undertaken with 17 young people who were trafficked when they were children. The interviews explored the practical care and safeguarding arrangements for trafficked, or suspected trafficked children, from their perspective. Interviews gathered information about the types of services they had received and how professionals supported them, their understanding of care processes, and transition at 18. Interviews were conducted using a themed template to guide the interviewer through exploring the experiences of the child. Interviews lasted a maximum of an hour and were digitally recorded and transcribed. In order to gather more in depth information, 18 telephone interviews were undertaken with a sample of key stakeholders. These were professionals who had direct (or indirect) experience of working with trafficked children, either in local authority, voluntary sector, or legal roles. Data collected from the telephone interviews and face-to-face qualitative interviews with children were fully transcribed and then thematically coded and analysed.
Population	17 young people who were trafficked when they were children, nine representatives from six local authorities (social care managers and front line social workers), two solicitors (welfare and immigration) and seven voluntary sector staff (six of these were front-line workers with direct experience of supporting trafficked/suspected trafficked children)

Study dates	between January and May 2013.
Sources of funding	UK Home Office
Inclusion Criteria	None reported
Exclusion criteria	None reported
Sample characteristics	Sample size 17 young people who were trafficked when they were children, nine representatives from six local authorities (social care managers and front line social workers), two solicitors (welfare and immigration) and seven voluntary sector staff (six of these were front-line workers with direct experience of supporting trafficked/suspected trafficked children) Type of care the young people lived in at least eight different local authority areas in London, the South East and West Midlands non-white ethnicity The children in the sample were from nine different countries of origin: Burundi, Democratic Republic of Congo, Ethiopia, Ghana, Guinea, Ivory Coast, Nigeria and Vietnam and a South American country History of trafficking The reasons they had been trafficked included for domestic servitude (seven people), forced labour and criminal activity including cannabis cultivation and selling drugs (three people) and sexual exploitation (nine people). Gender 15 girls and two boys Age At the time of the interviews, they were aged between 15 and 23 years
Relevant themes	Theme 1 Key findings regarding discovery and identification of trafficked children: Following discovery or escape, the period immediately after is an extremely confusing and frightening time for children; Being kept locked up or threatened or controlled prevented children from escaping, as did threats made against their family; Children may disclose unintentionally, or may wait until they feel safe, or until they have a trusting relationship, or they may reach a point of desperation; Children may not know that they have been trafficked or see their situation in these terms; Trafficked children will often not have any understanding of where they are, will not know their rights and will not know how they can be protected. Not speaking English and possibly not even knowing which country they are in is also a major barrier; A lack of awareness, understanding and training can lead to some practitioners and the police not identifying trafficked children even in situations where children have sought help;

	Theme 2 Criminalisation of trafficked children: Some trafficked children were criminalised for activities such as documentation offences and criminal acts which they were forced to engage in while being exploited; Some trafficked children were treated as adults when discovered and were subsequently wrongly placed within the adult criminal justice system or immigration detention facilities; Theme 3 Concerns were raised about private fostering arrangements and potentially trafficked children remaining hidden from view in these situations. Theme 4 Trafficked children going missing: Trafficked children going missing are a major concern for practitioners; Interviewees reported that a lack of awareness of trafficking meant some children were not properly protected, supervised, accommodated and supported, and went missing; A lack of safe accommodation or specialist trained foster carers was reported to be leading to children being placed in inappropriate placements; Theme 5 Reducing the risk of missingness: There was agreement about what can help to minimise the risk. This included quick action based on suspicion, a multi-agency safety plan, safe accommodation, trained and supported foster carers and one-to-one intensive support for the child and the forming of a trusting relationship with an independent adult; Some respondents felt that tackling this issue was beyond the scope of local level provision and there needed to be a regional/national response such as reciprocal arrangements, new funding models or a national specialist foster care programme; Respondents saw the value in the training of specialist foster carers funded by the Department for Education and wanted this to be rolled out nationally; Respondents reported that a higher priority needed to be given to trafficked children who go missing; Theme 6 Recommendations for missing and trafficked children: Recommendations included the need for: Improved multi-agency responses to trafficked children going missing; Trafficked children who go missing to be treated as cases of abduction; The introduction of a national database to record missing trafficked children; Trafficked children are known to have used written information given to them by professionals before they went missing. They have subsequently used this information to facilitate a return to the local authority. Theme 7 Current guidance and multiagency working: Child trafficking toolkits and NRM guidance containing indicators of trafficking were considered helpful; Some respondents, however highlighted that there was little understanding of how the indicators should be incorporated into the assessment process, used to predict risk or to determine the most appropriate services; It was reported that good social care for trafficked children should be about a duty to protect these children, rather than focusing on them as being trafficked; Multi-agency working was identified to be highly dependent on the importance placed on the issue by local authorities; Few local authorities had developed multi-agency strategic or operational groups focusing on trafficking. Even fewer had developed local joint strategies on trafficking or undertaken local needs assessments. Thus very few local authorities were implementing current guidance; Multi-agency joint training was seen as helpful. However, multi-agency working depended on a shared understanding and proper training across agencies, otherwise it could fail; Some respondents expressed frustration with the National Referral Mechanism process and did not see it providing support to trafficked children; Respondents recommended that gathering information from children should be compliant with Achieving Best Evidence guidance; Theme 8 Repetition of story causing distress: Trafficked children had to repeat their story multiple times to multiple agencies, often causing them distress. Theme 9 Only a minority of the sample of trafficked children were happy with the care and support provided by their social workers. Although some individual social workers were seen as supportive, practice varied widely

	Theme 10 Trafficked children often had multiple social workers or key workers and so lacked continuity of care, and had to frequently repeat their story **Theme 11** Trafficked children's criticism of social care support centred around a lack of contact and support, not being listened to and social workers not doing things that they should do. This was reported to lead to a lack of trust. **Theme 12** Trafficked children reported turning to welfare solicitors and/or support workers from voluntary organisations to get the services and support they needed **Theme 13** Stakeholder respondents repeatedly highlighted the need to see what has happened to the child as a child protection issue and respond accordingly **Theme 14** Concerns were raised that social work teams specialising in one area (e.g. asylum or looked after children) might not have the full range of knowledge or skills required to manage the often complex situations **Theme 15** Concerns were raised that child protection support could be compromised by some trafficked children's uncertain immigration status especially during transition from children's services to adult services/independence **Theme 16** Many trafficked children undergo (multiple) age assessments, which some practitioners thought were highly problematic for this group of children; Age assessments were often taking place in police stations and in some cases it was reported that they were being undertaken by social workers who were making pre-judgements; Children reported that following age assessments and the questioning of them (and often disbelief about their age) they found it difficult to have good relationships with their social worker; Some children within the sample interviewed had their age wrongly identified and had been sent to adult prisons, detention centres or been placed in adult accommodation, placing them in a very vulnerable position; **Theme 17** Access to good quality immigration advice was highlighted by stakeholders to be a concern **Theme 18** Local authorities reported barriers to supporting trafficked children including insufficient accommodation, a lack of understanding amongst social workers of the immigration system and pressures relating to the immigration process **Theme 19** Continuity: There were reported barriers to providing an allocated permanent social worker to trafficked children **Theme 20** Local authorities reported that they had faced some difficulties in accessing appropriate education, mental health services and leisure opportunities for trafficked children

	Theme 21 Education for trafficked children was seen as vitally important, although provision was varied. Some trafficked children received incorrect advice about their education, and/or did not receive their right to an education Theme 22 A lack of appropriate accommodation was highlighted as posing potential risks to trafficked children as well as having detrimental effect on children's access to leisure, education and/or cultural opportunities Theme 23 Trafficked children reported multiple accommodation moves and sometimes living in inappropriate placements where they reported living in fear. Theme 24 Transition to adulthood was identified by all participants in this review to be problematic; Transition for trafficked children is especially problematic as it is often linked to the immigration decision making process; Many stakeholders raised concerns about the increased vulnerability of these young people, and the severe drop in support and services following transition; Although most local authorities reported undertaking Pathway Planning with trafficked children, the quality of this was questioned and in some cases reported to be very poor; Trafficked young people reported not understanding the Pathway Planning process, being left unsupported and without the life skills to cope with their situation; Trafficked children may require particular additional support around skills for independent living; Some respondents felt that the Home Office should prioritise the immigration decision making process for this group of young people. Theme 25 Across all respondents it was identified that trafficked children find the care process confusing: Stakeholders reported that if a child did not understand what was happening to them and did have not have trust in an adult then there was a risk that they may return to their traffickers; Although most local authorities provided interpreters there were concerns about the quality of the service provided; Although all local authorities stated that trafficked children were invited to their LAC reviews, there were repeated concerns from stakeholders that the children did not understand what was going on. Trafficked children confirmed this; A consistent theme throughout the research was a need for trafficked children to have a trusted adult, independent from statutory service delivery to support young people to navigate the care process (and legal processes) and to challenge possible care arrangements which were not meeting their entitlements. A guardianship model was identified as a way to address this challenge. Theme 26 Across the research respondents identified a gap in training and awareness of trafficking issues: More public awareness and information specifically for young people was considered necessary so that people could identify trafficking; Across all agencies working with children and young people it was felt that they needed to be more aware of trafficking and know what to do if they had suspicion; Specifically the police, immigration, youth offending, criminal justice system, health and education were identified as needing specific training; Social workers and social work managers across all teams were seen as needing a better understanding of child trafficking.
Risk of Bias	**Section** / **Question** / **Answer** Aims of the research / Was there a clear statement of the aims of the research? / Yes

	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(Researchers did not explain why he participants they selected were the most appropriate to provide access to the type of knowledge sought by the study, or why some participants chose not to take part)*
	Data collection	Was the data collected in a way that addressed the research issue?	Yes *(However no discussion of data saturation)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Can't tell if researchers critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(No in-depth description of the analysis process. Unclear that researcher critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Yes
	Research value	How valuable is the research?	The research is valuable

	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Directly applicable

Graham 2019

Study type	Semi structured interviews
Aim of study	to explore young people's views on what traumatized youth need from therapists to help them understand and respond to their experiences.
Study location	UK
Study setting	residential and secure care
Study methods	This study used a purposive sampling method to recruit participants. Posters were displayed in 14 residential units; made up of two day service units (where young people come to attend education only and do not reside on campus), nine open residential units (where young people live in the unit, attend school and are able to move freely around, and leave, the campus), and three closed secure residential units (where young people live and attend education in a locked unit which restricts their movements for safety reasons). A total of six young people participated in semi-structured interviews with the researcher. The interviews were guided by a semi-structured interview template of ten questions relating to how the young people felt services should be delivered to traumatized young people, what would be helpful and unhelpful qualities in therapists, what therapeutic work should involve and how it should be delivered. The interviews took place in a private therapy room within the center, either within the young person's residential unit or in the Specialist Intervention Services unit, and at a suitable

	time so as not to impede on any educational studies. All interviews were tape-recorded and completed by one researcher. Following the interviews they were transcribed verbatim. The study was promoted until six young people took part, whereby initial coding of the data indicated repeated themes and subsequently no further participants were sought. The data was examined using Thematic Analysis.
Population	young people in residential care
Study dates	Not reported
Sources of funding	No funding
Inclusion Criteria	Care Situation young people in residential care
Exclusion criteria	None reported
Sample characteristics	Sample size 6 young people Type of care Current residents of the education and care center based in the United Kingdom, with five of the young people residing in open residential units and one male young person residing in closed secure accommodation. All the young people were either currently involved in, or had previously been involved in, work with the Specialist Intervention Services team. Mental health problems Participants with traumatic experiences Gender

	five males and one female Age aged between 14 and 17 years old Ethnicity All the participants were White British
Relevant themes	Theme 1 Involve Young People in Decision-making - All those interviewed were clear they should be involved in decision-making about their own care and that they should be able to make decisions related to how and indeed whether or not, they explore and process their own traumatic experiences. "I think the young people should have the main, like, point on it, cause it is to do with them, they are the main person in it … " "It's up to them if they want to talk about it, not anyone else." Sub themes within this global theme included the recognition that discussing traumatic experiences can be beneficial when the time is right, but that therapists should also consider the positive and potential negative impacts of exposing young people to past trauma; and therefore therapists should consider and promote alternatives to this as a treatment option. Theme 2 Ensure Treatment Timing Is Right - Individual choice appeared to be linked closely to ensuring that the time is right when engaging young people in trauma treatment. Not being pressured into treatment and allowing them time to settle into their residential placements were noted to be important. "I think maybe if you just moved into a placement you wouldn't really want to talk about it but maybe if you have been there for quite a while and you are starting to know everybody in it then maybe sort of ease your way into finding things out." "You want to feel like you've got control, you could stop at any moment and leave or say if that's enough for the day." Theme 3 Consider the Positive and Negative Impact of Trauma Exposure - Young people highlighted some of the benefits of discussing their traumatic experiences. "It's good to talk about the situation, ya [you] can talk through it cos they can help ya, cos it helps ya understand." "Cause it lets it all out, lets a weight, takes a weight aff [off] their shoulders." However, they also noted the potential negative impact, so having a choice whether to engage in this or not appeared important to them. "Like sometimes it could bring back bad memories or something when you are talking … or it could just trigger something inside and it could make them, I don't know, cause self-harming, you could do a lot of things, it could be getting angry, upset, sometimes you could just be having a bad day and you just can't deal with it." Theme 4 Promote Alternatives to Trauma Exposure - The young people gave many alternative ideas for helping them to deal with their past trauma, suggesting that therapists should consider and promote alternative treatment options. In particular, it was noted that being able to speak to alternative staff, such as residential carers, could be more helpful than talking to a therapist. "I just went back to the house [residential unit] and I spoke to the people [residential care staff] there, I felt it was a lot easier to speak to the people there cos I've known them a lot longer [than the therapist]." Alternatives were also suggested that did not involve the young person actually discussing their traumatic experiences. These included providing physical comfort, allowing them to spend time with their friends, and developing creative ways for the young people to consider their experiences. "Cause sometimes it is difficult, it's easier to write it down or draw a picture even." "Sometimes you don't even need to talk, sometimes you just need a hug and that's it, just like a big hug." "Animals … I think if folk hang about with animals it's therapeutic." Theme 5

	Take Time to Build Trusting Relationships - The second global theme related to therapists taking time to build trusting relationships with the young people. A positive, trusting relationship was considered by all the young people as being the initial starting point to facilitate effective trauma treatment, with an acknowledgment that this can take time to develop. " … sometimes it is easier to get to know someone first, like build a relationship with them before you can speak to them about things like that, like bad things." Within this global theme, subthemes related to the positive and negative behaviours and qualities of therapists, which were noted to either damage or promote the development of positive relationships. Theme 6 Engage in Behaviours that Promote Positive Relationships - Positive behaviours included therapists being kind and caring, listening to the young person's needs, being experienced in working with trauma, and showing empathy and understanding towards them and the issues they were facing. "Staff [therapists] to listen … cos, they need tae [to] know what ya want, they need tae know how to help." "They have got to show a kind and caring side to them … like make you feel comfortable saying what you want to say." Theme 7 Refrain from Behaviours that Damage Relationships - The young people highlighted negative behaviours that could have a detrimental effect on building trusting relationships and which could prevent them from effectively working through their trauma experiences. They noted the difficulties of working with inexperienced therapists or with therapists that had not shared similar experiences to them, as well as therapists putting pressure on them to discuss their past experiences, withdrawing activities if they did not attend sessions, or not continuing with care once treatment had been completed. "I don't want like a newcomer starting work on this really traumatic child, and they try to use all these techniques and they don't know what they're doing and it just gets them stressed out … so an experienced person." " … judging me, my family and that … 'You used to stay with them, oh wow, how did you manage that?' 'That's my family pal.' So people that pull faces and judge you … " Theme 8 Create the Right Environment - The third global theme related to the therapists creating the right physical environment for trauma treatment to take place in, which young people felt could help them engage. They discussed the importance of considering issues, for example, privacy, comfort, and sensory factors such as temperature, lighting and sounds. The young people felt creating the right environment for their needs was facilitated by being involved in the decision-making process and by building positive relationships with their therapists. Ensure Privacy In relation to where trauma treatment should take place, the young people highlighted the need for these locations to be private, away from possible stigma particularly from their peers. "You don't wanna be, you don't want to walk through big offices and that, with loads of people all staring at you and they all know why you are going in there." Theme 9 Consider Sensory Factors - With regards to where and how services are delivered, the young people considered factors referring to all their senses; what they could see, hear, touch, taste and smell. They noted both positive and negative factors, such as how the room was decorated, or how well plants were cared for as this related to how well they felt they would be taken care of, the level of comfort felt in a particular room, having the ability to touch or play with comforting objects, and having snacks available. " … big, brightly colored walls and that, really modern and nice colorful couches and they are comfy … relaxes them instantly … instead of you sitting in a really small cramped room with white walls and feeling really tense." "It's got be in a certain room … at a certain temperature … it's got to be at the right temperature … it varies for different people, I like it freezing." It was identified through the young people's responses that these three global themes (involving young people in decision-making, taking time to build relationships, and creating the right environment) interconnect; whereby through building positive, trusting relationships with therapists young people feel more able to make informed decisions for themselves, largely about whether or not to engage in trauma treatment, and should they do so, then who they want to undertake that work with, alongside where, and how such treatment is delivered.

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Can't tell *(Unclear that any validation of findings had been performed)*
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and directness	Overall risk of bias	Moderate
	Directness	Directly applicable

Groak 2011

Study type	Semi structured interviews Subgroup of interest UAS
Aim of study	To gain an in-depth understanding of the experience of being a young person who is unaccompanied and seeking asylum in the UK. To gain an understanding of how past and present life experiences impact on these young people's psychological well-being. To explore the psychological processes these young people use to manage or cope with the difficulties they experience.
Study location	UK
Study setting	an inner city borough
Study methods	Semi-structured interviews. Open-ended questions were used in the interview to elicit a wide range of experiences. Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Osborn, 1997), a qualitative methodology that aims to capture the quality of an individual's experience and gain some understanding of the meanings held by the participant, was used. The Spence's Children's Anxiety Scale (SCAS), the Child Impact of Events Scale (IES) and the Birleson Depression Scale were completed by each participant in order to evaluate mental health and to triangulate the data. Taped interviews were transcribed verbatim. One transcript was transcribed and translated by an interpreting agency. The transcripts were then analysed individually and then across participants using the IPA coding framework. The emergent themes were examined and arranged into meaningful clusters and a list of main themes and the corresponding sub-themes was developed that aimed to reflect the experience of all the participants. Emerging themes that were not well supported across the participants were either re-conceptualized under other existing themes or excluded in the process of determining the final sub-themes. Respondent validation was carried out with one participant and incorporated into the process of developing the analysis.

Population	Unaccompanied asylum-seeking adolescents aged 16–18 years
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	Care Situation cared for under sections 17 or 20 of the Children Act and had resided in the UK for at least six months Mental health not currently involved with CAMHS
Exclusion criteria	None reported
Sample characteristics	Sample size 6 unaccompanied asylum seekers Time in care Participants had been in the UK between six months and one year (mean length of stay 9 months). Type of care Four lived in shared accommodation; three sharing a room with another person. Two participants lived in their own flats. Five participants were single and one had a partner and a young child. Four participants had been granted leave to remain for a set time period. One participant was waiting to hear about a Home Office asylum appeal. One participant's asylum status was unknown. non-white ethnicity Five participants came from countries in Africa and one came from Asia. Gender four male and two female participants Age aged 16–18 years old Education All participants reported having attended school prior to coming to the UK although this had been disrupted. Five of the six participants attended college at the time of the interview.

	Language Two participants used an interpreter.
Relevant themes	Theme 1 Loss of family and friends: All participants talked about multiple losses they had experienced. This loss was both tangible and emotional. They spoke about loss in relation to their time prior to and following arrival in the UK. These losses were painful and often sudden losses of family and friends: "I lost my mum again in that kind of confusion, everyone was just running in all directions, people running all over the place. Either you stay down or you try to run out, so I stayed down, and didn't go with my dad. That was the last time I saw them. P5 8 17–20" Theme 2 Loss of identity: the sense of loss also extended to loss of community, homes, way of life, freedom, trust, security, wealth, cultural identity and even feeling as though they had lost “themselves”: "I really don't know, I've lost myself. I know I have. P1 15 1" Theme 3 Loneliness and isolation: Losses left participants feeling a sense of loneliness and isolation. One participant reflected on the loss of help and support that was provided by his friends and family: "You are all alone, you have to go through it and come out of it by yourself. P1 16 12–14" Theme 4 Loss of control, certainty, and safety (home country): "So they [rebel fighters] are unpredictable and that was the way of life. Sometimes it would be safe sometimes it would not. P5 2 14–15" "First I do not know where my parents are and how they are doing. P3 7 22 It was difficult because they [parents] disappeared mysteriously. P5 6 22" "They would come and threaten us and like say if you don't give us food we will take you or kill you. P5 2 10–12" Theme 5 Loss of control, certainty, and safety (UK): The fear of being returned to their home country dominated all the participants' worries. Four participants expressed a sense of vulnerability and a need for protection. All six participants spoke about living under the threat of being returned: "My biggest worry is that if I return to my country, you understand, then I will be fighting for my life. P4 14 13–14" "The Home Office hasn't answered yet if I could stay in the country or not. I'm still waiting for them. I went for an appeal, but they haven't written to me. P6 22 332" Theme 6 Loss of control and powerlessness: All the participants spoke about the loss of control that they had over their lives. Again this spanned the two aspects, prior to and since arriving in the UK. There was a sense of having no personal agency in the past or for their future. All participants talked about feeling helpless at times when their circumstances became really difficult. They described feeling powerless to stop or change what was happening: "When something like this [rape] happens, there's nothing you can do about it you know. P6 27 378". The sense of a loss of control continued once living in the UK. All six participants identified striking experiences of being under the control of and to some extent “at the mercy of” the asylum system. "You become the lassie [dog] of the system. P1 18 16–17 There it [the asylum system] is knocking at your door coming to get you, I'm the system, I'm coming to get you. P1 11 4–5" Theme 7 High value of education: Participants placed a high value on education and trying to “better themselves”. This seemed to stem from familial beliefs and expectations. However it also seemed to be about education as a “way out”, and a way to better their life. This might be more important given they had experienced powerlessness or loss. "I remember that when I study I will get a good job and do something for myself. P5 18"

	Theme 8 Impact of evaluation by others: All participants talked about their experiences of interacting with other people in the UK and how they felt they were evaluated by others. The group expressed mixed experiences of this evaluation: "Well some will look at you in a negative way. Some will look at you in a positive way. P4 11 13–14" "Oh they just, no, they just see me normal. P6 18 273" "Now when you are out there and you are known as an asylum seeker the first thought that comes into mind is oh he's bumming. All he came here to do was sit down and take benefits and do absolutely nothing. P1 13 15–18" **Theme 9** Labelled as an asylum seeker: Three participants spoke about the identity they acquired as an asylum seeker. For one this seemed to be a positive experience as it had made them feel helped and acknowledged. However for the two other participants being "labelled" an asylum seeker had had a powerful impact on their identities: "Because you know you are an asylum seeker, you've gone inside [your head], you've branded yourself. P1 12 13–14" "Like me I can't go to a pub and say who are you, what you are, to make friends. I know who am I, and the conditions, I'm just a refugee. P2 11 28–32" **Theme 10** Asylum seeker label impacts ability to make trusting relationships: :Negative experiences of how people in the UK perceived the participants were likely to have impacted on self-esteem and on transitional processes involved in living in a new country and culture. For this group in particular it may have impacted on the extent to which they made new trusting relationships and asked for help. This meant that the world remained an uncertain and threatening place. **Theme 11** Experience of distress: All six participants identified difficult life experiences having impacted on them. This consisted of descriptions of feelings, perceived changes in ability to do things and "becoming sick". Two participants talked about "becoming sick" as a result of worries and stresses related to loss of family or being returned. The researcher took this either to be a way to describe physical sensations that were closely linked to mental distress, or to describe distress in terms of a complete bodily experience: "Sometimes like last time when I, when you call me when I said I am sick, the previous day I was just thinking about it [being returned to country of origin], till it make my mind become so I was sick. P4 14 23–25" "I just think I just feel negative of my entire being. P4 15 24" "It is so like your mind is being paralysed. P5 21 1–3" **Theme 12** Sleeping and eating problems: All six mentioned worries and anxiety linked to the uncertainties they were experiencing and three talked about feelings of anger and frustration. Three participants said their thoughts and feelings were impacting on their sleep and eating patterns: "Once I start thinking about people back there they don't have anything to eat, I just can't eat. P3 8 6–7" **Theme 13** Trouble with concentration impacting education: This sense of the mind being frozen prevented participants from completing tasks and interrupted their lives. This disconnection with the world could be interpreted as a type of dissociation, a way of distancing themselves from painful memories or thoughts. Interestingly the same three participants also spoke about their experiences of intrusive thoughts or memories of past life experiences "popping" into their head without their control. These findings also linked to elevated scores on the Impact of Events Scale for these participants. Their descriptions gave these thoughts an intrusive nature that interrupted their daily activities at times. "Because sometimes if I am getting study or even if I am in class and I just think, it just come in my mind about something that may come to me. PS 13 17–18" **Theme 14** Trying to gain control through education: Trying to gain control was a strong theme for five of the participants. It seemed to be a direct reaction to the experience of lacking control in their lives as discussed previously. Three participants in particular acknowledged the need to change their "status", in terms of being allowed to stay in the UK and in terms of being successful and respected by others: " For me I want to be a success, respected, a success. P2 4 43–47" Education and gaining knowledge was seen as the primary way of gaining control in their lives for the five participants. There was a sense of intense determination to succeed in education. It was seen as a "way out" of their current lives and "disempowered" position: "Because if you know something then you can do something for yourself. P5 18 22" Fear of failure was expressed by two of the participants and highlighted the importance

	of education for this group and ultimately their success and survival in the UK. "And college, college work stresses me everyday, you know. Because my work is hard, it's really hard, if you want to make it to the top it's not easy you know. P6 23 332" Theme 15 The wish to help others in a similar situation: The wish to have control and power to bring about change was extended to others' lives as well for three of the participants. There was a need in them to help others in a similar situation, to make changes in their home country or to help young people in the UK: "would like to go back when I am someone who can speak and you know when I am someone who they can listen to. I will then try to bring about change. P5 25 21–22" Participants were passionate when they spoke about being able to bring about change in their lives and the lives of others. This looking to the future and working towards a position of being in control seemed to be their way of coping with experiences over which they were lacking control. This helped them maintain a belief in themselves. Theme 16 Coping by avoiding distressing thoughts and feelings: Avoidance of distressing thoughts and feelings was a striking theme throughout all the interviews. All participants explained how this was the best way for them to cope. They outlined a number of different ways they avoided bad feelings: seeing friends, reading, music, walking and schoolwork. This ability to block out thoughts and feelings was discussed at length by them in the interviews: "Well there's not really a best medicine for it, so I just avoid it, you know? P6 30 401" Theme 17 Acceptance as a coping strategy: Acceptance seemed to be an important way of managing difficulties for four participants. They talked about how they were unable to make changes so they had to accept what was happening and let it just become "part of their lives": "I've embraced it. It has become part of me. P1 19 8" Theme 18 Utilizing support networks (lack of trust - secretive): The role of friends in managing difficulties and the capacity to trust was a dominant theme for all six participants. The group described the importance as well as the uncertainty they felt about having friends. Two participants avoided having friends completely due to fears of being found out or deceived by others and as a result remained isolated in order to protect themselves. Trust was an issue even for those who did report having friends: "I mean, I do have friends, but that don't mean I have to trust them 100%. P6 12 200" Theme 19 living in limbo affecting ability to make close friends: Although four participants described having friends, only one described them as close. A number of factors may have impacted on the participants' ability to make friends such as "living in limbo", the threat of being returned, being secretive about being an asylum seeker or the inability to mourn and process previous losses. Not having safe, secure and trusting relationships was likely to impact negatively on the participants' ability to manage distress about the past and future and in terms of initial transitions in the UK: "Because if you don't have someone to talk to you keep on thinking about your problems here and back home. P3 9 21–22" Theme 20 Benefits on having friends for distress and assimilation: Being with friends was a way of avoiding difficult thoughts and feelings. Friends helped distract participants and helped engage them in the "here and now" and to forget about their experiences of loss and uncertainty about the future: "Sometimes when something and some difficulties come into my mind, I just went to my friend, yeah, spend time talking a lot and do things in common. I just like to get myself to forget about what I am thinking. P4 17 16–18" For two participants, friends were a source of advice and acted as a guide to how to "fit in". Participants spoke about this in terms of what clothes to wear to fit in and what courses were good to take. Friends were likely to play an important role in helping participants learn about life in the UK and begin to adjust to differences that they came across. Theme 21 Utilizing support networks: professionals - Four participants experienced receiving help from their social worker, with two participants experiencing their relationship with their social worker as that of a "father" figure, who in some respects was "trusted" and who they felt was meeting their needs in terms of advice, reassurance and financial support: "I must point it out that [the social worker] has done so much for me, he is like a father here. P5 24 11–12". Two participants experienced help from school tutors in terms of their learning about

	UK culture. Three experienced help from church in terms of the relationships they made and in terms of church as a safe place where he could be near others. "Two participants experienced help from school tutors in terms of their learning about UK culture. Theme 22 Other support networks: Three experienced help from church in terms of the relationships they made and in terms of church as a safe place where he could be near others. "I just feel lonely and alone so go into a church which is better as there are many people there. P2 16 35–36" Theme 23 The need for a guidance figure: Three participants highlighted their need for more guidance and reassurance in their lives. There was a sense that they felt lost without guidance and suggestions from "someone who knows". The need for a close and trusting relationship was also important to three of the participants and having someone you could rely on and trust to tell things to. There seemed to be a mixed response to the need for emotional or mental health help. Three participants spoke about the importance of having some form of "counselling". By "counselling" they seemed to mean someone they could go to for advice and who would help them problem-solve rather than share deeper emotional distress: "Help is maybe give me information to deal with and to cope with the difficulties P2 17 10–11"
Risk of bias	(see table below)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(No discussion RE why participants were the most appropriate to access knowledge sought by the study, no discussion about why/if some participants chose not to take part.)*
Data collection	Was the data collected in a way that addressed the research issue?	Yes *(No justification of setting for data collection or data saturation)*

	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(unclear that researchers critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes *(unclear that researchers critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Yes *(respondent validation and triangulation was used)*
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Partially applicable *(Data was likely collected prior to 2010)*

Hibbert 2011

Intervention	**Psychology consultation service (N = 14)** The main aims of the PCS include: - providing quick and easy access to psychological thinking and offering advice to the network surrounding a looked after child; - increasing the psychological understanding of a child; - improving communication within the network; -

	increasing the parenting skills of carers; - maintaining stable placements and reducing moves for children. The PCS (under the umbrella of Brent CAMHS) has been running up to four surgeries a week at different times of the day, including one evening slot. The consultation surgeries are open to foster carers and social workers working with looked after children or their carers. In order to provide a quick and responsive service, the PCS aims to see each carer or social worker within two weeks of referral. Usually two psychologists are present during consultation meetings, which last up to one hour. If during a consultation it is felt that the work will take longer than six sessions or that the child in question requires some therapeutic work, then a referral is made to the CAMHS team.
Study type	Semi structured interviews RQ3 Evaluation of an intervention psychology consultation service
Aim of study	To evaluate a consultation model which was set up in 2005 by Brent CAMHS to support foster carers and social workers. The research investigated whether the targets of the service were met and explored service users' satisfaction and opinions on its effectiveness.
Study location	UK
Study setting	London Borough of Brent
Study methods	A qualitative, semi-structured telephone interview schedule was designed. The interviews lasted around 10 minutes. The questions explored the following areas: knowledge of and accessibility of the service; reason for seeking support; responsiveness of service; and outcome of meeting. Interviews were transcribed and interpreted using thematic analysis, following Braun and Clarke's (2006) guidelines. This process involved repeated reading of the dataset with the view of generating recurring themes and patterns.
Population	Social workers and foster carers
Study dates	not reported

Sources of funding	not reported
Inclusion Criteria	None reported
Exclusion criteria	None reported
Sample characteristics	Sample size seven social workers and seven foster carers.
Relevant themes	Theme 1 Accessibility. Social workers and foster carers all felt that the service was accessible quickly, with almost all saying they had been given an appointment within two weeks. 'We would get on the spot advice or just ask for some face to face time' (SW1). 'The psychologists were available immediately on the telephone, or within one week to arrange a meeting' (SW7). 'We were seen within 10 days' (FC1). 'We were seen quickly…because it was an emergency placement' (FC7). Theme 2 Comfort of the environment. One social worker and one foster carer spoke of the lack of privacy within the service. However, this was inconsistent with others and is likely to reflect the fact that appointments were offered at different locations. 'I would have liked it if we had had a private room to talk' (SW2). 'We have an office where you can talk privately' (SW5). '[There was] not enough space to accommodate privacy' (FC2). 'The environment was convenient and relaxing' (FC6). Theme 3 Enhanced foster carers' knowledge All of the foster carers reported that the PCS had helped them to gain both knowledge in relation to a psychological understanding of the child and also skills in behaviour management. This in turn supported the placement. Theme 4 Providing a psychological understanding of a child's behaviour. Foster carers explained that the PCS had helped them to understand better their foster child in the context of the child's history and within a psychological framework. 'It provided insight about understanding attachments, emotional well-being and behaviours' (FC2). '[The psychologists] helped us understand patterns of behaviour the girls tend to go through…we now have a clear way of thinking on the girl's way of thinking' (FC7). Theme 5 Behaviour management. Foster carers commented on the usefulness of the psychologists' advice on strategies to manage behavioural problems. '[The psychologists] gave us some coping strategies… And we received handouts, talking through reasons for behaviour' (FC3). '[The psychologists] showed me I had to be firm… they showed me how to comfort her when she was upset' (FC5). Theme 6 This skills enhancement led to improvements in relationships between foster children and carers, giving carers more confidence: 'We got closer after attending the sessions, I had a greater understanding of her behavioural patterns…I felt more confident to sit down and have a conversation and not get annoyed. I would actually get a response out of her' (FC1). Theme 7

<table>
<tr><td></td><td>Emotional support to foster carers A clear theme that foster carers spoke of was the value of emotional support they felt the PCS offered them and of having someone to listen to them. ‘It helped to have someone to listen to what you are going through and sympathise with it’ (FC3). ‘They were open to understanding me and my problems; they listened’ (FC6).

Theme 8
Support for social workers Social workers talked of the various roles the PCS played in supporting them.

Theme 9
Support within the wider professional system. Social workers talked of how they had used the PCS to consult about difficulties with other professionals. ‘If a supervising social worker was worried about a person, because the situation was not followed up by a [child’s] social worker or school, the psychologists would make recommendations on how to handle the situation’ (SW6).

Theme 10
Offering alternative perspectives. Social workers spoke of how the service had provided them with a space for reflection, which helped them think about alternative perspectives. ‘I found it interesting to get another professional’s view… to hear different perspectives and strategies’ (SW1). ‘Also important was to be able to debrief and have someone to talk to’ (SW6).

Theme 11
Skills enhancement for social workers. Many social workers spoke of how the service had increased their skills. ‘In each case I have learnt something different and something new’ (SW6). ‘It enabled me to talk to the parents in the right way’ (SW2).

Theme 12
Support with decision making and planning. Social workers talked of how they had used the PCS to contribute towards decision making and planning around placements. ‘It provided support in putting a work plan together.’ (SW1). ‘It put my fears to rest…they helped me feel more confident with my plan’ (SW2).</td></tr>
<tr><td>Risk of Bias</td><td>
<table>
<tr><th>Section</th><th>Question</th><th>Answer</th></tr>
<tr><td>Aims of the research</td><td>Was there a clear statement of the aims of the research?</td><td>Yes</td></tr>
<tr><td>Appropriateness of methodology</td><td>Is a qualitative methodology appropriate?</td><td>Can't tell
(Some of the research aims would be better answered using a quantitative approach: e.g. Does it improve the psychological knowledge and understanding of the foster carers? 3. Does it increase carers’ parenting skills? 4. Does it improve communication in the network? 5. Does it maintain stability in placements?)</td></tr>
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	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(Researchers did not explain why the selected sample was best to provide access to the type of knowledge sought by the study. No discussion about why/if some participants chose not to take part)*
	Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(However setting was not justified (telephone), unclear form of data, no discussion of data saturation)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(unclear that researchers critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Can't tell
	Data analysis	Was the data analysis sufficiently rigorous?	Yes *(However unclear if sufficient data presented to support the findings or whether researchers critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(Researcher did not clearly discuss credibility of findings e.g. triangulation, respondent validation, more than one analyst)*
	Research value	How valuable is the research?	The research has some value *(Generalisability of findings not discussed. This study was based on a small sample*

			and the data obtained related only to user perceptions of the quality and value of the services provided.)
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Directly applicable

Hiller 2020

Study type	Focus Groups
Aim of study	The aim of this study was to understand how carers support the emotional needs of the young people in their care and their views on barriers and opportunities for support.
Study location	UK
Study setting	Foster care in one local authority in England
Study methods	Authors used an opportunity sampling method. Flyers and information sheets advertising three focus groups were circulated via the local authority, foster carer newsletters and social media. Recruitment involved two key methods. First, authors accessed established support groups within the local authority, and second passive recruitment was used whereby interested carers contacted the researcher for more information on the study. Authors ran three qualitative focus groups to gather in-depth information about their views on supporting their foster children's emotional well-being. Participants also completed short questionnaires about their training experiences and sense of competence. The three focus groups consisted of nine, seven and five participants. All took place in a local community hall. Focus groups were run using a semi-structured topic guide that was intended to capture information on (1) the types of challenging behaviours and emotional difficulties that

	carers have managed, (2) how they cope with, or manage, the emotional and behavioural needs of the children and teens they care for, (3) the positives and negatives of being a carer, and (4) barriers to providing effect support to their foster child. All focus groups were audio recorded and transcribed verbatim. Transcripts were quality checked by another researcher who had not attended the focus groups. Using NVivo software, the transcripts were then coded using a reflexive thematic analysis approach to identify themes and patterns in the data.
Population	Foster Carers
Study dates	Not reported
Sources of funding	ESRC Future Leader Grant
Inclusion Criteria	Carer situation foster carers, who cared for young people within a moderate-sized urban local authority in England.
Exclusion criteria	None reported
Sample characteristics	Sample size: 21 foster carers Type of care: Type of care - Long term: 71%; Short Term: 62%; Respite: 43% Gender: 86% female Age: mean 51.94 ± 5.85 Caring for: Babies: 19%; Preschool: 10%; School-aged: 76%; Adolescent: 52% Ethnicity: 81% White British. 19% Black British

	Carer characteristics: Years as a foster carer: 10.39 ± 8.42; Biological children at home: 57%; Partner at home: 43%; Additional employment: 38% Number of foster children: 2.00 ± 1.14
Relevant themes	Theme 1 Theme 1: carer strategies for managing challenging behaviour Participants discussed the types of behaviour exhibited by the young people they cared for, and how they responded to these issues. Responses across all three groups broadly fell into three subthemes. Theme 2 Subtheme 1: foster carers often manage extreme and challenging behaviours - For most participants, the most salient examples of their challenges supporting young people were in cases of extremely challenging behaviours that were very difficult to manage. While it was acknowledged that this was certainly not the case for all young people for whom they cared, all focus groups largely focused their discussions on their particularly challenging examples. Participants discussed, at length, the difficult behaviours displayed by some of the young people they currently or previously cared for. Commonly discussed behaviours included aggression, behaviours that were perceived to be manipulative (eg, chronically lying), violent conduct and poor emotion regulation. Managing these behaviours day to day in the home was reportedly extremely challenging. "Very, very violent to everybody, violent to things, smashing up cars and that sort of thing. She did not sleep, she stripped herself naked, she weed all over the place, she was banging herself on the wall." Theme 3 Subtheme 2: reliance on training and general parenting techniques - to manage challenging behaviours. Participants discussed their application of general parenting techniques and content from training courses in response to challenging behaviours. Responses commonly included practical responses to keeping the young person and broader family physically safe. "I literally slept on the landing [hallway]. [to keep family safe]" In addition, foster carers described trying to make the child feel psychologically safe, including feeling loved, having the opportunity to share their worries and having stability. In terms of how they learnt these responses, there was little consensus, although many carers suggested they were drawing on their parenting instincts, rather than formal training. "You can make them your own kids and I think sometimes that is all they want, they just want the normality." There was also much discussion about ‘trying to manage their exposure triggers’, which meant trying to predict situations or factors that might remind a young person of their early experiences and work out how to respond. "We are all psychologists whether we’ve had the training or not. You’ve literally just got to stop for a minute and look at what they’re doing and look at what the triggers are and think ‘Well what sort of lifestyle did they have? Why is that a trigger?’" This was often challenging as carers were not always aware of the extent of early experiences, particularly when the child was new to them. Views on how to respond to triggers for challenging behaviours varied. When a trigger had been identified, some carers talked about using techniques to support children to face their fears in a controlled and safe way. This was particularly used as a method if they understood where the child's behaviour was stemming from. "I turned my vacuum cleaner on, s/he’d be hysterical… I said to the [biological] grandma one day about her having [this reaction] and she said ‘that would’ve have been because [grandma explained maltreatment experience related to this reaction]’." So then we worked with the vacuum cleaner, with his/her own vacuum… and I dropped things on the floor ALL the time… Not to traumatise him/her but to say ‘it’s ok’. In other cases, identifying the triggers and avoiding them in the future was seen as the best approach, to avoid the child experiencing further distress, as well as outbursts of anger that often accompanied exposure to triggers. For example, in the case of a young person who had particularly difficult memories around kitchens. And you can be sitting there and ‘oh I’m just cooking come and sit…’ [and then you think] ‘Oh shit I shouldn’t have done that’ because all of a sudden pots and pans are flying because it took [the child] into a dark place. So if we’re recognising those things and trying to avoid them, really. Carers also made specific reference to their formal training, with the most commonly discussed training based on the principles of playfulness, acceptance, curiosity and empathy (PACE). Positive and negative aspects of this technique were discussed by participants. All agreed with the principles of this training (eg, the importance of empathy), although participants described difficulties in successfully employing playfulness and humour with their young people who had particularly complex psychological needs. "Playfulness was very, very difficult."

	Theme 4 Subtheme 3: it was considered particularly important that the young person had someone to talk to about their experiences, which was usually the carer - All carers agreed that to support the child's emotional well-being it was important that they had the opportunity to talk about their precare experiences. All reported that they were often the first person to whom the young person begins to disclose their maltreatment, but some felt ill equipped to manage this or questioned whether it was appropriate for the carer to take on such a therapeutic role without support from services (discussed further later). "Until the kids start talking, they're not healing." Of course, young people varied in how open they were when talking about the past, often only disclosing in situations in which they felt safe or more willing to talk, such as when watching TV or in the car. Often carers reported that this might happen in quite unexpected places (eg, while out shopping) so carers needed to be prepared to respond whatever the environment. Participants frequently responded to disclosures by maintaining a safe environment to encourage continued disclosure, such as by putting something benign on TV or extending car journeys. "One child who used to always talk while the foster carer was driving. And s/he said one day s/he'd just go round and round this roundabout 'cause s/he wanted this kid to carry on talking." While carers thought these discussions were important for supporting the young person and also for developing trust and security, they also reported that the training they were provided with in relation to such conversations could be constraining. Caregivers described training as being focused on important concerns with respect to legal aspects of disclosure, such as being careful not to ask leading questions. Many also reported that training suggested that the carer should conceal any emotional response during these conversations. Participants discussed how much of this guidance is difficult to follow in practice and questioned its benefits in terms of the child's emotional well-being. In particular, displaying no emotion was criticised as being an 'impossible' and potentially damaging response to disclosure. "[It's] not really giving them [the child] permission to show feeling." This was especially relevant to the discussion of young people who had demonstrated a limited understanding of their experiences, often expressing confusion, guilt or a lack of emotion and awareness that what happened to them was wrong. Therefore, in what they perceived as a contrast to what they learnt in training, some carers discussed the importance of naming emotions for the young person, so that they can begin to comprehend what happened to them. "He's got no emotions with it, he's got no feelings, he's got no understanding of it. [If they cannot label their emotions] So you're saying 'oh if that was me, I reckon I'd be feeling…'" **Theme 5** Theme 2: perceived lack of support and adequate training from services - Almost all participants reported seeking additional support from services, particularly social care, regarding the mental health of a young person who was, or had been, in their care. However, there was a strong perception that support from services was extremely limited. Most, but certainly not all, carers discussed this as a major barrier in supporting the needs of their young person. Across all three focus groups there were two consistent subthemes. **Theme 6** Subtheme 1: perceived support from social care and mental health services was often seen as poor and inconsistent - A few participants reported positive relationships with their social workers, and discussed how they were central to supporting the carer and the child, and most recognised that social care systems were under significant resource pressures. Nevertheless, in many cases communication between carers and social workers was described as poor and particularly problematic in terms of being able to effectively support the child. Perceived long delays in the time social workers took to respond to carers played a significant role in this, as they meant that participants frequently were left to manage extremely difficult behaviour unsupported. That's what's really hard, it's the waiting time. You're struggling to hold these together, you've got nowhere to turn, or you feel you've got nowhere to turn, you're really managing really traumatised children and you have to wait and wait … and wait. Participants were also concerned that responses were often inconsistent across social workers. This lack of a clear, universal protocol was perceived as leading to inconsistencies in practice, meaning that the quality of support provided depended on the social worker, rather than the individual needs of the young person. Participants discussed how this inconsistent and often broad-brush approach created challenges for carers in navigating and communicating effectively with social workers. If you lined them up and asked them the same question, you'd end up with 40 different answers, and that is scary. Many participants discussed the negative impact of this poor support as a potential barrier to the relationship between the carer and the child. For example, there was a perception that social services did not always pass along information to carers, or in some cases actively withheld information, particularly in relation to previous behaviour or emotional difficulties. Most participants described how significant information about the young person was often discovered a considerable amount of time into the placement through sources outside of social services, such as previous foster carers or the young person's biological family. Many participants felt that, had this information been passed on earlier, particularly around their maltreatment histories or behaviour difficulties, they would have acted differently to manage behaviour and facilitate their relationship. Some thought this information was withheld as the social worker was worried that the carer would not take the placement if they knew the details of behavioural difficulties. Sometimes you find out things six months down the line and you think I wish I had known that at the beginning because you would have done things different. And it, you know, it is very hard. Once that six months have lapsed it's very hard to backtrack. Overall, communication within and between services (eg, between social care and mental health services), and then with the carers themselves, was seen by most participants as highly problematic and a key hindrance to their ability to advocate

	for their young people and support their needs. None of the systems talk to each other. I feel complicit in a system that is not really helping these children it's just housing them, and that feels tragic. Theme 7 Subtheme 2: perceived professional support limitations have a negative impact on the young person and carer well-being - The perceived lack of support from outside services was described as affecting both foster carers and the young people in their care. Many foster carers reported feeling exhausted as a result of managing challenging behaviours unsupported. This, in turn, compromised their ability to support the young person with techniques which often require a great deal of energy and consistency. "We are working 24/7 on very little sleep at times and we are expected to continue, and be playful, and empathetic, and curious and accepting!" Participants also described experiencing 'secondary trauma', relating to the emotional distress experienced in response to young person's disclosures. Participants explained that their training in relation responding to disclosures did not adequately prepare them for how they might feel when hearing the young person describe precare experiences. "You feel absolutely everything that [the child experienced], and that is horrible." In light of the limitations to perceived support from services and negative consequences for foster carers' well-being, foster carers perceived the support of their own community to be particularly important. Friendships and online groups within the foster carer community were generally identified as being valuable in providing foster carers a safe space to express their frustrations and support each other emotionally. It also allowed foster carers the opportunity to acquire more practical support, where outside services were lacking, through sharing parenting techniques and advice. "That's where we get most of our ideas and training." Theme 8 Theme 3: lack of access to mental health services and mixed views on helpfulness - Formal mental health services, particularly child and adolescent mental health services (CAMHS; part of the UK National Health Service), were discussed by almost all participants across the three focus groups, who had all had a young person whom they believed required professional support. Theme 9 Subtheme 1: many young people whom foster carers perceived to need mental health support were not able to access it - In many cases carers had examples of young people with significant needs who they perceived as being failed by the system because they were not referred for mental health support or they were referred but could not get access. S/he could see this black hole… s/he'd hit her head on the wall. I was still left to deal with it all and in the end they sectioned him/her [at 16 years old]. I think from the age of 6 [years old] I was telling them there was something wrong. But you know what we get a lot of is… there's nothing wrong with them, it's attachment. They love to throw attachment absolutely everywhere." In many cases where referrals were made, carers discussed extremely long waiting times and increased criteria/thresholds to access treatment. The discrepancy between mental health support accessibility for biological children and for young people in care was also criticised by some participants. "Now he's in line for CAMHS and by the time he's 21 he'll be there!" "My own daughter suffers from anxiety, I can go and say 'she needs to see somebody', she's seen, she went to CAMHS within 3 months. Yet we've got children that are in the system that have got to wait years." Theme 10 Subtheme 2: where professional services were accessed views on usefulness were mixed - Only a minority of cases had successfully accessed mental health support, either via CAMHS, the charity sector or a school counsellor. From those that did, mixed opinions were expressed surrounding the quality of support received. The primary positive of getting a child into professional support was that they were provided with an opportunity to talk about their experiences with a trained professional. It's giving him a space, where he can go and um be… to talk really I suppose. He's learning to talk … about things. If you get to a place where they'll [child] engage they [mental health professional] will do brilliant stuff. Key barriers to successful treatment outcomes included the perceived message from CAMHS that the child could not be seen unless they were in a stable placement: "They can't go to CAMHS until they're in a stable placement. But you can't say that they're going to be in a long term stable placement because you don't know whether or not you're going to be able to look after that child." Attachment models were often viewed as the blanket response for children in care, without proper assessment of the child's needs. Relatedly, some carers felt their views were not appropriately considered in relation to the psychological support needs of their foster children or teens. There was particularly frustration around the response to requests for support to be the offer of further carer training, without any direct work with the young person: "… [CAMHS says] it's attachment, it's attachment. I said 'It's not attachment, he is saying some weird things, it's not attachment. I don't need for you to tell me how to manage his behaviour, I'm fine, I don't need counselling, I'm alright, it's him that needs the counselling but they can't do him [see child] until they've done you [further carer training]. [CAMHS says] oh no no, everything's fine…' and we're like 'No no no, I'm with this child 24/7, you have no idea, you

	have no idea of what that is then…' And that the young person may not engage with the therapist, meaning sessions were ceased. The thing with CAMHS they're only any good if the child is willing to engage. Overall, where young people had accessed support, carers were also keen to be as involved as possible in the therapeutic process. Some reported that they felt left out of the therapeutic process. While they understood considerations around confidentiality, they believed that being more involved, even by just knowing what they should expect from the process in terms of the young person's reaction, would have been helpful in enabling them to appropriately support the young person at home. I know what they sometimes tell you they don't want us to know and I know it's supposed to be confidential and contained, but sometimes it would be nice for them to give you a little bit of feedback and say 'well in thi-in today's session, they talked about this, this' or 'look out for this, this and this' because sometimes you can have little kids that can come out, I mean I used to get tied to a chair, I used to get things thrown at me, and I used to think 'where's that come from?'.

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes *(no discussion of saturation of data)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes *(more than one researcher used for analysis)*

Section	Question	Answer
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and directness	Overall risk of bias	Low
	Directness	Directly applicable

Hooley 2016

Study Characteristics

Study type	Focus Groups Evaluation of an intervention Life story work
Aim of study	to capture a wide range of views from individuals with different experiences of the work, from implementing to receiving life story work, and to see if they shared an opinion regarding how to do it effectively.
Study location	UK
Study setting	Health and social care agencies with experience of life story work
Study methods	The study used Q-methodology. The participant was asked to rank statements about the topic along a continuum, in this case from least important to most important, using a Q-sort. This is a grid that forces the participant to rank statements against

	each other. It only allows a few statements to be placed in the most and least important ranks in order to identify those that participants feel most strongly about. Participants are then clustered into groups based on the way they rank the statements. Those who rank them in a similar way are clustered into the same group and are said to hold similar views. Participants in this study were asked to rank 57 statements (Appendix 1), derived from a wide range of views on the topic of LSW and developed via a thematic analysis of available literature. A focus group of professionals who carry out LSW was also conducted to check the validity and completeness of the statements.
Population	Cinical psychologists, other therapists, social work professionals, foster carers, adoptive parents, care leavers
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	None reported
Exclusion criteria	None reported
Sample characteristics	Sample size Clinical psychologists (7), other therapists (2), social work professionals (6), foster carers (11), adoptive parents (5), care leavers (4) non-white ethnicity one participant was a traveller, one was arabic Gender 7 male, 22 female
Relevant themes	Theme 1 Group A: 'Successful life story work involves the safe and supportive exploration of a coherent life narrative' Theme 2 Group B: 'Successful life story work involves a child-led, ongoing approach based on here-and-now relationships'

	Theme 3 Group C: 'Successful life story work involves a comprehensive and adaptable record' Theme 4 All groups - Life story work should not be stopped if difficult feelings come up: The analysis of the views of the three groups revealed one common perception. The statements relating to this all emphasised 'feelings to be shown, managed and normalised'. Participants in all groups agreed with the suggestion that work should not be stopped if difficult feelings came up and that upsetting or traumatic experiences should be explored. They indicated that a balance needed to be achieved that included happy as well as difficult memories. One participant described how: ". . . if the worker prevented the child from expressing and discussing their feelings . . . they are in danger of replicating unhelpful parenting patterns which might perpetuate any existing emotional difficulties." "Everyone has a history we can't control and we need to learn how to handle the feelings and emotions that come to the fore when we try to learn about it and understand it. That's all we can control about it." Theme 5 Group A - A safe and secure relationship is key: Participants in Group A ranked statements about the child needing to feel safe and secure with an adult before starting LSW as particularly important. Among them, there was an emphasis on getting the aspects of the support 'right' in terms of establishing the 'right time' to start the work rather than relying on the cognitive ability or age of the child. Participants highlighted an 'attuned' and 'safe' relationship with a worker as an essential pre-requisite of LSW and linked this to needing to go at the child's pace as opposed to being driven by other agendas: "Life story work can sometimes be a tick box exercise to appease the system rather than for the benefit of the child." "Children can make meaning from their story at any stage in their life, with the right support and carers around them." Theme 6 Group A - Questions need to be answered during life story work while exploring meaning: Four of the most important statements ranked by this group related to the information that needs to be shared with the child, answering questions about his or her birth family, why they came into care and details of their background and culture. A thorough history needs to be obtained before starting LSW with the child in order to provide a coherent and accurate narrative. "I have worked with children where a placement turned out to be abusive yet the life story book suggested it was a happy placement. A thorough history needs to be understood before making assumptions about a child's life." "We cannot assume meaning for the child. The child may have a very different experience of an event than the professional who put the story together." "Facts are often hard to establish . . . and it depends on a person's viewpoint – a social worker's view of the 'facts' will be different from a birth parent's." Theme 7 Group A - training and support: Training and support for workers and carers were more important for this group than for the others, with one participant commenting that 'workers are under great pressure to do work in less time with less support'. One-to-one sessions with a worker were ranked as especially important and it was indicated that specific skills and expertise were needed when carrying out the work. Participants in this group also thought that LSW could not take the place of therapy. One described the specific skills required as: ". . . [an] ability to take the child's perspective, attunement to the child's needs during the session, e.g. recognising signs of distress and helping to co-regulate these in situ, basic knowledge of attachment theory in relation to the need to provide a secure base." Theme 8 Group B - Child taking the lead: Participants in Group B placed more importance on the child's contribution to the process of LSW, in particular on the pacing and direction taken by the work and on the need for it to be interesting and fun. Comments included: 'the child always needs to have input into their life stories' and 'the child should decide how it is done – time–speed–understanding'. A 'here-and-now' approach was advocated by this group, with the child determining when she or he is ready to look back. One participant emphasised the value of the carer and child finding information out together: "[LSW] could be more effective if it is discovered when appropriate by the child and the worker/ foster carers together." Theme 9

	Group B - need for a secure base and attunement: There was importance placed on the child feeling safe and settled before starting the work, with the relationship between the child and carer or worker needing to be strong. Time, predictability, structure and empathy were seen as the key components for achieving this. Qualitative information suggested that showing empathy and understanding would help children engage and feel able to express themselves: "This helps the child to engage in conversation about their past, problems . . . the adults cannot easily help the child if they have no understanding of them." Theme 10 Group B - Carers can do life story work: This group placed less importance on formal one-to-one work with a trained professional and gave high rankings to statements relating to carer involvement. These emphasised the need for carers to be included in the work, interested and supported. Qualitative information suggested that more attention needs to be given to the carers and adopters who provide the main support to the child: "There are no skills needed, only a bond between the child and the adult that ensures the child is comfortable to share with this person important events in their life. . . . children should see everyone working together." Theme 11 Group B - Collecting an ongoing story. This group again identified items that should be included within the LSW, such as important events and milestones, photos and memorabilia. Participants also highlighted the importance of the ongoing nature of LSW. Qualitative reports suggested that Hooley et al. 225 ‘. . . adding memories is important and allows the child to understand they can have good memories as well as bad ones’. They disagreed strongly with the use of fantasy when information was not available and the need for the story to reflect what the child wanted to find out rather than seeking to provide a full chronology that might be inaccurate. Theme 12 Group C - Building a comprehensive record. The most important statements for those in this group related to providing the child with information, answering questions and recording important details. Links to the birth family such as names, looks and cultural background were highlighted. The value of collecting items and photos was especially emphasised by this group. Facts and detailed information were also seen as more important, particularly as they might be useful in the future: ". . book that tells the baby/child of his/her life with me. It . . . will hopefully answer the questions of what did I do, when did I do it, how did I do it, who did I do it with? . . . the child, a future adult, may not have contact with birth family members who can tell them anecdotal stories or anything about their past." Theme 13 Group C - a full and complete life story work: Value was also given to achieving full and complete LSW. Statements relating to missing information, leaving out details and providing a variety of views were ranked lowly. Qualitative accounts referred to the importance of including both good and bad memories: ‘. . . all memories are important – both happy and difficult – as they have helped shape the child’s life Theme 14 Group C - A changing record started as soon as possible (when young): Group C also placed more importance on the ongoing nature of LSW, but with an emphasis on the usefulness of giving information to a child when they are young and adding more detail as the child gets older. The life story book was seen as a method of providing this and, therefore, should contain information about the whole of a child’s life and not be compiled by a single worker. Qualitative information suggested that any work and information should also be age appropriate: "You can’t bring children up with lies, but decide which age throughout the life is appropriate. The child will get different things at different age/times from the book. It is important that it is looked at as and when the child wants to. It also suggested that information collection should start from the day the child enters care: The memory box and book starts from the day the child came into foster care not at the end of that part of their life."
Risk of Bias	**Section** / **Question** / **Answer** Aims of the research / Was there a clear statement of the aims of the research? / Yes

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes

	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(Researchers did not explain how the participants were selected or why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study. No discussion regarding why some participants chose not to take part)*
	Data collection	Was the data collected in a way that addressed the research issue?	Yes *(However setting was not justified or form of data.)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes
	Findings	Is there a clear statement of findings?	Yes
	Research value	How valuable is the research?	The research is valuable

	Overall risk of bias and directness	Overall risk of bias	Low
		Directness	Directly applicable

Jennings 2020

Study type	Focus Groups Semi structured interviews
Aim of study	the aim of generating theoretical insights into how self-harm is understood and managed across healthcare and social care settings.
Study location	UK
Study setting	local authority care in Wales
Study methods	Focus groups and semi-structured interviews were undertaken. Participants were purposively recruited through a private foster care association, a national foster carer network, and a private residential care association comprising of a large number of group homes. Interviews were undertaken in person and six via telephone. The topic guide explored: carers' lived experiences of self-harm and suicide among the children and adolescents they care for; existing prevention and management strategies, including perceptions of expertise and inter-professional working; and future prevention and management needs. Data generation and analysis were undertaken concurrently, with the topic guide being refined and developed as themes emerged. Data were

	transcribed verbatim by a professional transcription service with specialist expertise in sensitive topics and reviewed for accuracy. Grounded theory approach was applied for thematic analysis. Themes were verified by a second researcher.
Population	Residential and foster carers
Study dates	2015–2016
Sources of funding	National Institute for Social Care and Health Research (NISCHR)
Inclusion Criteria	Age carers across Wales who have a statutory responsibility for children and adolescents aged 18 years or younger Carer situation foster carers and residential carers
Exclusion criteria	None reported
Sample characteristics	Sample size 15 foster carers and 15 residential care workers Mental health problems Nineteen provided generic foster care or residential care placements, while 11 offered specialist placements for adolescents exposed to particular types of maltreatment or having additional physical, behavioural, or emotional needs. Twenty-nine participants had direct experience of self-harm among children and adolescents, with one individual discussing preparedness to work collaboratively. Gender Twenty-three of the professionals were female and seven were male Carer characteristics

	Ten participants had up to 5 years of experience of caring for children and adolescents, 12 had 6–10 years of experience, and 8 had more than 16 years of experience.
Relevant themes	Theme 1 Contestations in expertise: the duality of propositional and experiential knowledge - Accounts of inter-professional working repeatedly centred on the duality of expertise and knowledge considered to be in operation. Interactions with clinicians often brought into sharp relief the divergences in understanding of self-harming practices, with participants juxtaposing their sociocultural understandings with the bio-medical discourse deployed by medical professionals. This professional distance was compounded by the fact that clinicians were seen to be in possession of a formalised, technical expertise that was based on propositional knowledge. Participants often described clinicians' practice as drawing on conceptual schemas, as embodied in diagnostic frameworks. In some instances, their practice was seen as so reliant on abstracted knowledge that they did not even need to have a direct encounter with the adolescent in question in order to exercise their expertise. For example, one residential carer communicated exasperation as to the practice of clinicians offering a diagnosis in the absence of the child: "I've known CAMHS workers to come out, doctors from CAMHS to come here and the young person wasn't here, and they spoke to me and a member of staff and give a diagnosis on what was wrong with that young person. They haven't even spoken to them. Well how can you do that? (IDRC04: Residential Carer)" Carers even went so far as to suggest that 'real' knowledge of a young person necessitated going beyond a direct observation of them and required an understanding of how the individual in question interacted with the world around them. Professionals' efforts to know and assess adolescents led to young people drawing upon the technical information and concepts to navigate and negotiate the system. Indeed, some participants shared examples where they felt young people had drawn upon rudimentary medical knowledge and presented themselves to clinicians in a particular manner (i.e. having poor mental health) in the effort to gain some advantage in a system that routinely disempowers them: "They might have learned it, they might have worked it out for themselves. We're seeing in this child, if you talk to her about self-harm. She reads the internet. She knows what she's supposed to say. So, she will say all the stuff about it being a release and this and that because she's read that's what self-harm is about and you find that [pause], um, professionals can be taken in by this because she's ticking the boxes. (IDRC04: Residential Carer)" Study participants, including the residential carer above, sought to distance themselves from the expert identity that they associated with clinicians, and what they considered to be a limited, reductionist and often illegitimate form of knowledge. They positioned themselves as having an understanding of the complexity of adolescents' lives, and also how these individuals could use their agency within relationships with professionals to gain control over how knowledge about them was constructed and used: ". . . There is [pause] this mantra that you always have to believe children. And if, they don't actually realise that these children have had to look after themselves to keep themselves alive for say 15 years. These children are streetwise. These children are manipulative and the children do not always tell the truth. (IDRC03: Residential Carer)" Theme 2 Privileging the deeper carer knowledge - For participants, there was a clear focus on privileging this deeper, nuanced understanding of adolescents. This tacit knowledge was routinely characterised as experiential, and could be acquired though everyday intimacy with a young person: "But it's not authentic [how adolescents present to clinicians]. And I think it's because we pay so much attention to the child that you, you know, you can see that. (IDRC04: Residential Carer)" "Yeah but I think as well you can have as much training as you want. You know you can sit and be lectured but actually you learn from experience. (IDRC14: Residential Carer)". Theme 3 Sometimes there is a need for specialist support - Participants claimed to routinely engage in distinction practices in order to demarcate their differences from clinicians, which extended to include the explicit questioning of their knowledge about the young person and their understanding of the wider context of the young person's life. Yet, despite apparent factions, and carers' clear efforts to distinguish different forms of expertise, at times the degree of complexity of the problem in question (i.e. self-harm) made their reliance on clinicians' expertise somewhat necessary. In fact, as explicated in studies of inter-professional relationships around child protection, at a point complex cases can require specialist support and intervention where they risk feeling stuck or intractable. This sense of necessity gave rise to more nuanced forms of inter-professional tension than a belief in the incongruence of expert knowledge. In feeling compelled to seek and even defer to clinicians' decisions in complex cases of self-harm management, participants' narratives implicitly constructed medical professionals' expertise as the normative referent for the 'expert'. This set of structures seemed to diminish carers' own sense of professional status, causing feelings of disenfranchisement and doubt about their own capabilities. As one residential carer suggested, 'like I said I'm no expert [on self-harm] so I just have to go on what I was being advised to do'.

Theme 4

Negative experience of interaction with medical professionals - Instances where clinicians were invited into carers' spaces in a specialist capacity were often experienced negatively, with medical professionals often being characterised as dominant or overbearing: "Because I wasn't able to put a name on what I think it [self-harm] could have been or you know, suggest what it may have been and push a little bit further, I felt quite overpowered by these big psychologists and doctors, that it was kind of a bit, like no, it's nothing really. (IDRC10: Residential Carer)". One residential carer commented on how they were made feel inadequate and insignificant: "Like I say the last time I dealt with CAMHS I just felt that they were talking down their nose at you. Looking down their nose at you. Who are you? What do you know? (IDRC04: Residential Carer)". Through the seeming necessity of clinicians' situational dominance in such instances then, there is apparently scant opportunity to move beyond the duality of expertise and towards spaces where a plurality of knowledge is privileged. The endurance of this binary places carers in a rather passive and submissive position, and this disenfranchisement becomes a lens through which they experience clinicians' practices.

Theme 5

Inadequate professionalisation processes - Carers' narratives explored the constant and complex negotiation of inter-professional relationships in order to secure a professional identity on a parity with clinicians. Throughout accounts, participants cited perceived instances of clinicians' efforts to demarcate their elevated status in relation to them. These tended to focus on carers' systematic marginalisation from information sharing and decision-making: "The other thing is the way the statutory agencies don't involve, I mean we are the amateurs, really aren't we? That's what they see. They don't actually kind of seem to realise the level of expertise. So, where they have the multi-agency meetings, they will have multi-agency meetings about our children but not invite us because we are not a statutory agency. And often we're providing, we will provide a report and they won't read it because we're not a statutory agency. (IDRC03: Residential Carer). Explanations of clinicians' efforts to prevent carers' assumption of a professional identity was largely ascribed to the lack of a professional qualification for foster and residential carers, meaning they were unable to signify possession of the formalised, propositional knowledge possessed by other professional groups: "I think there's a need for a lot of foster carers to be recognised as maybe, erm, more experienced than they think. . . . As soon as you have the foster carer hat on, it seems as if you're not treated as professionals, so maybe a professional qualification would help there. (IDFC03: Foster Carer)". There was further consideration of the complex professional-parent nexus, and carers struggled to frequent the space of the corporate parent. Throughout narratives were accounts of being reduced to a 'childminder' or 'babysitter', with the parenting aspect of their role being foregrounded: "Society as a whole need to wake up and even the caring community needs to wake up to the fact that carers are now of a very high standard. When we first had the young fella, we got we took him to the local primary school and we felt we were [pause] almost dismissed as sort of sub human by the teaching staff and not seen as professionals, we were seen as childminders. (IDFC01: Foster Carer)"

Theme 6

Being made responsible - This construction of carers has particular relevance in regard to the area of self-harming, as it seemingly contributed to the phenomena of courtesy stigma. Participants believed themselves to be negatively labelled by medical professionals due to their association with the presenting care-experienced young person. They felt they were treated in a 'derogatory' or disparaging manner because they were responsible and had somehow contributed to the self-harm due to their close relationship with the child: "We were taking a couple of boys in the hospital off to the doctors. I think the staff are looked at in a very derogatory way because it would feel as if, oh, I was thinking of Peter being taken to the hospital where the nurses would all look at us as if we've got two heads. As if you've caused this boy to [self-harm]. (IDRC06: Residential Carer)"

Theme 7

Such experiences need to be located within the wider discourses that participants feel imbue healthcare settings. In particular, carers maintained care-experienced children and adolescents are constructed as problematic. This was linked to them being rendered highly visible within hospitals due to frequently having complicated health needs that are grounded in complex causes. Carers felt that healthcare and affiliated professionals quickly grew tired and frustrated by the claims such complexity placed on their time, resource and expertise, which could lead to inadequate provision: "And you can see the CAMHS workers coming, 'Oh they're from [Residential Care Centre], they're kids in care' . . . You can tell by their faces. And then they wonder the young people won't speak to them, you know. I think it's, I wouldn't call it ignorance but I think there is some of that as well. Yeah, you know, these kids have got issues and that's why they're with us. So, the chances are you're gonna see them a bit more than your normal Joe Bloggs off the streets. Maybe in hospital, you know. (IDRC04: Residential Carer)". Accounts of punitive reactions to carers accompanying adolescents who had self-harmed to hospitals were also documented: "And we were left in the car park for 2 and a half hours while we were restraining her 'cause she was trying to run away. We then got taken in after so many hours [. . .] and I think you find that if you're in with a young person that's self-harmed you don't get anything . . . as in you know don't worry ask me if I want a drink, you know with the sweat pouring off you . . . They're not very nice with them at all [. . .] But a drink wouldn't

	hurt, you know to give somebody a drink. And then when we got put onto the ward we were put like into a little room, and it's just like we were an effort for everybody. It was like we were too much hard work. (IDRC05: Residential Carer)". Theme 8 Compensating - In the absence of professional qualification and with uncertainty of their role contributing to the problem, carers felt compelled to engage in a range of practices in order to demonstrate their unique value and contribution. For many, this included sharing social care based information and knowledge with clinicians at the multi-agency meetings they were invited to: "As they've sat in on meetings that we have been in with other care professionals on this young man, they've sort of changed and they have realised that actually [laughs] we are fellow professionals, not childminders and we have even been able to pass on leaflets and pamphlets and things to help them with the care of the young person we've got, which is good to be able to help them. We now have an excellent rapport with them. (IDFC01: Foster Carer)." Inscribed in such narratives is the apparent and problematic criteria through which carers contributions are assessed. In essence, as the above quote illustrates, carers felt their value is assured only when they have been deemed 'useful' or 'helpful' in assisting clinicians in the application of their own formal, technical knowledge. They rarely seemed afforded the opportunity to provide meaningful or extensive input on specific children but were invited to offer generic support. This situation seemed inherently unsatisfactory for participants, as any legitimacy as a professional is temporary and contingent on the specific inter-professional interaction and carers' capacity to meet the particular needs of the clinician. This creates somewhat of a disempowering nexus of relations for carers, having to carry the burden of proving their legitimacy and value of their contributions within each new multi-agency interaction. We can term this burden as a labour of legitimisation. Theme 9 To avoid having to continually undertake this labour, some participants sought to eschew more formalised inter-professional interactions where possible, seeking to operate more creatively within statutory procedures. In such cases, they invested considerable time in building selective and more informal networks centred on familiarity with specific individuals who they felt they could develop a personal connection with. These relationships became so enduring that it meant carers did not have to repeatedly engage in the labour of legitimisation that would be undertaken within new collaborations, as it had already been performed. For example, one residential carer touched upon their productive working relationships with the local CAMHS teams, and as the discussion progressed it emerged that inter-professional working was very much built on communicating with a particular nurse that they had come to know well over a number of years: "When we've had a young person from [Local Authority] who has gone to [Local Authority] CAMHS the service has been just unreal. I cannot fault them. They've been superb with us, with the young person, with the whole thing. I cannot fault them. And we worked really well with CAMHS and they listen to us and we listen to them. And I think we've built an extremely good relationship with them to the point that they think [CAMHS Nurse] is the best thing since sliced bread. (IDRC13: Residential Carer)"

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes

Section	Question	Answer
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes *(multiple analysts were used to verify findings)*
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and directness	Overall risk of bias	Low
	Directness	Directly applicable

Kirton 2011

Intervention	**Multidimensional treatment foster care (N = 31)** Multidimensional treatment foster care, in its UK incarnation, reflected New Labour's concerns for joined up working between social care, education, and health agencies. There were important differences between the context and operation of MTFC in the UK compared to the USA. These included the location of MTFC within the care system rather than in a criminal justice setting. Another difference was that planned returns to birth families were relatively rare. Instead, the focus was on improved contact and relationships rather than training birth parents to pick up the model of care taught by Oregon Social Learning Centre. Government guidance suggested initially concentrating on those who were likely to progress in the programme, to build confidence, before moving on to harder cases. In evaluating the workings of the OSLC model it is useful to highlight two distinct but related challenges. The first is the

	different profile of UK participants compared with the US counterparts, and the greater emphasis on voluntary participation. Second, the highly prescriptive nature of the model can be seen as giving rise to tensions between the need for creative adaptation to the UK welfare system and the benefits of strict adherence to the programme.
Study type	Semi structured interviews RQ1 RQ2 RQ3 RQ4 Evaluation of an intervention Multidimensional Treatment Foster Care
Aim of study	to explore the experiences of multidimensional treatment foster care
Study location	UK
Study setting	local evaluation of MTFC within one of the pilot local authorities.
Study methods	Semi-structured interviews were conducted to explore respondents experiences of working within and perceptions of the MTFC model. No further information was provided about thematic analysis.
Population	Foster carers (8), children's social workers (6), supervising social workers (2), individual therapists, birth family therapists, skills workers (3), social work assistants, programme supervisor (1), programme manager (1), members of the management board (4)
Study dates	Not reported

Sources of funding	Not reported
Inclusion Criteria	None reported
Exclusion criteria	None reported
Sample characteristics	Sample size 31 interviews were conducted: Foster carers (8), children's social workers (6), supervising social workers (2), individual therapists, birth family therapists, skills workers (3), social work assistants, programme supervisor (1), programme manager (1), members of the mamagement board (4) Number of previous placements half of the children had had ten or more placements Age roughly three quarters of the children were aged 13 or over.
Relevant themes	Theme 1 A common language and focus: One of the main strengths offered by the OSLC model was a degree of focus or ‘common language’ (seen as crucial in a multi-disciplinary team) and clarity of expectations for young people: "We’re all very clear about what we’re working towards and it helps in not splitting that group around the child. (Team member)" Theme 2 The emphasis on rewards and punishments was generally regarded as crucial, both for its transparency and potential for setting and maintaining boundaries: "If they don’t earn it, they can see it, there’s something there that they can see, you can hold up in front of them and show them. (Foster carer)" Theme 3 Taking the emotion out of the situation: Another strength was the perceived capacity for the model, with its relatively neutral and technical language, to ‘take the emotion out of the situation’ and to avoid escalation in the face of anger and outbursts: "In a way it stops people really feeling too criticised because it’s like ... if someone says to you ‘off model’that’s like, ‘Oh well, I can get back on the model.’ (Team member)" "You need to be quite calm and not easily fired up, to be able to just walk away when they’re ranting and raving and they’re in your face and they’re shouting at you, and just walk away and let them calm down. (Foster carer)" Theme 4 Limitation 1: certain aspects of it needed to be ‘Anglicised’: Where they occurred, flexibilities tended to reflect either cultural differences or acquired practice wisdom. Within its UK context, some team members saw the programme being more holistic and less focused on ‘breaking the cycle of offending’, an emphasis sometimes couched in the language of ‘leniency’: "Helping that child develop ... in whatever way they need and meeting their needs to enable them to move to independence or whatever goes next to it. (Team member)" Theme 5 Limitation 2: , it would work for some young people but not others;

	Theme 6 Limitation 3: the longer-term benefits of the programme were uncertain Theme 7 Sticking to the model as a team: A clear majority of interviewees saw themselves and the programme sticking closely to what they understood as 'the model', while often disclaiming any detailed knowledge of it. This partly reflected the routinisation of practice and perhaps the strength of team ethos: I know ... as a team we work towards the model and it's the Oregon model that we follow but it feels much more like we're working to our team model. (Team member) Broad adherence reflected a number of factors. First, the model appeared to 'make sense' to most of those involved, with several foster carers claiming (though with perhaps some oversimplification) that this had been the basis of their own childrearing: It's basically the way I brought my own children up, which is good children get lots of nice things and naughty children get nothing, but I do it with points. Second, the consensus was that, albeit with some flexibility (see below), the model 'worked' but that this required fairly strict adherence: We're very close to the model on most things and whenever we stray I have to say that it kicks us in the teeth. (Team member) A third factor was that of external monitoring and reporting mechanisms, whether from the NIT or OSLC itself. While this sometimes involved elements of 'presentation' to outside audiences that differed from day-to-day realities, it also served to reinforce the programme's logic and philosophy. Theme 8 Followed in spirit rather than to the letter: Much of course, depended on how far the model and its weighty manuals were to be followed 'in spirit' or 'to the letter'. For example, one team member argued that expectations of young people in terms of healthy eating and eschewing of hip hop or rap music were unnecessarily restrictive and perhaps 'unrealistic'. While most foster carers came to find the award and deduction of points reasonably straightforward, the challenges, such as balancing consistency and individualisation and handling value judgements, should not be underestimated: "My lifestyle to somebody else's might be totally different and what I accept in my house is different to what somebody else accepts in theirs. (Foster carer)" Theme 9 What constitutes normal teenage behaviour? - Additional challenges included what constituted 'normal teenage behaviour' and how far the focus for change should rest with 'large' and 'small' behavioural problems respectively. These issues were, however, usually resolved fairly easily, with foster carers happy with their degree of discretion. Parental Daily Reports were sometimes seen as 'a chore' (Westermark et al, 2007), but almost universally valued for their capacity to concentrate minds on behaviours, to ensure daily contact between foster carers and the programme and help 'nip problems in the bud'. "It makes me think about if things have happened, how I can do them better or how we can both do it better. So it's reflection for me. (Foster carer)" Theme 10 parental daily report - The data yielded were seen as useful for identifying trends and one-off or recurrent 'spikes' that might reveal behavioural triggers, such as contact visits or school events and as having a potential 'predictive' value for disruptions and optimal transition timing (Chamberlain et al, 2006). There were concerns that the prescribed list of behaviours was in places too 'Americanised' (eg 'mean talk') and that selfharm (not infrequent within the programme) was not listed separately but under destructiveness, requiring annotation to distinguish it from instances of 'kicking the door in'. Similarly, there was no reference to eating disorders other than 'skipping meals'. The question of whether behaviours were 'stressful' was clearly dependent to a degree on foster carers' tolerance and time of completion: "The next morning or the night time everything's died down and it probably isn't such a big deal ... [do] you give yourself that time just to calm down before you put it in the behaviour or should you do it when it happens? (Foster carer)" Concern was also expressed that the Parental Daily Report's focus on negative behaviours was not entirely congruent with the programme's aims of accentuating the positives (see below), a situation that was seen as having a cultural dimension, with one team member commenting, albeit as a generalisation, on how US counterparts in MTFC tended to be 'more upbeat about things' and hence less likely to dwell on negative behaviours. Theme 11 Engagement was crucial to outcomes but highly variable and prone to change over time: "She couldn't give a monkey's. It didn't matter what I'd say she was not gonna . . . And she stayed with me for three months and then she decided she'd had enough and went. (Foster carer)" More generally, however, engagement levels were thought to be high, with some respondents indicating surprise at the apparent willingness to accept a restrictive regime with its initial 'boot camp' withdrawal of privileges: "I find it bizarre that they engage with it

	really quite well ... I kind of think if I was a 13-year-old lad ... would I really want to be negotiating buying my free time, my time out with points? But they do ... and they stick to it. (Team member)" Theme 12 Need for persistence: Situations were described where young people would rail against restrictions and thwarted demands but ultimately comply. While the motivational value of an identifiable goal (such as return home) was recognised, sustaining interest day-to-day was equally important and required delicate judgements from foster carers as the following contrasting approaches indicate: "My young man likes to look at his points on a daily basis so we go through them with him and then we sit down and work out how he's gonna use his rewards and what he's aiming for next. I have to say that I don't sit down and discuss points with [young person] every night because she will just rip it up and throw it at me and tell me what a load of bollocks it is" Theme 13 finding and tailoring the right rewards - Equally important, however, was finding the right rewards and appropriate means of earning them (although one young person was said to 'just like getting points'), something that might entail individual tailoring: "She needs to score points really, really highly, so whereas one foster carer might give one of the lads ten points for doing what she did, she may need to earn 50 for it to mean something. (Team member)" If this raises questions of 'inconsistency', it was justified in terms of motivation, individual pathways and progression through the programme (Dore and Mullin, 2006). Similar logic had meant 'massaging' points to prevent a drop in levels, where this might provoke running away or placement breakdown: "I think with some young people they ... just wouldn't manage being on level one and therefore it is slightly adapted to sort of manage that. (Team member)" Theme 14 are normal activities privileges? - Transfer of placements into the programme also raised questions of how far previously 'normal' activities could be recast as privileges to be earned. Over time, this had reportedly given rise to some variations or changes of practice, for example, on televisions in bedrooms or consumption of fizzy drinks. Theme 15 Need for redemption and engagement with point and level system - A key element of the OSLC philosophy is 'turning it around', allowing loss of points to be redeemed by subsequent good behaviour or positive reaction to the deduction. Although (some) foster carers felt this approach potentially made light of misdemeanours, the overall working of the programme was supportive of it: "Instead of giving her five points that she'd normally have I'll say, 'Well, you did that really well. I'll give you 15 for that today.' (Foster carer) You hear them talking about 'I really turned it around today' ... [or]'I'm working towards my points.' You actually hear the children saying, 'I know I need to be on this programme'. . . they ... have that insight. (Team member)" One young person had reportedly asked his foster carer not to let him out in case he got into trouble and forfeited a much desired holiday, something that was seen as a significant shift in thinking and timescales. Theme 16 A behavioural model or an attachment model? Behavioural programmes are sometimes criticised for lacking depth or concentrating on 'symptoms rather than causes', a debate we explored in interviews. Foster carers tended to focus on their own specific role in dealing with behaviours and saw the addressing of any 'underlying' problems as being the responsibility of others, especially the individual therapist, as in 'I'm just trying to break a pattern but it's not actually solving why they do it.'Also emphasised strongly was the temporal focus on present and future, by comparison with attachment models 'looking backwards'. If in some senses, practice remained firmly within a behavioural framework, this was not seen as precluding consideration of attachment issues, whether at the level of understanding – 'I find it quite hard not to think about things in terms of attachment' – or in outcomes: "I think what's been helpful is people have sort of said, 'Oh, it's not an attachment model' and I just have been able to say to them, 'What do you think actually putting a containing and caring environment around a child does?' ... It's not the kind of ... Pavlov's dogs type thing that everyone thinks about when they think about behavioural models. (Team member)" Theme 17 Importance of appropriate matching: While in principle, behavioural approaches tend to de-emphasise the importance of relationship, the crucial importance of matching (which tended to involve consideration of several young people for one (or two) foster carer vacancies) was widely recognised and seen as a key area of learning within the programme: "I

	think we're getting it right more often than not and I think that's reflected in the ... reduction of disruptions. When we do get it wrong we get it wrong very spectacularly! (Team member)" Theme 18 Move on placements: Marrying MTFC's twin aims of providing time-limited 'move on' placements while effecting sustainable behavioural change required complex judgements as to the optimal timing of transitions (Cross et al, 2004). Opinion was divided on this (national guidance had suggested a shortening of placements from around 18 to nine months) between those emphasising the time needed to deal with 'long-term damage' or the dangers of 'relapse' and those worried about stagnation, disengagement or young people 'outgrowing the programme'. While practice wisdom and programme data were seen as aiding decision-making, follow-on placements remained a significant problem. In some instances, this had been resolved by the young person remaining with their MTFC (respite) carers, although this usually entailed the latter's loss to the programme. Consideration had also been given to the establishment of 'step-down' placements to provide a more gradual reduction in structure and support (NIT, 2008). However, such provision is challenging in terms of recruitment. Several young people who had left MTFC had subsequently kept in contact, and interestingly this included some early and late leavers as well as graduates. Theme 19 Foster carers satisfaction with the level of support and out of hours service - Foster carers were extremely positive about levels of support in MTFC – 'Just absolutely amazing', 'I have to say brilliant. 100 per cent brilliant' – and some commented on how this had prevented disruptions that might otherwise have occurred. 'Enhanced' (relative to 'mainstream' fostering) features included higher levels of contact with supervising (and assistant) social workers and a structured pattern of short breaks or 'respite care'. In addition to their primary role of granting some relief from pressures, these arrangements sometimes evolved into follow-on placements after disruptions, helping to provide important elements of continuity. Another crucial 'enhanced' feature was a dedicated out-of-hours service staffed by members of the team, which, though used fairly modestly (typically one or two calls per day), was highly valued for its provision of a crucial safety net: "There's nothing more reassuring ... that you can ring someone up and actually hear that person on the end of the phone, it's not some call centre or someone you've never met before. (Foster carer)" Use of the out-of-hours service ranged from serious incidents involving offending, (alleged) sexual assaults, suicide concerns and violence or damage in the foster home, to reassurance on medical issues and dealing with difficult behaviours. Theme 20 While the roles of therapists and skills workers sometimes raised issues of co-ordination with foster carers, their capacity to ease pressures at times of difficulty was valued by carers. Theme 21 the foster carers' weekly meetings. These served both to ensure fairly prompt attention to issues, but also afforded the opportunity for mutual support and problem-solving Theme 22 Success of co-ordinated working - There has been little research on the operation of teamwork within MTFC or its external relations. Despite significant staff turnover and some reworking of roles, the programme had also benefited from continuity in some key positions and a capacity to fill vacancies relatively quickly. From interviews and observation, internal roles appeared to be fairly clear and well co-ordinated, although the team's relatively small size had inevitably given rise on occasion to questions of flexibility, with tensions between willingness to help out and the maintenance of role boundaries (eg on provision of transport or supervision of contact): "On the whole, given that we have got a bunch of quite disparate professions ... we've got a conjoined CAMHS, education and social care team, there's a lot less conflict than I thought there might be. (Team member)" The workings of MTFC both facilitate and require high levels of communication, combining multifarious opportunities for contact with a need to pass on information regarding 'eventful' lives and high levels of activity on the programme. With occasional, and usually fairly specific exceptions, team members regarded communication as very effective, while foster carers were generally positive about their participation: 'They do value your input and they value your knowledge and your sort of past experience.' Theme 23 Leadership of programme supervisors - The role of Programme Supervisor (PS) as key decision-maker – variously referred to as 'Programme God' or 'the final word'– was crucial within the team. While some team members reported taking time to adapt to this, it was widely acknowledged that the PS and indeed 'the programme' could act as a lightning rod to defuse conflicts involving young people and their foster carers: "Always it's'[PS], says' ... in answer, so my [young person] wishes that [PS] would drop dead at any moment. But that takes a huge amount off of me because it's not me who's saying it. That's absolutely been brilliant. (Foster carer)"

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Theme 24

Clash with the children's social worker - Like any specialist programme, MTFC has faced challenges in its relationships with CSWs (often exacerbated by turnover among them) regarding the balance between a necessary transfer of responsibility on the part of CSWs while they continue to hold case accountability (Wells and D'Angelo, 1994). Despite routinely sent information and discussions with the PS, almost all CSWs interviewed expressed some concerns, usually involving either not knowing of specific incidents (eg entry to hospital) or more ongoing matters, such as the content of counselling. For some, the concern was simply about being 'out of the loop', while for others it was the potential for exclusion from decisionmaking and conflict with statutory duties: "It seemed to me that the treatment fostering team pretty much took on responsibility for the case, which is fine, but if anything goes wrong then don't make me accountable." From a programme perspective, there were occasional references to CSWs who 'found it hard to let go', or whose misunderstanding caused confusion. As one foster carer put it, 'they start telling these kids all sorts of things and you're thinking "no actually, they can't"', although it should be noted that some CSWs were viewed very positively. A more common concern, however, was that some CSWs 'opted out' once the young person entered MTFC, although this was often acknowledged (on both sides) as understandable given the workload pressures facing children's social workers: "[. . .] was the sort of child I used to literally wake up worrying about and I don't now because somebody else is doing that worrying. (CSW)" Encouragingly, CSWs also referred to improving communication, with some plaudits for MTFC being approachable and responsive. The programme had attempted to improve liaison by visiting teams and by inviting children's social workers to attend meetings, although these offers had not been taken up, with CSWs reporting diary clashes and imprecise timings to discuss 'their' charges. It was also noted that the very specific workings and language of MTFC were not always well-integrated into Looked After Children (LAC) review processes.

Theme 25

Social workers were positive about the programme - "He was a really, really difficult young man and they've really supported him and provided him with a stable home environment, really, really firm boundaries which he's really needed . . . I think the placement's been fantastic. She would have met the criteria [for secure accommodation] in terms of running off ... self-harming ... And now the self-harming is very ... very limited. It changed his life around to be perfectly honest. Yeah, I'd go that far." This is not, of course, to say that time in MTFC represents any form of panacea, but recognition of its impact in often difficult circumstances: "He's only absconded three times in six months or so and it's only ever been running off from school and he's back by nine o'clock ... whereas before he was missing for days on end. (Team member) There are obviously still concerns about her emotional welfare and there will be, but she was a very, very damaged girl for lots and lots of reasons, but there was a time where I thought she just might ... not survive. (CSW)" The idea that even 'failed' placements might nonetheless carry some residual benefit for young people – particularly those in 'multiple disruption mode' was also expressed by some.

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<tr><td>Risk of Bias</td><td>

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes

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	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(Researchers did not discuss how the participants were selected or why these were the most appropriate to access the type of knowledge sought by the study)*
	Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Setting was not justified. Methods were not made explicit or justified. Unclear the form of the data and saturation of data is not discussed.)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No evidence that the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(No in-depth description of the analysis process. Unclear if thematic analysis was used. Unclear how the categories/themes were derived from the data. Unclear how the data presented were selected from the original sample to demonstrate the analysis process. Unclear if sufficient data presented to support the findings. Unclear if researcher critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(No adequate discussion of the evidence both for and against the researcher’s arguments or the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst))*

	Research value	How valuable is the research?	The research has some value *(Qualitative findings relate to one specific intervention of interest. Findings are discussed in relation to current policy and practice.)*
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Partially applicable *(Data was likely collected prior to 2010)*

Larkins 2021

Study type	Focus Groups Semi structured interviews
Aim of study	1. To adopt a participatory approach, enabling looked after children and young people (LACYP) to guide and shape research that could inform the work of the NICE LAC Guideline Update Committee. 2. To understand LACYP's perspectives on the themes and questions identified by the NICE committee and to allow understanding of these themes to arise from LACYP's perspectives 3. To promote rights, safety and inclusion - ensuring that looked after children and young people could exercise choice in how they express their views, that a diversity of perspectives are sought, valued and represented.
Study location	UK
Study setting	looked after children from three UK local authorities

Study methods	Creative methods and thematic interview schedules were developed in consultation with a steering group of young researchers who were LAC. The cocreated research activities eventually used included: • Individual interviews (sometimes involving theme card prompts, prioritisation of cards or drawing/collage) • Visual arts-based activities (using paint, fabrics and drawing materials to create representations of wellbeing, and one-to-one discussions about these) • Music-based activities (choosing or writing songs that evoke feelings of wellbeing, and individual and group discussions of these) • Group discussions (usually centred around an undulating line on a 5m length of paper, which represented the progression of a movie script and the ups and downs of life). All fieldwork activities were audio recorded and transcribed verbatim. A hybrid approach of inductive and deductive thematic analysis with a framework analysis approach was used to ensure that analysis is driven by participants' perspectives. data was listened to, read, looked at and reviewed by multiple researchers, young researchers and GUC members.
Population	Looked after children and young people from 3 areas (10 South, 17 Midlands, 20 North).
Study dates	2020 to 2021
Sources of funding	The National Institute of Health and Care Excellence (NICE)
Inclusion Criteria	Looked after children and young people - The nature of interventions and outcomes for LACYP vary according to geographical and associated differences. Three sites (local authorities or boroughs) were identified for inclusion in the study in order to obtain a spread of experience, according to the factors listed: geography; placement stability; local authority performance; innovation of practice; educational success; socio-economic conditions; numbers of missing children; and ethnicity.
Exclusion criteria	None reported
Sample characteristics	Sample size 47 LACYP aged 6-17 from 3 areas (10 South, 17 Midlands, 20 North). Ethnicity Of these 47 participants, 8 were Black, 3 South Asian, 2 Dual Heritage and 34 were white. Type of care 19 in foster care, 6 in kinship care, 5 in residential care, 3 in specialist non-secure care, 4 in semi-supported/semi-independent living, 55 in independent house/flat, 4 not known

	Education 10 reported SEND labels and 3 were in special schools and 3 were home tutored Mental and emotional health 4 had EBD; 17 had pronounced mental health or wellbeing concerns, Risk of Exploitation 14 were at risk of exploitation; 11 had a history of going missing, Parents 11 were young parents, Placed out of county 6 were placed out of county, LGBTQ 2 identified as LGBTQ,
Relevant themes	Relationships and contact Theme 1 For children and young people (with all selected characteristics), secure caring connections with friends, caring placements, family and family-like connections, independent visitors and provision of respite workers promoted wellbeing. These can be facilitated by continuity of workers, accessible premises and appropriate levels of confidentiality. Participants commenting on a draft of this report emphasised that it is one thing to say that children must be given support but 'children also need to know exactly who they can get support from' and who they can rely on. Some children and young people did not have this kind of support. Theme 2 Comfort when attending medical assessments (for young, old, and SEND) can be facilitated by support and encouragement from foster carers and staff, to get young people used to attending and by relaxed health professionals who talk directly to children. Theme 3 The importance of information sharing and involvement in decision making built on good relationships was highlighted (including CSEM) but there were no descriptions of how this had been achieved; instead young people tended to talk about a lack of control and how this made them feel. [Staff are] using trauma against me' [saying things such as] 'You've been through x, so that's why you're like this' Theme 4

<table>
<tr><td></td><td>Research participants consulted on a draft of this report emphasised that importance of trauma informed approaches. For children and young people (of all ages, HWC, CSEM, BAME and SEND), support to process and integrate trauma could involve: all professionals paying attention to visual stimuli, understanding the connection between body and emotions and recognising the potential impact of the physical presence of professionals and family members; trauma informed counselling provided by specialist; all professionals and carers having awareness of how trauma affects many children in care, and being understanding rather than using trauma to stigmatise.

Theme 5
Some participants (including HWC, CSEM, BAME SEND and parent) reported skills in self-managing suffering; sometimes this involved just coping (in a pattern that followed childhood experience). Support to develop further coping strategies can include self-soothing by connecting with nature, art and music and letting off steam and availability of a trusted social care professional.

Theme 6
Activities outside school (or during their free time at school) were very frequently reported as facilitators of wellbeing (all ages, HWC, CSEM, BAME SEND and parents). Access to activities is facilitated by carers, social workers and independent visitors providing encouragement, trust and resources (financial support, introducing activities and enabling attendance).

Theme 7

For some participants (LGBTQI, CSE, HWC, and some girls), support and understanding from trusted carers or staff and family enabled young people to feel safe and to address issues of identity. Creating a safe home and specialist help from psychiatrists and the police was useful for some. Understanding of sexism may also enable carers and staff to support positive gender identities.

Theme 8
Collective spaces in which to discuss experience of being in care, and how to improve the experiences of others promote wellbeing by providing enjoyment, access to creative activities and opportunities to talk to workers they trusted.</td></tr>
<tr><td>Risk of bias</td><td>
<table>
<tr><th>Section</th><th>Question</th><th>Answer</th></tr>
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	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes
	Findings	Is there a clear statement of findings?	Yes
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Low
		Directness	Directly applicable

Majumder 2019a

Study type	Semi structured interviews Subgroup of interest UAS RQ3
Aim of study	to explore unaccompanied refugee children's experiences, perceptions and beliefs of mental illness, focusing on stigma.
Study location	UK
Study setting	A specialist mental health service across two local authorities in central UK

Study methods	Semi-structured interviews. data collection through interviews was continued until a thematic saturation had been achieved. The interviews were audio-taped and notes were taken and later transcribed verbatim for detailed analysis. Data was analysed by thematic analysis. The data from the transcriptions was analysed by two different researchers independently to ensure reliability, and the emerged themes are loyal to the original data collected from the participants. The patterns elicited were subsequently organised into themes.
Population	consecutive referrals of unaccompanied refugee children to a specialist mental health service, and foster carers
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	Mental health The sample was recruited mainly from consecutive referrals of unaccompanied refugee children to the specialist mental health service
Exclusion criteria	None reported
Sample characteristics	Sample size A total of 15 young persons were recruited to the study, 16 foster carers Mental health problems all participants had mental health problems non-white ethnicity from either Arab or East African countries Gender 14 male, 2 female Age

	between 15 and 18 years of age
Relevant themes	Theme 1 Theme 1: negative perceptions of the concept of mental illness (youth) - Fourteen out of fifteen young people and many carers expressed their opinions on the young person's negative perceptions of mental illness. Contact with mental health services in the UK did not appear to shift such perceptions. They referred to mental illness by terms like 'crazy', 'mental' or 'mad', interchangeably. This is again consistent with findings from other young vulnerable groups.1 The narrative of mental illness described by several young persons had a striking similarity, in associating a mentally ill person with someone who has lost all sense of basic upkeep, hygiene, dressing and hair; is locked up in a hospital or prison; sleeps on the streets and drinks alcohol; and is being beaten up or stoned. "'. . .Then I told this lady I'm not crazy, I'm not like these, these, you know. . .I tell her look my hair, look my clothes, I'm not crazy.' Young person 15. '. . .They just don't know what they're doing. Some of them been locked in the hospital, or in the prison. I seen lots of mentals in my country.' Young person 1. 'The mental is like people like, you know, crazy or mad and their mind doesn't work, and some people drink a lot, they go in mental hospital.' Young person 13. 'Yeah, the idea of mental health is, you know, over there is somebody's mad. He was telling me that we can stone him and beat him. . .' Carer 9." Theme 2 Theme 1: negative perceptions of the concept of mental illness (carers) - The carers, on the other hand, seemed insightful into these young persons' beliefs, as they considered the sources of their negative perceptions of mental illness. They reflected that the society and culture possessed a high level of stigma and negative views of mental illness, which discouraged acceptance and admission by those who suffered problems. "I might be making a bold statement here, but mental health with black and Asian minority ethnic communities is a taboo anyway. People don't say it. . .' Carer 8. '. . .If people had them, then it would be, almost frowned on or discouraged in his culture from saying I've got these kind of problems.' Carer 11. '. . .In some cultures, mental health is not perceived the way that we perceive it in the UK, or America or the Western world. You know, some cultures would just say that you're a crazy person perhaps, in terms of summing it up. And therefore the stigma associated with that would consequently lead people not to admit it.' Carer 12. 'Thinking about it, all of the asylum seekers, there are now eight of them, they needed this help but to them, all of them, it was the same, same answer from them, so it must be something from back home. The perception about this, anything to do with the term "mental health" was the same.' Carer 16." Theme 3 Negative views of mental illness impacted on disclosure - This may have influenced the young persons' views on mental illness, and their reluctance to admit their own mental health difficulties. One of the abovementioned carers stated that he 'would be almost frowned on or discouraged in his culture from saying I've got these kind of problems'. This has clear implications for service engagement. Theme 4 Carers suggested avoiding terms related to mental health - Some carers came up with suggestions such as avoiding the terms 'mental illness' or 'mental health' to describe the service, instead replacing them with more neutral words: "'It's a shame unless you know, instead of saying "mental health" it can be changed into something else, right? Just the word, not mental health issues.' Carer 16. '. . .Say it's [CAMHS] not called mental or medical terms, it's just called a holiday camp or something nice, a name which has got some nice name like, you know, Butlins has got a nice name.' Carer 5. '. . .He says he's not mental, why would he want to go and see a mental health service. . .if they could just remove that "mental health" and use it as "Westcotes House" (mental health service building). . .if they have different headings for services then, I don't know, you might find you get better results.' Carer 14." Theme 5 Theme 2: anticipated social implications of suffering from mental illness - Some of the young persons expressed their worries about the anticipated consequences of being mentally ill. This was corroborated by their carers. Many participants, both young persons and carers, talked about the young person's anxiety that they might eventually be incarcerated in a secure mental hospital, asylum or prison. Again, there seems to be an important cultural relevance, as the young person's views are likely to be intrinsically tied to what tends to happen in their own countries of origin: "'Some of them been locked in the hospital, or in the prison. I seen lots of mentals in my country. . .So sometime I just think if you grow up or just get more worse, you're going to become one of them.' Young person 1. 'When you disabled, you go in disabled house.' Young person 15. 'He was always thinking that, you know, he might end up in a mental hospital.' Carer 9. '. . .For them it was mad, they are mad. So they should be put in mad asylums.' Carer 16."

	Theme 6 Fears of becoming homeless or socially isolated in relation to mental health problems - Worries appeared to be quite deep-seated across the whole sample. Young persons' and carers' responses reflected their fears of becoming socially isolated as a result of their mental illness. One participant commented that mental illness would lead to sleeping rough on the streets. "'I don't know about mental. . .Sleep on street and go crazy, innit.' Young person 4." Theme 7 Social isolation due to abandonment by friends or family - As per other young persons' and carers' accounts, social isolation can actually be due to abandonment by their friends and family. The prospect of social isolation was supported by a carer's statement about the young person in her care that he would also lose his friends if they came to know about his mental illness or that he received help from mental health services: "'. . . So sometime my friends don't wants to be with me because I've got this problem.' Young person 1. 'Going there [to CAMHS] for his mental assessment to him it was, no, none of my friends went. . .they won't be my friends once they come to know. I said they don't need to know, he said no, but, they'll know.' Carer 16." Theme 8 Social isolation as a result of mental health problems, carer perspective - Reflecting on the same subject of anticipated isolation and abandonment by society, carers considered some of the young persons' culture of origin, where mental health can possibly lead to not being taken care of properly and difficulty in getting married: "'. . .In those cultures he would have it as somebody who is mad, is mad, you know, he's mad. Nobody would look after him properly, you know, and see what's wrong like we do it here.' Carer 9. 'Because, um, in the Somalian culture. . .say from a female's point of view, say if there is a father and mother and their young female daughter wanted help, because then the word gets round it's difficult for them then to get them married off and it affects their future.' Carer 5." Theme 9 Theme 3: denial of mental illness - Many young persons denied having any mental illness despite having attended a mental health service. This seems to be linked to the earlier themes of social stigma and fears of untoward social consequences. They appeared to be embarrassed about discussing their own mental health difficulties, which was expressed by an increasingly hesitant speech; by evading or altogether avoiding using terms such as 'mental health'; or by giving alternative explanations for seeing a psychiatrist, such as physical health problems: "'Um, first of all, I don't have any, I don't know, uh, I mean, I'm not, um, mental problem. I got, I saw the bad dream, I didn't sleep then, sometimes. Uh, maybe that thing, I don't know, maybe, that's why. . .' Young person 6. Interviewer: 'So when you asked about mental health, he avoided the term.' Interpreter: 'That term. . .Other things except that.' Young person 7. Interpreter: 'He is saying that he's going to P [Psychiatrist] because he's got a problem with his eyes, he's got a headache. . .' Young person 7." Both young persons 6 and 7, despite having significant contacts with child and adolescent mental health services, showed a tendency to deny their mental health difficulties. Theme 10 Theme 3: denial of mental illness, carers perspective - Carers also agreed with this notion of the young persons' propensity to avoid talking about or denying their mental health problems: "'It's sensitive for some young people to admit that they've been to CAMHS and that they need that sort of help.' Carer 13. 'They don't see themselves as mentally unwell because when they think of crazy, they think of people who have really, really big problems.' Carer 15."
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	Research value	How valuable is the research?	The research is valuable
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Majumder 2019b

Study type	Semi structured interviews Subgroup of interest UAS RQ3
Aim of study	to explore unaccompanied refugee children's experiences, perceptions and beliefs of mental illness, focusing on stigma.
Study location	UK
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Risk of Bias

Section	Question	Answer
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Data analysis	Was the data analysis sufficiently rigorous?	Yes

Section	Question	Answer
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and directness	Overall risk of bias	Low
	Directness	Directly applicable

Mannay 2017

Study type	Focus Groups Semi structured interviews RQ4
Aim of study	To explore the educational experiences, attainment and aspirations of LACYP in Wales
Study location	UK
Study setting	Wales, invited to take part through the fostering network
Study methods	Semi-structured interviews with integrated creative methids. The visual and creative methods employed included sandboxing and emotion sticker activities. The visual activities were followed by individual elicitation interviews with a member of the research team, where children described what they had made. This was supplemented by an interview schedule about educational experiences and aspirations, which was used to discuss any areas that were not covered in the conversations

	around the visual activities. Research with post-compulsory education participants involved focus groups, which were conducted in South and North Wales. Focus groups were conducted by care-experienced peer researchers with the support of the research team. Semi-structured telephone interviews were undertaken with care-experienced participants in higher education; these interviews were led by a member of the research team. Interview and focus group data were transcribed verbatim and analysed concurrently throughout data production, allowing codes, categories and themes to emerge from the empirical data produced with LACYP. Data were analysed using an inductive and deductive approach, creating overarching thematic categories and analytical themes arising from coding and categories across the data sets. Analysis was undertaken by three members of the research team, and was accompanied by an iterative process of reviewing and cross-checking these emerging themes and interpretations with relevant literature, concepts and theory.
Population	primary and secondary school-aged LACYP
Study dates	2015
Sources of funding	Joint funding from tthe British Heart Foundation, Cancer Research UK, Economic and Social Research Council, Medical Research Council, the Welsh Government and the Wellcome Trust, under the auspices of the UK Clinical Research Collaboration
Inclusion Criteria	Care Situation looked after person Education Primary and secondary school-aged
Exclusion criteria	None reported
Sample characteristics	Sample size 67 looked after children Type of care

	All participants had attended mainstream schools and experienced a range of care placements: foster care (n = 52); foster, residential and kinship care (n = 4); foster and residential care (n = 7); foster and kinship care (n = 1); foster care and semiindependent (n = 1); residential care only (n = 1); and unspecified (n = 1). Gender 40% were female, 60% were male Number of previous placements The number of care placements ranged from 1 to 24. The mean average of placements for primary school children was 1.95, for secondary school children 2.92 and for the aged 16–27 group, 10.83. Age 22 aged 6 - 11 years, 17 aged 11 - 16 years, 26 aged 16 - 27 years Education 22 in primary school; 17 in secondary school; 26 who had completed compulsory education with mixed engagement in further education; 2 in higher education; all participants had attended mainstream school
Relevant themes	Theme 1 Children in the study did not delineate themselves as being different, and the label of 'looked-after' did not form a central aspect of their identity. They voiced aspirations for their future with enthusiasm and confidence, expressing career ambitions similar to those desired by non-LACYP, including the professional roles of vets, doctors, teachers and architects: "I think be a doctor and have a car. (Jessica,6 aged 9) I want to be an architect . . . because I like art and most of my family are builders. (Hulk, aged 12) I want to go to college. Once I've finished college I'll go to university to learn about geography. (Roxy, aged 12) I want to be a teacher. When I've finished university, I'm going to find a school and ask the headmistress if I can join. (Imogen, aged 11)" Theme 2 Children's desire to use education to create and maintain a family: despite a lack of overt acknowledgement of their identity of being in care, some children hinted at the importance of education and career for creating and maintaining a family, with emphasis on keeping everyone together: "I wouldn't mind making a lot of money, just in case I have a family so we're actually able to look after them and to keep them safe. (Bishop, aged 11)" Theme 3 Difference - In juxtaposition to the primary school-aged children, young people displayed an acute awareness of their status as being 'looked-after' and how this label invariably demarcated them as being different by both professionals and peers. Through the introduction of this difference a hierarchical schema of identities inevitably took hold, with the LACYP subject position being imbued with negative connotations that were often synonymous with the notions of 'troubled', 'scroungers' and 'of concern'. Even where participants expressed hope and optimism for their future, they remained aware of the identity that society had inscribed for them, and were continually struggling with the assumption that they were failures and problems in the making. The majority of young people expressed frustration at being viewed and understood through the lens of being 'looked-after' (see also Hallett, 2015). Thus, they were keen to reject this notion of difference, which was grounded in the restrictive and homogenised marker of LACYP, whilst simultaneously being invested in defining themselves as unique and complex characters: "We don't want people to be 'looked-after', you want to be a normal kid too you know because it's only one, its only label of you. (Female participant, focus group7) I hate people feeling pity for me. I'm just a normal child, like . . . I'm in foster care, it doesn't mean you're just like some pity child. (Male participant, focus group)" Theme 4

	Incidents of exposure and demarcation - Inscription of such indices of difference also manifested within the school context, with the label 'looked-after' assuming a prominent role in their educational experiences. Young people described incidents of attending local authority care (LAC) reviews and meetings with social workers conducted at school, in rooms where they were visible to passing peers. On occasion, social workers would call them out of class to attend meetings, or support workers would sit with them during lessons. These events were seen as exposing their personal lives, whilst making their differences from other students visible: "I don't know bad bit was like the LAC reviews and whatever because the teachers kind of knew that you were in care and whatever and that, they all were, people would be like, 'oh why are you going with Miss So-and-so? (Nadine, aged 21) I just didn't want it, I was like I don't need that, it's singling me out and its making me seem special when I'm not, I'm a normal person. (Female participant, focus group) Any meetings, if they are necessary, should be held outside of school time, not just at a time that is convenient for the professionals. (Female participant, focus group)" Theme 5 Harmfulness of meetings in school time: Meetings in school time were not only detrimental in terms of being seen as different, they also impacted on LACYP's emotional health and the routines of the school day. Many of the participants missed out on education because of these meetings and reviews, which made them fall behind with work and disrupted their school days. Being removed from lessons also created stress and anxiety, as meetings were often emotive and returning to the class meant facing questions from peers about the nature of the absence. Consequently, a meeting of 45 minutes might lead to disruptions in the days leading up to the review and those following the meeting. Hence, through these routine practices and performances, the differences attributed to LACYP become reified and even amplified. Theme 6 Children's views on school - Whilst young people became increasingly aware of their construction of being different, they also considered how such entrenched notions of difference led to their positioning outside dominant discourses of success within schools. Such sentiments were not evident amongst the primary school-aged children, whose assessment of school was descriptive and evaluative. They spoke of friends and school staff, with each identifying teachers who were nice to class, and those who were mean to everyone. Some students spoke of school as an enjoyable experience, such as Caitlin (aged 10) who claimed it was 'great, super, supercalifragilisticexpialidocious'. Meanwhile Musa (aged 8) maintained that it was 'Work, work and work. School is a bit boring'. Theme 7 Young people's experience of low expectations during secondary school - In contrast, young people reflected at length on their educational experiences, and how this was informed by their positioning outside discourses of academic attainment due to their looked-after status. Some participants did provide best-practice case examples, where teachers had supported and encouraged their aspirations, but most documented professionals' low expectations for their achievement and career trajectories (Jackson & Sachdev, 2001; Fletcher-Campbell & Archer, 2003; Berridge, 2012): "Various foster carers and people to do with the care system were like 'oh people in care don't go to into higher education'. I wish social services would focus less on that because a lot of them have social work degrees so who are they to be telling anyone else that they're not worthy of university? It's like they don't believe that children in care will do anything. And so if they don't believe it, then how is anyone going to believe it about themselves? (Female participant, focus group) I remember telling the head of sixth form that I wanted to be a teacher and whatever, and she said you should look at college courses and stuff, and I was just like no I want to go to university. (Female participant, focus group) Some teachers were like openly against us, you know, they were like 'oh there's no point in trying with them' sort of thing. (Female participant, focus group)" Theme 8 Professionals assumptions that being looked after was linked to lower intellectual capabilities - Participants perceived these expectations to be grounded in professionals' assumptions that being looked after was linked to lower intellectual capabilities, combined with an awareness of the intimate and complex aspects of their home life. Young people felt that the dominant response to such knowledge and assumptions was pity and (sometimes false) sympathy. This informed their exceptional treatment, where they were routinely afforded numerous allowances, negating them being academically challenged, due to already being exposed to such complex and difficult life circumstances: "As soon as I went into care, then went back to school and my teachers majority of them treated me completely different, because I was in care they moved me down sets, they put me in special help, they gave me – put me in support groups. And I was just like I don't need all this shit, I've only moved house, that's it I was like yeah I might be in care but the only difference to me is I've moved house, that's it . . . they looked at all my papers and where I was in my levels and that and they was like you're more than capable of being in top set but we don't think you're going to be able to cope. (Female participant, focus group) If we was a child that wasn't in care we'd be made to sit there and get on with our work or something, like if we wasn't having family problems if we were just in a mood. Then some children that are in care could go into school and just go, 'I ain't doing this today', and then they'd just be left to the side because they think it's just family problems, but it might not be, it might just be them being a normal child. (Female participant, focus group)"

	Theme 9 The need to be "pushed" academically - Solutions for schools' policies and practice were proffered. Participants acknowledged that they required additional support on occasion, and described the importance of being listened to or having someone understand their sometimes resistant or disruptive behaviours. However, they predominantly felt that the most constructive approach was for schools to draw LACYP into the prevailing discourses of academic success by encouraging them to participate in lessons or schooling, and push them academically: "It's about motivation. All you need is a good kick up the arse. And I think if somebody had given that to me when I was 16 or 17, I would probably have been like 'right, that's it I want to, I'm going to do something with my life. (Male participant, focus group)" **Theme 10** Additivonal support developed in consultation with the individual - Whilst many thought it important that schools offer additional support, they felt it should be developed in consultation with the individual, so that presumptions about their needs and experiences are not made. **Theme 11** Participants also indicated the need to offer universally available resources, such as a designated person or safe room, to all students in order to avoid the label of 'looked-after' being interpreted as an indicator that an individual is of concern or problematic. **Theme 12** lack of belief in self - Despite Nadine's apparent determination and resilience to the responses of others, her positioning outside academic success was emotionally difficult and could undermine her belief in her own educational abilities: "When I'd come home crying because my teacher said I'm not going to be able to do it (my foster carer) used to say no you can, you can, she was really supportive . . . I was part of the Looked-After Care Council and we went to a conference thing and they were saying about students in care like not achieving what they should and whatever, and saying that only 1% like go to university and whatever. And my foster carer . . . she was like, 'you're going to be that 1%'. And I don't know it kind of just put a little bit of more belief in me and it just made me want to do it that little bit more. (Nadine)" **Theme 13** Support and belief of other salient adults to resist the positioning of educational failure - Nadine centralises the importance of her own agency, her relationship with her foster carer and her involvement with the Looked-After Care Council, which combined to enable a rejection of the educational stigma associated with being 'looked-after'. Despite evidence of young people's capacity to circumvent the subject position of academic failure, it is important to consider the social and cultural capital afforded to Nadine, whilst acknowledging that not all LACYP have the same foundational base of support, experience or knowledge: "Without my foster carer I wouldn't be where I am today . . . her children went to university as well so she was, she was all for it whereas I know other foster carers maybe who had not had the same experiences as my foster carer so it is important definitely. (Nadine)" **Theme 14** Difficulty negotiating educational terrain without networks of support- although LACYP can actively resist academic failure, it is more difficult to successfully negotiate the educational terrain without these networks of support, as illustrated by Megan's account: "I'd always wanted to go. Just when college and school messed up like the first time, I kind of just thought that I'd wait until I was a mature student and figure out what I actually wanted to do. Like mainly because everyone always told me that I couldn't. So it was just a kind of thing of I wanted to go just because I could. (Megan)" **Theme 15** Seeking out an aspirational supportive institution - drawing on her own agency, Megan actively sought out an institution that communicates a commitment to, and belief in, care leavers in their online promotional materials: "That was one of the main reasons that I applied to [this] university is because they're one of the only universities that mentions anything about care leavers on their website. Like they've got a whole video about it and yeah I just kind of like emailed [support staff] before I came and she was just kind of really friendly and helpful and was just basically like if you ever need anything, just stop by. I emailed her as soon as I knew that I was coming here . . . she supported me the whole way through these two years. (Megan)"

<table>
<tr><td></td><td>Theme 16
Invisibility of available support for care leavers in university - whilst Megan demonstrates clear successes, she equally acknowledges the invisibility of much support and resources within higher education, which can inhibit LACYP transgression of the failing label "They need to like advertise it more, the support that is actually there, particularly the financial which they keep very well hidden. (Megan)"</td></tr>
<tr><td>Risk of Bias</td><td>
<table>
<tr><th>Section</th><th>Question</th><th>Answer</th></tr>
<tr><td>Aims of the research</td><td>Was there a clear statement of the aims of the research?</td><td>Yes</td></tr>
<tr><td>Appropriateness of methodology</td><td>Is a qualitative methodology appropriate?</td><td>Yes</td></tr>
<tr><td>Research Design</td><td>Was the research design appropriate to address the aims of the research?</td><td>Yes</td></tr>
<tr><td>Recruitment Strategy</td><td>Was the recruitment strategy appropriate to the aims of the research?</td><td>Yes
(However, As the primary and secondary participants were recruited via foster carers invited by The Fostering Network, the foster carers who brought their children were already voluntarily involved in an organisation that supports and trains foster carers. Consequently, the foster carers who responded were what might be termed ‘engaged foster carers’. This suggests potential bias within the sample, and that engagement with LACYP whose foster carers were not involved might have generated a more differentiated data set. No discussion around recruitment and why/if participants chose not to take part)</td></tr>
<tr><td>Data collection</td><td>Was the data collected in a way that addressed the research issue?</td><td>Yes
(Setting for data collection not justified, no discussion of saturation of data)</td></tr>
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	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes
	Findings	Is there a clear statement of findings?	Yes *(more than one analyst was used)*
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Low
		Directness	Directly applicable

Mantovani 2015

Study type	Unstructured interviews Subgroup of interest BAME mothers in care

Aim of study	The research addressed two questions: what are the experiences of teenage mothers of State care and how do young mothers experience State parenting?
Study location	UK
Study setting	Three London Local Authorities (LAs) selected for their geographical diversity, reported rates of teenage pregnancy and their high concentration of black minority groups.
Study methods	In-depth unstructured interviews. Informants were interviewed in their own homes and interviews were tape-recorded and transcribed verbatim. Data were analysed using a modified grounded theory approach. Transcripts were read a number of times to allow the identification of themes and categories to emerge. The provisional themes were subsequently examined against findings from other transcripts for further verification or rejection.
Population	Mothers in care or left care with black minority ethnicity
Study dates	between 2005 and 2007
Sources of funding	Not reported
Inclusion Criteria	Age age 16 to 19 years old Care Situation currently in care or left care Time in care in care for a minimum of 1 year Ethnicity rom black minority — Black African, Black British, Black Caribbean, Mixed-Heritage

	Parent a mother or currently pregnant
Exclusion criteria	None reported
Sample characteristics	Sample size 15 participants were interviewed Time in care in care for an average of 2 years (range 1–4 years). Two of the mothers entered care aged 14, five aged 15, six aged 16 and two aged 17. Type of care The range of State parenting arrangements included foster parent (n = 10), residential children's home (n = 2), residential temporary accommodation (n = 2) and one was temporarily placed with her boyfriend's family. Gender All female Number of previous placements 11 had experienced one placement and four had experienced multiple placements (foster care, children's home, and mother and baby unit). Age At the time of interview, three young mothers were aged 19; five were aged 18; five were aged 17; and two were aged 16. Ethnicity Of the 15 participants, two were British nationals and 13 were from the African continent (three from South West Africa, five from West Africa and five from East Africa). Of the 13, two had migrated at a young age with their families, and 11 were unaccompanied minors when they arrived in Britain. Of these 11, two were educational migrants and nine were asylum seekers.
Relevant themes	Theme 1 UAS experienced a bewildering and traumatic journey to UK and through the immigration and care system - The 11 unaccompanied minors mentioned political, economic, persecution and violence as key reasons for leaving their countries. Although informants were not asked to discuss such emotive issues, some chose to share their stories about being brought to safety to Britain and then abandoned. In search of settlement, they navigated through the immigration maze of solicitors, Home Office officials, Refugee Council agents, asylum-seeking support teams, and health and social care professionals. As a result of past and present stressors — a lost sense of being in charge of their lives and memories of disintegration following war — four informants received therapeutic sessions (psychiatrists or psychologists). Theme 2 Lack of continuity, multiple social workers, too many people - Overall, informants reported mixed experiences of corporate parenting: four recounted supportive care-giving practices (last section), three mixed experiences, and eight disclosed being parented at a distance and via the 'revolving doors' of multiple social workers with whom they had intermittent

	contacts with long gaps between each contact (see also Driscoll, 2011; Knight and others, 2006). They had different social workers coming in and out of their lives during their care experience, viewing the succession of strangers entering their lives as invasive. The unremitting scrutiny the young women felt under is clearly articulated by Cherie's account: "When I was in care I had a lot of social workers…and it was all new to me. And I just felt that having so many social workers coming and going all these people that know about you, which is really strange. (Cherie)" Frequent changes undermined the quality of care and services informants received, and impacted the consistency of care as informants could not access support when they needed it. This impacted the stability of the relationships with their care-givers, as informants lacked the security they needed to thrive. Twain's excerpt highlights problematic case management when she transitioned from one social worker to another. "The first social worker I had she really did support me very much. Then I got another one and that one she was horrible, she was totally different from the one we I had before. Then after that I got another one, and then I got another one. She was…you could tell her your problems, but you don't seem to get anywhere, but the first I had when I just had my baby I got good support from her eventually. (Twain)" Theme 3 Feeling of the absent corporate parent, lack of taking initiative - Intermittent and fragmented contacts with social workers were a common experience among the young women interviewed. Although the informants found it hard to establish contact with their corporate parent, this did not deter them from trying. This 'absent parent' figure generated a feeling of being unsupported and signalled a lack of interest in their welfare. This is encapsulated in Limber's description of how she felt as a result of her social worker's approach to care-giving: "I felt they were pushing me back. If, I don't call, she doesn't know how I am, she doesn't know how I feel, she doesn't know how my son is. She doesn't seem to care about us. It's like she has completely forgotten us. (Limber)" "Social workers should always listen to a social child, because when you don't encourage a young person… you leave her just to get pissed-off. From my own experience I wasn't having any encouragement from my social worker… All the time she is not there for me, I feel like: 'I'm nothing, there is no-one there for me'. It is frustrating because sometime you feel rejected there is no one. And without social services' help you just mess yourself up, again and again and again. (Namuly)" Theme 4 Longing for a personal relationship - The nature of these relationships was inconsistent, unstable and unreliable. What informants longed for was a personal relationship with their social worker, someone who invested care and time in them. Indeed, informants saw financial help as important, but knowing someone cared for their well-being was imperative. Raziya said: "You may be giving money, but when you talk to me I'll be fine. (Raziya)" Theme 5 Previous experiences of adversity while in care - Being in foster care is often a defining experience in the children's/young adults' lives, and foster care has a major role in community care services for children. Of the 10 fostered young women, six experienced some form of adversity whilst in foster care and four did not. The former experienced financial exploitation, material deprivation and opportunistic attempts to claim more money out of a newly discovered pregnancy, unattended emotional needs and abusive practices. Cherie and Shidah talked about the financial exploitation they experienced while in foster care. The former 'didn't get the money (she) was entitled to, like a personal allowance or coat allowance', while the latter's 'carer used to give (her) less money (she) was entitled to'. These practices 'could destroy a relationship' Shidah commented. "She wasn't good to me…she didn't do anything, really. I couldn't cope. She didn't give me money for bus fares, she didn't give me my pocket money. But the social services do pay her! For my bus fares I had to go to 'X' House to get the money, the amount of travel I did! She did disconnect everything…the gas and she gave me an electric heater. Then she disconnected the phone…disconnected everything! There was nothing in the house! And I was alone. (Raziya)" Pemba spoke of the foster family's attempt to claim more money from the social services once her pregnancy was discovered, and their denial to meet her needs as a result: "I was doing everything; I'm cooking for myself, washing for myself. And they say: 'Oh, we can't give this, we can't give this'. Because my pregnancy became something so big! They wanted more money they're saying I have a baby, but this baby is not born…nobody is looking after him. (Pemba)" Theme 6 Loneliness and isolation while in foster care: Twain and Isoke spoke of their sense of isolation and loneliness while in foster care. Isoke, for instance, felt excluded as a result of inadequate and inappropriate interpersonal and environmental interaction with the foster family, which displayed contempt because she was a 'looked after' black African expectant mother: "Emotionally she was terrible. Sometimes I will be in my room and she hasn't seen me for 2 days, and she won't even come to my room and ask if I've eaten. And she knows I'm pregnant… And her children they don't say 'hi' to people, they look down on you. (Isoke)" Another mother spoke of the overt racial abuse when her foster mothers accused her of living off State hand-outs: "Sometimes she would make these ridiculous comments: 'Oh god this government is funny giving you people money, you should be working'. Making comments like that! 'Using the taxpayers money and you…' She made me feel horrible, like making you feel guilty. You're not working, you're eating people's money free money. She really made me feel bad. (Shidah)"

	Theme 7 UAS and parents in care more vulnerable and more susceptible to abuse: The above extracts highlight the multiple disadvantages that the women in this study faced. The discrimination, hardships and poor living conditions they described underline the racial inequalities they experienced as uprooted individuals. The fact that many of them were seeking asylum made them particularly vulnerable to experiencing life as fragile, insecure and exposed to stereotypical remarks. Theme 8 Help from key social workers, for both general support and encouragement in education (relationships that go above and beyond) - Four informants identified key social workers who had provided support and encouragement in their education or more widely. In some cases, this relationship was perceived to reach beyond the boundaries of professional duty. Those who spoke positively of their corporate parents felt that they had provided practical assistance when needed. Social workers were seen as helpful when they sorted things out and made a difference, being enablers, advocates and negotiators: "She cooked for me, we would go out for the baby shopping. She helped me with my college, 'cos I couldn't go to college for some weeks… because of the pregnancy. She helped me to phone the college to let them know about it. We went there together before I was about to start back in college…. to get my course.. We went together to see,…we spoke to the course management and they said I should come back. She took the form for the child care, so I will have the child care for the baby, you know, there will be child care for the baby in that college. (Raziya)" Theme 9 Corporate parents who came across as friends - Informants responded better to corporate parents who came across to them as friends. Three informants referred to their social worker as 'my friend whom I contact even up to now' for advice or to talk, or as someone to go out 'shopping for food and clothes, and go to the restaurant together'. Having a trusted confidant in their social worker was important as this combined elements of sociability, emotional support and a secure base. The idea that details of what corporate parents do with young people count, emerged from the data: the daily routines, the talents they nurture, the interests they stimulate, make a difference. Having 'somebody there who cares' made Nakato 'feel good'. These little things may foster in a young person the vital sense of belonging, of mattering, of counting. Developing positive and stable relationships with their social workers is vital to promote good outcomes for young people in the care system (McLeod, 2010; McMurray and others, 2011). Theme 10 Success dependent on a positive relationship with the foster parents, and after leaving care - The narratives linked with life in a foster family showed that the foster mother's attentive practices promoted the respondents' positive identity. The type of relationship with the foster mother determined the bond between them and whether the informants felt that they could seek support and advice even after moving on to independent living: "I was like part of the family, up until now she's like to a mum to me. Whatever she had she gave it to me. She cares about my relationships and asks: 'Where are your friends? You can bring your friends here'. I'm happy because she introduced me to a very good life. Like, sometimes in the morning she comes to my room and asks: 'You're not coming down to have breakfast, what's wrong with you? Are you having something bad about your home?' She always wants to know. And then, she really teach me how to take care of the house, do some cooking, using washing machine…she showed me how to manage my money. (Namuly)" Being placed in a specialist mother and baby foster placement provided effective support to Namuly. Biehal and others (1995) have noted that this form of support can improve outcomes for young people in care such as maintaining their homes and developing life skills. Theme 11 Resiliency and self-reliance as a result of unsupportive relationships with the care-giver - Unsupportive relationships with their care-givers presented an occasion to exert their resilient identity — they had the qualities that affected their sense of personal agency, but also they invoked their religious identity which supported them when facing difficult times; when deciding about motherhood over abortion and/or adoption. "… anyway in a way she (foster carer) made me like…you have to go out there and study and get your qualifications and get your money. In a way…in a harsh way I've learned. (Shidah) The only friend I had was God…I was giving my life to God… to tell God to help me with the situation I was (pregnant). Because I was crying every day. (Abeo)" Theme 12 Self-worth being based on being seen as independent/with agency (importance of education) - It was vital for most informants to be seen as independent with some control over their lives as this added to their sense of self-worth. In the face of the many uncertainties that in varying degrees many of the informants experienced, they had all exerted their agency within the context of being women returning to education. They overcame the odds demonstrated by their choice to return to education after childbirth; except for two respondents, all

	had obtained or were in the process of gaining GCSEs or GNVQs, and many had plans for university education. Informants adjusted successfully to the negative life events underscored by their focus on educational achievement: "I had the 'Young Learner Award' in college, I was the best student in college. (Shidah) I was the best student in my class and got very high grades. (Limber)" These extracts show how important the question of self-worth was for these mothers, not only for themselves but for their children too. Self-worth was derived from both reaching a high level of education and having a professional occupation. Theme 13 Education as a path to secure, economically safe, and independent future: Continuing with education after pregnancy was important to mothers, who were 'determined to continue with education' — believing they could 'cope with both education and the baby'. Respondents viewed education as a durable investment that would be their entry to a secure, economically safe and independent future. Informants aspired to being recognised as moral self-reliant individuals: "I want to do something with my life…and I thought I could be capable of doing it (midwifery) and help people. I just want to go to school to get a good sound education so he could be proud of me. (Isoke) I decided to go to school and learn because that is the way to cope. When I came here I said: 'The best I can offer myself and my son is to go to school and learn something, so I can be good to myself. (Namuly)"
Risk of Bias	(see table below)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(No justification of study setting, unstructured interviews were used but unclear how the interview was conducted (explicitly); no discussion of data saturation)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Unclear that the researcher critically examined their own role, potential bias*

			and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes *(However, unclear if the researcher critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(No discussion of the credibility of findings in terms of triangulation, respondent validation, or the use of more than one analyst)*
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Partially applicable *(Data collection took place earlier than 2010)*

Medforth 2019

Bibliographic Reference	MEDFORTH Nicholas; et al; Hearty Lives (Liverpool): a case study-based evaluation of a project designed to promote healthy eating and lifestyles in looked after young people; Adoption and Fostering; 2019; vol. 43 (no. 1); 75-88

Study Characteristics

Intervention	**Hearty Lives Project (Liverpool) (N = 7)** Activities offered through the Hearty Lives (Liverpool) project Two-hundred-and-ten young people and carers participated in the activities and events provided during the three-year project. These included: • cook and taste courses for kinship groups, carers and staff in residential settings; • food growing workshops for families and carers; • one-to-one cooking workshops for young people and their foster carers; • sports sessions and gym activities; • walk leader and bike leader courses; • family fun days and taster sessions; • a 'love your heart' walk and other walking groups; • active ability and 'make a move' training and events and workshops at a local professional football club; • nutrition champions and 'train the trainer' courses to enable experienced carers to become champions of the project. The most popular activities, attracting 10 or more participants, included cook and taste courses, active ability and make a move training, the nutrition champions and food growing courses. Cycling Sundays and bike leader courses were less well attended.
Study type	Focus Groups Semi structured interviews RQ3 some broad views about healthy eating were also collected from a focus group of participants not involved in the project Evaluation of an intervention Hearty Lives (Liverpool) project
Aim of study	The evaluation of the Hearty Lives (Liverpool) project had the following aims: • to understand looked after young people's views and experiences surrounding food, including healthy eating and food in the context of social relationships; • to gain greater insight into carers' views and experiences surrounding food, in terms of both providing healthy eating opportunities for children and young people in their care and the challenges associated with doing this; • to explore how key stakeholders experienced the project's aim to increase their understanding of impact and outcomes in terms of changes to young people's diets, physical activity levels and well-being; • to inform potential future work and interventions to promote healthy eating and nutrition in looked after children and young people.

Study location	UK
Study setting	Liverpool
Study methods	A focus group involving young people from the Liverpool Children in Care Council was convened to establish a baseline understanding of the level of knowledge and healthy lifestyle challenges of looked after young people in Liverpool who had not been involved in the Hearty Lives project. Seven (three female and four male aged between 13 and 19) attended. Four face-to-face semi-structured interviews were conducted with the Hearty Lives (Liverpool) project manager, a Hearty Lives champion (who was also a foster carer), one foster carer (interviewed alone) who had been involved in project activities and a foster carer and the 15-year-old boy in her care (interviewed together). Face-to-face interviews were audio-recorded and responses were summarised. The participants had the opportunity to make any corrections they felt were necessary and confirmed accurate representation. Interpretation of the data involved a process of thematic analysis (no further details given).
Population	Hearty Lives (Liverpool) project manager, a Hearty Lives champion (who was also a foster carer), foster carers, young people in care
Study dates	the summer of 2016
Sources of funding	None reported
Inclusion Criteria	None reported
Exclusion criteria	None reported
Sample characteristics	Gender three female and four male Age

	aged between 13 and 19
Relevant themes	Theme 1 (focus group) Enjoyment of food and knowledge of a healthy diet - The participants expressed embedded concepts of keeping fit, exercise and eating a balanced diet and rated their knowledge of healthy eating between seven and one on a scale of one to 10, acknowledging that food was 'important' to them. They described enjoying cooking and preparing foods and trying out new recipes such as spaghetti bolognese, mac and cheese, chicken korma, Fanta chicken and Sunday roast. Theme 2 (focus group) Sources of information - Their ideas came from a range of sources: campaigns on television and social media ('everybody is talking about dieting, healthy foods such as smoothies and looking good') and magazine images and library books. Some had experienced theoretical and practical sessions on nutrition and cooking in school or when healthy lifestyles were part of a healthy eating week. One young man had developed an interest through undertaking a food hygiene course while in custody. This influenced his current eating and shopping habits and generated aspirations to become a chef. But most significantly, the young people stressed that a key influence on their eating and lifestyle was parenting and family. Theme 3 (focus group) Exercise - Most of the young people engaged in physical activities, such as trampolining at a local park, performance and dance at school or college. Theme 4 (focus group) Finance as a barrier to health activities - The focus group participants said they had limited finances to spend on healthy activities. They tended to get exercise by 'walking around town with friends' as 'City Bikes' are too expensive to hire (they would use them if they were accessible at an affordable cost). Things that made healthy eating and lifestyles difficult included the comparatively high cost of healthy foods compared to convenience alternatives and having to shop more often as weekly allowances mean budgeting constraints. They said that frozen fruit and vegetables did not taste as nice and healthy options in school and college were 'unimaginative' and 'unappetising'. Theme 5 (focus group) Willingness to learn more, especially through group activites - The young people demonstrated their enthusiasm to learn more. They said they would value activities that enable them to learn more about nutrition and healthy lifestyles, food preparation, trying out a wider range of appetising healthy recipes, exposure to a variety of exercise including adventure sports and outdoor activities, dance and performing arts, Zumba and fitness classes, and team games such as basketball, netball and volleyball. Free swimming and access to bikes would be especially popular. Theme 6 (project manager) Many professionals a barrier to hearty lives - need time to build the relationship - The project manager reflected that building rapport with children and young people can be challenging, particularly when they are likely to have many professionals in their lives and may not always find it easy to trust others. Taking time and providing opportunities to have fun and meet others before focusing on health and nutrition can be a helpful motivator. Theme 7 (project manager) Food to support autonomy - Food may represent power and control to looked after children and young people with a consequent impact on their behaviour. Theme 8 (project manager) Training gap for carers - Foster carers are passionate about providing the best possible support for the children and young people in their care, but face daily challenges as there is a gap in their training when it comes to nutrition and heathy lifestyles. Theme 9

	(project manager) Work pro-actively, especially in the first care placement - There is an important opportunity to work pro-actively with the first carer or residential placements that looked after children experience to promote healthy eating and a healthy lifestyle. Theme 10 Foster carer (1) had been involved in the first day of the ‘cook and taste’ course provided by the project. She had really enjoyed the experience. The foster carer had always tried to provide a ‘healthy plate’ for her family and was keen to introduce the young person to ingredients she had not even heard of before such as fresh tuna, sea bass, spinach and barley soup. They enjoyed the course and together followed up their shared interest at home. During the course, foster carers and young people participated in the preparation and cooking of meals, with the young people encouraged to take the lead. They kept hold of all of the recipes in a folder so that they were able to use them later on. Some of the most memorable recipes included familiar meals, but substituted healthier ingredients for those previously used, such as using sweet potato to make a healthy cottage pie and using cauliflower and broccoli to compliment curries instead of rice – a ‘big success’ and now a weekly favourite. The course also ‘Gave you food for thought when out shopping’ (taking a list and checking food labels). This has taught her to check salt and sugar content and not to assume that ‘dearest is always the best’. Theme 11 (foster carer) Helpfulness of learning practical skills for a foster carer - The foster carer recognised the value of focusing on practical skills, complementing other mandatory courses such as safeguarding and record-keeping. Change has been very positive as a result: the young person she looked after is now studying at university and has a parttime job in the food industry. Theme 12 (foster carer) Peer support for foster carers - What the foster carer valued most was meeting other foster carers, having the opportunity to talk and benefit from peer support and sharing experiences in confidence. Theme 13 (foster youth) increased confidence in activities - Local foster carer (2) and the 15-year-old young man in her care chose to share their experiences together. They became involved in Hearty Lives (Liverpool) when offered the opportunity to do some cooking and fitness training. The young man was particularly interested in football, baseball, swimming and a range of other activities on offer through the charity wing of the football club (Everton in the Community). He chose football skills training sessions which increased his confidence and led to him playing in a local team. Since being involved in the project, he has been inspired to join a kickboxing club nearer to home and he now takes a younger child placed with the same family to play football in a local Sunday league. Theme 14 The young man (15 year olf in foster care) attended a six-week cooking course at the project with his foster carer. The most memorable recipes for them were a meat-free curry, kedgeree using healthy alternatives to haddock and making garlic bread avoiding the use of butter. The young people and carers on the course were encouraged to be actively involved and there were different alternatives each week so that there was an opportunity for everyone to participate. Learning about portion size and what constitutes a ‘healthy plate’ encouraged them to cut down a lot at home and they now have a more balanced range of food groups such as vegetables, meat and potatoes and have reduced salt intake. Getting to sample food they had cooked was an important motivator, as was having a choice; for example, choosing a main meal and a pudding and then making a healthier version. The young man has lost over six kilograms in weight since attending the course and is enthusiastic about taking more exercise. He confirms that it has made him feel ‘good’ and he now has more self-confidence and is becoming generally more active. Theme 15 (foster youth perspective) Food as culture - As his family’s cultural heritage is African, food is not just important from a nutritional perspective. He is visited once a month by his aunt and together they enjoy cooking traditional food from their own country. This enables him to maintain his cultural heritage and connect with his early upbringing. Theme 16

	The Hearty Lives (Liverpool) champion was a foster carer who wanted to learn more to complement her background and qualifications in sport, health and well-being education. She found the course to be 'one of the best I have done'. Positive elements for her included: • opportunity to share experiences and 'network' with other foster carers; • learning new things that she had not previously considered; • re-igniting her passion for health and well-being; • researching more herself; • thinking more holistically; • recognising that in addition to diet, a range of factors such as lifestyle, genetics, psychology and gender affects nutrition. Theme 17 Hearty lives champion - Food for building relationships - Becoming a foster carer made her more aware of the relationship between food and the experiences and behaviours of the young people in her care, for example, why a child was 'rummaging for food'. She feels that more should be done to raise awareness of how food can be central to building up trust with looked after children. Food may represent the only consistency they have as well as being a trigger for particular behaviours. She would recommend that awareness of these issues becomes part of mandatory training for foster carers: 'I feel that there is so much more that can and should be done.' Theme 18 Hearty lives champion - Food for contact with birth parents - She also feels strongly that children attending contact centres for supervised meetings with parents should have access to a kitchen where parents and children can be encouraged to prepare food together in a realistic setting instead of being treated to sweets or burgers. Theme 19 Hearty lives champion - Improved knowledge of nutritional recommendations - She says that she is now more aware of daily nutritional recommendations, has bought books and a blender/juicer machine and invested in a bigger fridge to house more fresh fruit and vegetables with frozen alternatives as a standby. Theme 20 Hearty lives champion - A holistic look at lifestyle - During the summer holidays, she and the children in her care joined a gym and took a more structured approach to exercise, incorporating bike rides and daily dog walks: "have just looked holistically at our lifestyle and made changes where I can. . . in the summer I bought a t-shirt and it said, 'Make things happen'. . . I honestly think Hearty Lives (Liverpool) makes things happen by looking more holistically at health."

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes

	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	No *(Unclear how participants were selected, or why those selected were the most appropriate to provide access to the type of knowledge sought by the study. "The authors acknowledge that the perspectives on the benefits of being involved in the Hearty Lives (Liverpool) project are limited to the views and experiences of two foster carers and one young person who had engaged in the activities offered despite the fact that over 200 people took part in the project. In addition, those involved in the evaluation were recruited by the project manager. Therefore the views expressed cannot be assumed to represent everyone who was a beneficiary, as those with negative experiences may no longer be in contact with the project or may have been less likely to volunteer to be interviewed.")*
	Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Setting not justified, no discussion of saturation of data. Methods for semi-structured interviews were not made explicit.)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Unclear that researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Unclear how thematic analysis was performed, if contradictory data was taken into account or whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(Findings were not displayed clearly but rather covered a focus group and then a series of case studies. Respondent validation was used, however there was not a clear discussion of the evidence both for and against the researcher's arguments)*

	Research value	How valuable is the research?	The research has some value *(Research has some generalisability issues)*
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Directly applicable

Muirhead 2017

Study Characteristics

Study type	Focus Groups RQ3
Aim of study	This qualitative study explored how the foster family environment influenced children's oral health. It also aimed to better understand foster carers' oral health knowledge, attitudes and experiences of managing foster children's oral health behaviours and oral health care.
Study location	UK
Study setting	Tower Hamlets, foster families
Study methods	An interpretative phenomenological analysis (IPA) study design was used. The foster carers took part in focus groups that were audio-recorded and transcribed verbatim. Data analysis followed a five-step IPA process, which included reading the transcripts, note taking, identifying emerging themes, connecting related themes and writing up the final themes. Iterative

	data gathering and analysis continued to reach thematic saturation. Data analysis followed a five-step IPA process using NVivo 10 software
Population	Foster carers
Study dates	March to May 2014
Sources of funding	not reported
Inclusion Criteria	Carer situation Registered Tower Hamlets foster carers, aged 21 years and older who provided full-time foster care to children aged zero to 18 years for a minimum of 1 year.
Exclusion criteria	None reported
Sample characteristics	Sample size 12 foster carers Gender 11 female, 1 male Age 4 aged 45 - 49 years: 6 aged 50 - 59 years; 2 aged 60 or older Ethnicity Asian: 6; Black african: 2; Black Caribbean: 4
Relevant themes	Theme 1 Foster children enter foster care in a vulnerable state - Foster children entered this supportive, nurturing and facilitative fostering family environment in a vulnerable state, which foster carers' recognized and vividly described. Carers recalled foster children who had suffered from general neglect and abuse, affecting their physical, social and emotional well-being when they first entered care. "I remember I had two children, they had no immune system, they were very young, they were ill every single day, coughs, vomit, everything. And I couldn't even give them an ice cream because they'd get a cough and they'd end up with a chest infection. But by the time they left after 18 months, I remember taking them to the seaside and they played. They didn't even get a cough or a cold. I thought that's because I've built up their immune system. (Focus group 3) I had a girl once, about three years ago. She was about eight and she was emotionally abused and neglected. She wouldn't talk, just quiet. I gave her a good clean-up. Her hair is very thick, and when I washed it. It's hard to comb. So I used the blow dryer and blow dry it out. (Focus group 3)"

	Theme 2 Poor oral health upon entering care - Foster carers also described children who had poor oral health when they first entered care. Dental caries was the most commonly experienced dental problem. Some children had no toothbrushing habits when they first arrived in the foster home, while others had never seen a dentist before. "Okay, well there is this one when she came to me, her teeth were really bad. They had stains, which I was thinking was a disease or something. When I took them to the dentist, the dentist said it's because she doesn't brush her teeth. (Focus group 1) No. I mean, the sibling group I've got at the moment, I think is the worst case that I've had. The eldest, he came to me, he turned six on his next birthday the following month. He had the most awful teeth, and it's the first time that he needed to have six extractions under anaesthetic. He had never been to a dentist. (Focus group 2)" Theme 3 Background of poor diet and no consistent meal patterns - Many foster children were used to having either no consistent meal patterns or diets composed of high sugar snacks, fizzy drinks and sweets before they came into care. Foster carers spoke about foster children who had had episodes of binge and emotional eating and night-time snacking. Some foster carers had teenage foster children who smoked and who had started smoking at an early age "Yeah, lollipops in their mouths all the time. The [birth] father used to bring them home, you know those big bags of lollipops? And sometimes, I feel bad about it but I used to hide them. When I used to put them in the boot, I said "oh, I must have left it at the contact visit" because they used to remember what the [birth] parents used to give them. So kids would say "my mum gave this and my mum gave that" and I had to say "look, your social worker, [Social Worker's Name] said you're not allowed that because they're not good for you. (Focus group 3) Before he came to me he started and then he stopped for about a year and a half when he came to me, and then when his sister joined him, he started again. They do smoke, brother and sister used to smoke but they moved the sister away. Now the brother is still with me. But his, I mean yesterday he told me he's going to quit. He's going to try to. I took him to my doctor and they referred him to a clinic, he didn't want to talk to the clinic. (Focus group 2)" Theme 4 Foster parents established daily toothbrushing routines for their foster children - Foster carers shared their experiences of establishing daily toothbrushing routines for their foster children. They closely monitored their children's toothbrushing regarded as just another part of keeping their children clean and washed. They saw this oral health caregiving role as an integral part of being foster carers "in loco parentis," looking after their children's physical, social and emotional well-being (research question 3). "But I make sure they brush their teeth twice a day. Morning and evening before they go to bed. They have to, every single day they have to. So yes and making sure those sugar things, even if they've been eating the whole day before they go to bed they have to brush their teeth, that's what I do. (Focus group 1) No, no. They don't wash their face. They don't really like to have a wash or anything. So I have to make sure they have their shower tonight and in the mornings. They should brush them at night really. That's the most important, nights. They still don't do it, so in the mornings I make sure before they leave the house the bathroom door is open and I watch them brush their teeth. (Focus group 3)" Theme 5 Different strategies to change foster children's unhealthy eating patterns - They recalled using different strategies to change foster children's unhealthy eating patterns. These included cooking meals, bargaining and incorporating ethnic foods from foster children's cultural background into the family meals. Foster carers were often hypervigilant about monitoring their children's diets and toothbrushing routines. They purposely restricted foster children's sugar intakes, replacing sugary snacks and junk foods with freshly prepared meals or fruits. "Every day I get up I explain to her and she had a lot of sweet things and I cut down on buying her sweet stuff. I tell her she need to. (Focus group 2) I've tried to cook in a different way, sometimes they will eat some other things but they don't like vegetables. I will buy fruits; they will just be looking at it. So I cut them up. (Focus group 1)" Theme 6 Overseeing foster children's dental visits - Another aspect of their caregiving role was overseeing their foster children's dental visits (research question 3). Foster carers routinely took their children to see either their own dentist or their foster child's own dentist. They had had no consent problems. Dentists were the main source of oral health information rather than social workers or other health professionals. "I make sure that I take them to the dentist every six months or you know if there is a problem, which I have never had, after a few months but I make sure they brush their teeth twice a day. (Focus group 1)" Theme 7

	Theme 2: foster carers' own knowledge, attitudes and dental experiences influencing the management of foster children's oral health - Foster carers had positive oral health attitudes, and they were quite knowledgeable about the causes and consequences of poor oral health (research question 2). They attributed dental caries to high sugar diets and inadequate toothbrushing. They had acquired this knowledge from their own negative and positive dental care experiences. They had also gained knowledge from caring for their own birth children, and they tried to adopt similar strategies with their foster children. "When I had my [own] kids they were always at the dentist, I used to take all five of them straight to the dentist altogether at once, so they have perfect teeth I must say, my children have; and for myself. I go to the dentist as well, funnily enough, I am going there later on because I was eating something and I broke my tooth. (Focus group 1)" Theme 8 Theme 3: tensions between dentists and foster carers adopting an oral health caregiving role - Despite their good oral health knowledge, foster carers still had questions, particularly about accessing dental services and preventing dental caries. Some of their questions and uncertainties stemmed from their actual contact with dentists. They had received some inconsistent messages from dentists making it more difficult for them to give oral health advice, particularly about added sugars in teenage diets. This tension was also evident when it came to taking younger children for their first dental visit. Foster carers described being frustrated with dentists who refused to see younger children, conflicting with statutory guidance. "You go to the dentist and then they're eating lots of sweets, they're not brushing their teeth, the dentist is saying to them "oh your teeth are lovely." The dentist needs to say although you're fine now, if you don't brush your teeth this and this. (Focus group 3) Yeah, I took both children, one was four, one-three. And he took the four-one and he said to me she's too young. I said can you just look at her teeth anyway? She was three. Yeah, he said to me she's too young. I said to him can you just look at her and she wouldn't open her mouth. He said to me this is the problem with younger ones, you know? They don't want to open their mouth and they're too young to understand. I wasn't really happy about that. They should find a way. (Focus group 3)" Theme 9 Theme 4: tensions between teenage foster children and foster carers adopting an oral health caregiving role - Not only did foster carers describe tensions with dentists, they also spoke about the tensions with their own teenage foster children while adopting their oral health caregiving role. Teenage foster children sometimes questioned their parental authority when they tried to help them to quit smoking or stop eating unhealthy foods brought into the home. "Yes when we talk about it she said no, her parents told her to stop it, she said 'nobody can stop me'. It's her life so we are still talking early days. (Focus group 1) They smoke outside. We told them not to smoke. But it's not many. I think it was one girl I had who smoked."[She was) 15. She respected my home, so I respected her and I explained to her how dangerous it was. No, I tried but they wouldn't listen. They do not listen to you, do they?" "Who are you? You're not my mum. Telling me what to do", something like that. (Focus group 3)"
Risk of Bias	(see table below)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes

	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(However, no discussion regarding why/if participants chose not to take part)*
	Data collection	Was the data collected in a way that addressed the research issue?	Yes
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes *(However there was no discussion regarding the choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes *(However, unclear if contradictory data was taken into account)*
	Findings	Is there a clear statement of findings?	Yes
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Low
		Directness	Directly applicable

Ni 2015

Study type	Subgroup of interest Unaccompanied asylum seekers
Aim of study	to examine the extent to which Culturally ‘matched’ placements provide continuity in relation to cultural identity for separated young people
Study location	Two studies, one from England, one from Dublin Ireland
Study setting	four Local Authorities in England/unclear setting for the irish study
Study methods	Three focus groups were held with 19 young people (two male groups and one female group) who had previously lived in foster placements, four social worker focus groups; and four interviews with children’s asylum team managers. All young people were offered an interpreter. Only one young person chose this option; the remaining interviews were conducted in English. Interviews and focus groups were digitally recorded, transcribed and analysed thematically using the software package MAXQDA.
Population	Unaccompanied asylum seekers
Study dates	between 2009 and 2011
Sources of funding	The Irish study was funded by Barnardos, Dublin and the Health Service Executive. The English study was funded by Big Lottery.
Inclusion Criteria	Care Situation Unaccompanied asylum seekers
Exclusion criteria	None reported

Sample characteristics	Sample size 23 foster carers, 19 young people in their care, four social worker focus groups, four interviews with children's asylum team managers Time in care n England between 10 months and five years Unaccompanied asylum seekers Four young people had refugee status and the others had 'Discretionary Leave to Remain' (temporary leave to remain usually until the age of 18). ung people who were placed in a range of contexts; from placements with foster carers from the same country of origin and religion to those with white British or Irish foster carers or British or Irish carers from other minority ethnic backgrounds who were also of a different religion to the young person. There were also cases where young people were placed with foster carers of the same religion but a different country of origin and vice versa. In addition, there were placements where one partner in a fostering couple was from the same country of origin but the other partner was not. Coincidentally in both Study A and Study B, four young people were from the same country of origin as one or both foster carers. However, in both studies, even when young people were from the same country of origin as their carers, they were often not from the same ethnic group or religion. Gender The focus group participants comprised of a mixture of males and females Age 13–18 years old Ethnicity The young people originated from seven countries (14 interviewees and 12 focus group participants were Afghan).
Relevant themes	Theme 1 A great deal of importance attached to their culture - In both studies, it was evident that young people attached great importance to their culture. When speaking about foster placements, they referred to culture as a significant aspect. They observed that culture could provide a sense of continuity in a context where, as Summerfield (1998: 16) has stated, they were experiencing a 'rupture in the narrative threads running through their lives'. Young people spoke of how moving from their countries of origin meant considerable change including loss of family, friends, food, familiar smells, clothing and climate. Thus, it was deemed beneficial to have some similarities available. As one young person in study B stated: "We have different culture when we come here. It's really difficult to adapt with the new culture … So … if we are treated maybe in a kind of way that it's similar to our culture because the way we are living in our culture and the way we face things here are different …" Theme 2 Continuity (in a variety of forms) was valued - Participants valued placements where this sense of continuity was facilitated, at least to some extent. In some instances continuity was made possible by carers who were from the same cultural background as young people. However, in other instances, carers of a different background made concerted efforts to meet young people's cultural needs. Both situations were valued by young people. Theme 3 Cultural continuity came in many forms - Cultural continuity came in many forms. Different young people highlighted different aspects of culture as being important. Some emphasised food or language, others talked about religion or values, amongst other aspects. One Nigerian young person in Study A spoke about his experience of living with a Nigerian carer: "I think it was all right because she [my foster carer], she's Nigerian and I'm Nigerian as well … we kind of have the same values and norms so."

	Theme 4 Cross-cultural placements could work very well - in both studies, those living with carers of a different cultural background expressed satisfaction with this arrangement, reflecting findings from Chase et al. (2008: 69) that most young people who participated in their study had 'very positive experiences of cross-cultural placements'. They felt it was not necessary to be with a family of their own nationality in order for their cultural needs to be met. Similarly, social workers in both studies observed that cross-cultural placements could work very well when carers were open to diversity and willing to facilitate the development of a young person's cultural identity. Repeatedly, young people made reference to the fact that what was most important was the personality of the carer. In particular, young people wanted carers who respected their cultural background: "It doesn't matter to me. … For me, actually, I can live with anybody. I can live with any culture. … The only thing about it is, like, … once they respect me for my own belief and whatever I do. … So, the only thing is if actually I can get on with the person and they can get on with me and, like, they respect me for what, respect what I believe or whatever. (Young person, Study B)" Theme 5 Variety attempts to make cross-cultural efforts - In both studies it was evident that cross-cultural carers responded to the cultural needs of the young people to different degrees. Some paid little or no attention to culture whereas others placed particular emphasis on it. In cases where little or no attention was paid, carers sometimes believed that the young person was disinterested and culture was not of particular importance. The carers believed young people had adjusted to their new society and, hence, cultural practices linked to their country of origin were not of much significance. In one case, in Study B, the carer described the young person being 'really integrated into the Irish way of life before he came [to live with me]' and stated that 'culture wasn't a big issue'. In contrast, while the young person appeared very happy in his placement, when asked about his culture he expressed a desire to learn more about it: "YP: Yes. I would love to learn a wee [little] bit more about Nigeria. Like, I only know a few things – that's about it. Yes. I: So you would like to have the opportunity to learn. YP: Just a wee bit. Yes." In general, though, most young people felt that carers attempted to help them hold onto their cultures in different ways. They appreciated this. For example, one young person in Study B stated: "What I like from my last foster mother, she always asked me what kind of food I eat, what kind of music I like, so, and she sometimes takes me to a place where, where there is a cultural programme [from my country], she would take me there, so because … I always miss something about my own culture … so she used to do that and I really liked that about them." Theme 6 Independence and self-reliance (ultimately) in remaining connected to cultural roots - Yet, while it was acknowledged that carers and social workers could play an important role in facilitating cultural continuity and helping promote cultural identity, some young people felt that it was up to themselves to maintain a connection to their cultural 'roots'. One young person in Study B stated: "I think they can help to a certain extent or because it's really up to you I think. Your culture is in you, its you and where you go, like where I go I keep it to myself that you know what this is who I am, this is where I come from, and you know this is me. … They can help you by like you know um like, um I don't know, getting you to join things like I don't know, like do things that involve your cultural stuff or something. … They can do that but at the end of the day it's really up to you, it's up to you how you want to keep your culture yeah." Theme 7 Language a challenge in many cases - For many young people, communication was challenging at the beginning, especially if English was not their first language. While in Ireland young people usually lived in residential care upon arrival and were linked with specialist English language support, in England most young people went straight to foster placements. This often meant that challenges in adjusting to foster care were compounded by communication difficulties as explained by this young person in Study A: "It was hard, because if you can't speak someone's language and you're, like, you're like blind, you know? Like, you can't talk their language. You don't know what they're saying. And I remember always talked to me and I didn't understand what she say, but I'd be saying, 'Okay, okay', like that [laughter]. I didn't know what she say, good or bad or, I don't know, but I know she don't say a bad word to me. She's a nice lady." Theme 8 Young people appreciated carers who made an effort to adapt to the language communication challenge - young people recognised foster carers' efforts to adapt in order to communicate with them. One young person in Study A recalled how he was welcomed to the foster family: "At first they was really welcoming, 'cause they had, Louise,[3] she's 13 now and she [had] drawn a welcome in Albanian … [laughs] … in, on a piece of paper. It was really good. It felt, I felt really, you know, welcomed." Other young people spoke about carers who used dictionaries, the internet, interpreters and local networks to communicate, and carers who helped them with their English or organised English teachers for them. In

	Study B, one participant stated: "Well everybody was new to me and um I had no English and I remember Kate and Frank trying to tell me something but I couldn't understand. It was really good like they helped me a lot for my English so I owe them one [laughs]. So that's how I learned English so they used to help me, talk to me every day." Theme 9 Importance of native language - While some young people considered their native language to be of great importance, this was not always the case. Many young people highlighted the benefit of being in an English speaking household where English could be learnt more quickly. "I don't like to speak it, Tigrinya. It's not helpful for jobs. … That's why I like to speak English. (Young person, Study A)" In contrast, some young people in cross-cultural placements craved opportunities to speak their native language. A participant in Study B, living with an Irish family, stated: "I'd love to meet people like who could speak my language really like that. 'Cause like, 'cause like I don't know like, its different like from English, like when you speak your own language you could say certain things like you know funny things that you can't say in English like you know. … You can say silly things and like all that but in English when you are trying to say something silly you have to think of how you put it like you can't just say anything yeah if you are used to the language then you can say anything so." Theme 10 Benefits of matching by language for continuity - When young people were placed with carers of the same nationality who spoke the same language, they highlighted benefits in terms of language continuity. For one young person in Study B, the common language meant she could trust her carer to a greater extent as communication was more open and transparent than it would be if the languages were different. This is a particularly salient point given the challenges that separated children often have in developing trusting relationships (Ní Raghallaigh, 2013b): "YP: We speak the same language [laughs] I: Ok … and is that important? YP: Yeah, um, sometimes she might be saying some stuff and then if I don't understand her I just feel like she might be talking about me … let's say I go to someone's house and they're like Indian or something and they're speaking another language and then … you would feel like an outsider or something." Continuity of language also meant they did not forget their native language. Indeed, in Study B, several young people who had lived in residential care or in placements with Irish families said they were no longer able to speak their native languages. Theme 11 Non-lingual forms of communication differences - Communication went beyond language, however. Participants also spoke about the need for carers to understand diverse ways of communicating in their interactions with the young people. McWilliams (2012) suggests that some cultures emphasise direct and authoritative communication while others emphasise a more indirect and hesitant style. In both studies, participants talked about cultural differences as regards eye contact. For example a young person in Study A spoke about an interaction with his foster carer. The foster carer had asked: "'When you're talking to me, why are you not like just exactly looking in my eyes? You should be looking.' I said, like, '… I don't know, just I'm not really comfortable with it. … And just stick my eyes into yours, you know, it's just like it doesn't happen that way." A young person in Study B talked about the need for carers to understand difference and gave an example of how communication or behaviour can be deemed 'rude' or not in different cultural contexts: "Like, when I came new, … to give me something, I didn't even say 'thank you'; I didn't even say 'please'. … You know? Because I'm not used to it. … So, they can have the misunderstanding. Maybe they might think you are rude or something like that, but you are not." Theme 12 Importance of food and culture - In both Studies A and B young people indicated that food was very important in creating a sense of welcome within foster placements. For example, a young person in Study B compared two crosscultural foster placements and the attitude of his carers towards his food. In one placement, his carers encouraged him to cook and they tried food that he made, leading him to 'feel really relaxed and stuff'. In contrast, in the other placement, the carers often complained about the smell of the food, leading the young person to 'feel not really welcome to the house'. Theme 13 Food and autonomy - Choice and control are also significant, whether in choosing food from countries of origin or new kinds of 'comfort' food and can indicate the extent to which young people feel a sense of belonging and inclusion in the household (Sirriyeh, 2013a). In both studies, there were examples of many successful food experiences in crosscultural placements. Many carers made concerted efforts to provide food the young people liked and encouraged them to become involved in food choices and preparation. Theme 14

<table>
<tr><td></td><td>Food for "settling in" - In both studies, food was often a first refuge for young people at a time of uncertainty and transition (Kohli et al., 2010). Providing young people with a familiar environment enabled them to feel safe and secure and created a stable base from which to deal with transitions into aspects of life in England or Ireland which may be less familiar. For example, when asked what helped him to settle in his foster placement, one young person in Study B stated the following: "I think it was like um, like, eat the same food that we eat in Nigeria. That was very nice. It made me think back about Nigeria."

Theme 15
Advantages of matched placements for food - Those young people living with foster carers from the same countries of origin or neighbouring countries with some cultural similarities described the advantage of having some shared cultural knowledge and, in particular, focused on food. As a young person in Study A explained: "think ’cause we’ve got the same cultural background it made it easier, and probably like have the same kind of food and stuff, you know, yeah, and. There’s nothing really major, there’s nothing like making it hard really, everything is easy."

Theme 16
Overcoming cultural cross-over for food - In cross-cultural placements communication difficulties early on in placements sometimes created challenges in negotiating food arrangements, but various methods were used to overcome these. Carers encouraged young people to cook with them. Young people were often included in family food shopping trips and were asked to choose food they liked. This also helped to clarify anxieties and answer questions, as a young person in Study A illustrated: "The first time I eat just I eat take out bread. She [foster carer] ask me what you like? … She ask me why you not eating? I say no Halal. She don’t know Halal. … After I didn’t know if she could do Halal shop. … She took me to [shops] and she buying food from here. She took me to see. … I could see she is buying Halal. Everytime I go with her shopping. (Young person, Study A)"

Theme 17
Importance of cultural sensitivity for religious practices - In Study A, in which there were larger numbers of Muslim young people, the holy month of Ramadan was raised as a point of adjustment for foster carers attempting to provide support for young people while they were fasting. During Ramadan those young people who were fasting needed to eat early in the morning which had an impact on family food routines. This was also evident in Study B, although there were fewer Muslim young people in this study. However, although foster carers mentioned that accommodating young people’s food needs during Ramadan could be challenging, most foster carers and young people overcame challenges involved. In both studies some foster carers and/or young people prepared food in advance for young people to heat up when required. In Study A some Afghan young people were placed together in foster care placements or nearby other Afghan young people. Some prepared and ate food together during Ramadan, enabling them to maintain communal aspects of their religious practices: "We can all cook … For all month … And our mum love it, she’s love it, yeah … And then, when I go to friend house, he – we’re talking, we’re cooking food, Afghan food always, like curry, rice and yeah, we just – I’m always going and every night I going to – not every night, but every Sunday, I’m going to my friend house and I stay there and we have, like six, seven friend talking to each other, then yeah, we’re cooking and eating. (Young person, Study A)"</td></tr>
<tr><td>Risk of Bias</td><td><table><tr><th>Section</th><th>Question</th><th>Answer</th></tr><tr><td>Aims of the research</td><td>Was there a clear statement of the aims of the research?</td><td>Yes</td></tr><tr><td>Appropriateness of methodology</td><td>Is a qualitative methodology appropriate?</td><td>Yes</td></tr></table></td></tr>
</table>

	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Researchers do not justify setting for data collection; researcher made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide); unclear if data saturation was considered)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Did the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes
	Findings	Is there a clear statement of findings?	Can't tell *(no clear discussion of credibility of findings (e.g. triangulation, respondent validation, more than one analyst))*
	Research value	How valuable is the research?	The research is valuable

	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Partially applicable *(Some data was derived from a study from the republic of Ireland, it is possible that some data were collected prior to 2010)*

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Study type	Semi structured interviews RQ3 Evaluation of an intervention a large urbanised local authority in Scotland, which had recently introduced SHR training for caregivers (but not all had received the training)
Aim of study	To explore how personal and institutional factors promote or limit caregivers promoting sexual health and relationships (SHR) among looked-after children (LAC). In so doing, develop existing research dominated by atheoretical accounts of the facilitators and barriers of SHR promotion in care settings.
Study location	UK
Study setting	Social services, residential children's homes and foster care. All caregivers were recruited from a large urbanised local authority in Scotland, which had recently introduced sexual health and relationships training for caregivers.
Study methods	Semi-structured interviews explored barriers/facilitators to sexual health and relationships (SHR) discussions, and how these shaped caregivers' experiences of discussing SHR with looked after children. Interviews lasted 45–60 min. Interviews were digitally recorded and transcribed verbatim. Fieldwork notes on body language, facial expressions and emotional responses to questions were added to transcripts to supplement textual meaning. Transcripts were then

	anonymised and entered into NVivo V.9. Thematic analysis was used to analyse the interview data generated. The coding frame was revised by CN to reflect caregivers' experiences of role ambiguity, conflict and overload.During the coding process it was agreed by the authors that data saturation was occurring, with similar descriptions and narratives being presented by participants.
Population	Caregivers in residential children's homes and foster care.
Study dates	From August to October 2011.
Sources of funding	UK Medical Research Council, the Scottish Government Chief Scientist Office, Edinburgh Napier University and Glasgow Caledonian University.
Inclusion Criteria	Carer situation All caregivers were recruited from a large urbanised local authority in Scotland, which had recently introduced SHR training for caregivers. In order to minimise service disruption, it was agreed with the local authority that sampling of social workers would be restricted to those based within one of the three geographically based teams providing care to LAC. Sampling of foster carers was restricted to foster carers supervised by social workers working within that team. Residential carers were not geographically recruited; however, in order to minimise disruption it was agreed that unit managers, rather than front-line residential care staff, would be approached.
Exclusion criteria	None reported
Sample characteristics	Sample size 22 caregivers Gender The caregivers recruited were predominantly female (n=19);
Relevant themes	Theme 1 Role ambiguity: Provision of sexual health policy and training reduces role ambiguity. Challenges perceived taboos about discussing sex. Institutional. Facilitated SHR discussions by providing guidance and training. Reduced role ambiguity by emphasising that caregivers could and should discuss SHR with LAC. 'We have policies that we follow now in terms of sexual health, and it's something that's been brought to the forefront, where it's no considered taboo' (Shona, social worker/relief residential carer). 'In this industry, social services, there's been a lot of taboo about discussing sexual health. It's a priority now and it's seen as part and parcel of anything. I think that's cos of the policy and training' (Mary, social worker). 'It frees it up. You feel that, aye, it's no this big thing that shouldnae [shouldn't] be talked about. Children need to learn. They need to know that and we need to stop making it this big thing that they need to thing out themselves' (Pat, foster carer).

Theme 2

Provision of sexual health policy and training reduces role ambiguity. A2. Emphasises corporate parenting responsibilities. Institutional. Facilitated SHR discussions by providing guidance and training. Reduced role ambiguity by clarifying expectations around caregiving role. 'We are corporate parents and we would do it with our own kids' (Joanne, residential carer). 'You would talk to your kids about it (sex). And that's what we do as corporate parents. We take on that role and responsibility' (Rachel, social worker). 'If we don't discuss it with a child, I think educate is too strict a term, but if we don't make them aware of it, then how are they gonnae (going to) know? (Shona, social worker/relief residential carer).

Theme 3

Provision of sexual health policy and training reduces role ambiguity. A3. What it means to be a 'good' corporate parent. Personal. Facilitated SHR by promoting personal involvement in professional task. Reduced role ambiguity as a result of policy focus reflecting personal beliefs about parenting. 'We have a corporate parenting responsibility to all our kids but the key word there is parenting. Any good parent would spend time with their children talking about what is appropriate, when it is appropriate and how they should find out more information. As a parent you are trying to encourage young people to discuss with you that they've got partners, that they are engaged in sexual relationships, that they have got a girlfriend or boyfriend or whatever it may be… It's about reassuring young people that I am asking the exact same questions I ask my own daughter or my own son. You aren't being treated any differently because you live in a unit' (Mark, residential carer).

Theme 4

Provision of sexual health policy and training reduces role ambiguity. A4. Policy reflects what usually happens within families. Personal. No perceived effect reported by caregivers for SHR discussions. No effect on caregiver role.'We don't shy away. If there was a sex scene in a movie or whatever, we quite often discuss it rather than say 'oh my goodness, we shouldn't be watching that, hide your eyes boys!' We just relax about it. It's not something that we try to pretend isn't there' (Alison, foster carer). 'The real conversations we have in here at tea times– and it always starts off with something silly. I had… was it a banana and custard yoghurt I had yesterday? And that started it off – one of them says: 'oh, that looks terrible' and this girl says 'but you can't determine whether you like it or not by looking at it. You've got to taste it'. 'No, I don't'. And this taste thing went on and on and it got into a discussion of peer pressure, didn't it? How it got there, I don't know. We just sit at the table through there and talk' (Ian, foster carer).

Theme 5

Provision of sexual health policy and training reduces role ambiguity. A5. Clarifies expectations of role. Institutional. Facilitated SHR discussions by providing guidance and training. Reduced role ambiguity by clarifying expectations around caregiving role. 'Jane [policy developer] came to the unit manager's meeting and was kind of promoting young people's sexual health, what was our responsibility and where did we see our responsibilities being. And the training was very informative. It was very informative and made us look at our own sexual health and relationships. It gave us the tools to go away and… have these discussions wi' (with) young people' (Patricia, residential carer). 'We've never had any form of policy or training towards sexual health. It's something that as a manager I can say to them 'you've been given the information, you've been given the tools to deal with that situation, you have to put it into practice now' (Mark, residential carer). 'The training was mainly sharing stories about sexual health. You know, would you get a young person the morning after pill and what is age appropriate for that? I think we've progressed. A few years ago I was on holiday with a young person and I took her for the morning after pill and I had my bum booted… 'You shouldn't have done that. It wasn't your decision to take. Fortunately we've moved on as a department'' (Joanne, residential carer).

Theme 6

Lack of guidance contributes to role ambiguity. A6. Lack of clear guidance on recording/reporting procedures. Institutional. Perceived barrier to LAC approaching caregivers for help and advice. Contributed to role ambiguity by creating confusion about how best to confidentially record SHR discussions. Recording it is very difficult. We have general comms [communication] books which are for everybody's viewing, which is not appropriate, and we have individual logs which aren't appropriate either because the kid is maybe keen to keep something in confidence but then it is written down. It is a grey area' (Mark, residential carer). 'I had a LAC review where there young person, there was issues in terms of she was menstruating and leaving dirty sanitary towels and pants, like planting them places and hiding them. So I had written the report and I made a comment about some hygiene issues and said to my manager beforehand. There was a reason I had made it really vague as I didn't want to embarrass her. Unfortunately the foster carer decided to start talking about it and the girl burst into tears… and what I suppose I'm trying to highlight is that we need to be sensitive to the young person (Agnes, social worker).

Theme 7

	Role conflict. Balancing competing demands of child protection and preventative SHR work. B1. Monitoring sexual behaviour acts as a barrier to undertaking SHR discussions. Institutional. Barrier to preventative SHR discussions being undertaken due to focus on risk management. Contributed to role conflict. 'Safety is paramount' (Jane, residential carer). 'I was no longer a caregiver – I was a security guard. Keeping young ones out of other one's rooms that weren't supposed to be there, hauling other ones in windows that were trying to get out in the middle of the night, keeping ones out that didn't belong to the unit. We had fifteen year olds that we were hauling out of one room into another and saying 'No. You're not on'' (Karen, foster carer/former residential carer). Theme 8 Balancing competing demands of child protection and preventative SHR work. B2. Undertaking SHR discussions in response to risk rather than preventatively. Institutional. Barrier to preventative SHR discussions being undertaken due to focus on risk management, and facilitated SHR discussions in response to risk-taking by LAC. Contributed to role conflict. There wouldn't always be a major, in-depth discussion if there weren't any major issues… but if a child is sexually active and they're underage, and… running away, having sex wi' men they don't know, coming back the next morning covered in mud, drinking… it would be very high on the agenda' (Agnes, social worker). 'He'd put on his profile something like 'I'm in care and I'm a gay boy and I'm looking for…' One of the older girls had seen his profile and asked him right out in front of us 'why have you got that one your profile'. He was mortified. But that gave us the opportunity to sit down and tell him the reasons why he should have things like that on there. And even if you are gay, it's not the way you would word it, and it was actually our 16 year old who said 'cos you don't know who is sitting looking at that profile and thinking oh he's game'' (Joanne, residential carer). Theme 9 Balancing competing demands of child protection and preventative SHR work. B3. Strategies to manage the sexual health of LAC: monitoring relationships. Institutional. Facilitated SHR discussions about appropriate and positive relationships. Reduced role conflict. 'We have a young female (16) who is pregnant and her boyfriend (23) lives locally. He had been over for dinner and he has been involved in the unit and staff have met him and we are clear what our role is. It was quite clear to us that the best way for us to deal with it was to be part of the relationship. I was quite clear that in my role of safeguarding this young girl we had to get to know this young male and find out if there was any ulterior motive or if there was any reasons why he was interested in her, other than you know, a love for each other. So we engaged with him… We have been to his house on a couple of occasions, and we have met with his mum as well. (Mark, residential carer). 'You are trying to encourage the young people to discuss with you that they've got partners and to bring them in so that we know them as a face round the unit. They're not allowed in bedrooms obviously, but they're allowed in the living area with the door open. And I would definitely encourage that unless I thought it was a negative influence' (Joanne, residential carer). Theme 10 Balancing competing demands of child protection and preventative SHR work. B4. Strategies to manage the sexual health of LAC: monitoring phone and computer usage. Institutional. Facilitated SHR discussions about internet safety and sexual exploitation. Reduced role conflict. 'I'm no' that good at it, but we went into his facebook and realised the chats he's been having so we've started to speak about safety issues, you know, telling him that this person could be roond (round) the corner fae (from) you. It's a web cam' (Claire, residential carer). 'There was inappropriate material found on her phone, and in the past she's had images sent to her from people that in my opinion are grooming her, but she doesn't accept that she's at risk… So now we've got monitoring sheets. We monitor every shift what kids are doing on the computer and sometimes we think it's a wee bit of an overkill and obviously our internet is kind of sitting in the living room, very open, but we keep a very very close eye… especially when you think they are at risk' (Joanne, residential carer). Theme 11 Balancing competing demands of child protection and preventative SHR work. B5. Strategies to manage the sexual health of LAC: risk assessing outings. Institutional. Barrier to preventative SHR discussions being undertaken due to focus on risk management. Reduced role conflict. 'Last summer we stopped taking him to the play park… because he goes to younger children and he wants to pat them and cuddle them. I don't know if he is sexually aware… but he is almost compelled to do it… and he will sneak about to try and get to a wee one to give them a wee pat. So how do you deal with that? We stop taking him' (Pat, foster carer). 'If you've got child protection issues where you've got a young person who's maybe been sexually abused, and then sexually abused younger people, then we have to be dead strict as protecting other young people is also protecting them… I cannae (cannot) let him run aboot (about) just down the road because there's a wee nursery doon (down) the road. I cannae just let him go swimming. There's a whole protection risk assessment to which there' (Patricia, residential carer). Theme 12

	Balancing competing demands of child protection and preventative SHR work. B6. Strategies to manage the sexual health of LAC: managing space and room allocations. Institutional. Facilitated SHR discussions about privacy. Reduced role conflict. 'We had a serious incident where Craig (13) accused John (8) of more or less sexually abusing him. John was saying things like 'sex, sex, sex' and making thrusting movements because he knew it was upsetting Craig…. Craig couldn't deal with it. We found him urinating on John's bed and then he made this accusation. It was a terrible time for us all, only for it to turn out that Craig had made the whole thing up… as he wanted John moved. So we're very aware now of the two boys being separate. Craig sleeps upstairs and he has his own space up there. John is downstairs in a room along the corridor, and he is not allowed upstairs at all' (Alison, foster carer). We've got one young person who most definitely has been sexually abused… and she can display quite predatory behaviour (later clarified by the caregiver stating that the young woman had been groomed into recruiting other LAC for a sex ring). She would encourage the rest of the group to go out drinking, and then make allegations of rape against one or more of the boys… We need to protect her and we need to protect others from her exposing them to inappropriate sexual contact for their age. That's something that we balance all the times in terms of the safety of the group. And that's how we decided her bedroom was best placed in close relation to the office' (Joanne, residential carer). Theme 13 Role conflict as a source of caregiver strain. B7. Emotional impacts on caregivers. Personal. No perceived effect reported by caregivers. Consequence of role conflict. 'It's soul-destroying tae (to) try and stop that pattern of behaviour where young people would go met their pals… and be picked up by men that were pimping them… for a packet of cigarettes or a wee bag of sweeties. There would be times when they didnae (did not) want to have sex but they were forced and they would come in wi' pretty bad bruising and faces had been punched… It's pretty hard at times, but I think you've got tae be and be professional and say 'we're trying our best… sometimes we just don't succeed' (Patricia, residential carer). 'I had been away shopping and I came back in. The other boy was watching television and he seen me and goes 'I think you should go up the stairs'. Now this has happened on a few occasion, you know? If one of us has been out or distracted they would use that moment. I just put my bag down, didn't even take my coat off, and I ran up the stairs (Jean is visibly shaking and obviously upset). Here was child A and B in the sliding wardrobe, a pillow put down on the inside of the sliding wardrobe. He had the girl on the floor and he was on top of her… that's how quickly' (Jean, foster carer). Theme 14 Concerns about the potential for false allegations being made by LAC. C1. Discussing SHR places caregivers in a position of vulnerability. Personal. Barrier to SHR discussions arising from caregivers' concerns about their own vulnerability. Contributed to role conflict. 'I had to leave the room and when I came back my manager was like 'I needed to come out' and basically he'd been sitting and the boy (who had been groomed and sexually abused by a paedophile ring) had got an erection. He felt really uncomfortable cos obviously he was on his own with him and he didn't want to be on his own with him… so he got up and walked out. As workers we can be quite vulnerable… so we have to be very aware of how we protect ourselves (Agnes, social worker). 'You imagine right that one of the young persons' approached you right and said 'I'm thinking o' having sex wi' my boyfriend. What do you think? And then the next night the nightshift comes on and you're away and they say 'guess what she was saying tae me last night. Aw she was doing was talking about sex'. That can be misconstrued and before you know it it's a big fact finding investigation' (Patricia, residential carer). It's worrying… my son's a police officer, my husband works in law enforcement and I work with students – so given that we all have to be vetted and disclosed at work - we have to take extra care'. (Alison, foster carer). Theme 15 Concerns about the potential for false allegations being made by LAC. C2. Strategies to protect caregivers against false allegations: recording conversations. Institutional. Facilitated SHR discussions by providing a safer environment for caregivers. Reduced role conflict. 'Because of the risk that it presents to them as workers in terms of possible allegations or comments being made in future… we need to make sure that any information we are sharing with young people is appropriately recorded, accurately recorded… And if there is anything inappropriate, you know I am thinking, you know, maybe a female resident making a comment to a male member of staff then that's been appropriately recorded and raised and that the staff member and the young person are both supported and discussions are held about what is appropriate and what is not' (Mark, residential carer). 'I think that one of the things we had to obviously highlight was Safe Care and the recording of that sensitive conversation… how do you have that conversation in an environment where you're safe? Because if you're talking about closed doors she could make an allegation against you. So it's aboot recording the discussion you had, You don't have tae dae War and Peace but 'she came and she asked me aboot this and this was the advice I gave her'' (Patricia, residential carer). Theme 16 C3. Strategies to protect caregivers against false allegations: having someone else present. Institutional. Facilitated SHR discussions by providing a safer environment for caregivers. Reduced role conflict. 'John had a wee urine infection and his penis was so sore, so it was a case of 'well, let's have a wee look and see if it's all red'… he's comfortable with that and it's all fine, but as a foster carer I'm not gonna go into a room and close a door and have a look at a 10 year old's penis. I'm gonna say 'right, Mark (husband) and I will sit on the bed

	and you touch it. You show me' and then 'right, ok, here's some cream' (Alison, foster carer). 'You would wait until the house was quieter and maybe do some of that work. 'Why don't we go on the computer next door and we'll shut the dining room door over' but I'll have a member of staff going in and out of the kitchen' (Anna, residential carer). Theme 17 C4. Strategies to protect caregivers against false allegations: household rules. Institutional. Facilitated SHR discussions about privacy and boundaries. Reduced role conflict. 'You need to keep reinforcing what is and is not appropriate behaviour… it is not appropriate to be showing yourself off. It's not appropriate to be going into the toilet with other boys' (Karen, foster carer). 'The wee things that you don't actually think about change, because, you know, it was quite natural for our boys to come down in the morning in their boxer shorts – maybe wae a dressing gown in the summer, maybe not. That changes. That stops. All that stops. You, you have to look at all the risks there are, and your, your children's life changes. Our 7 year-old couldn't come and jump into our bed in the morning because I couldn't allow the other two children to do it – so I couldn't allow him to do it because I didn't want them to feel that he was special' (Pat, foster carer). Theme 18 Personal values and experiences. D1. Religious and moral values as a source of role conflict. Personal. Barrier to SHR discussions, particularly those focused on sex, sexuality and abortion. Contributed to role conflict. 'I'm a practising Catholic. I don't hold the church in any great high esteem but I have faith and as a parent myself I have never brought my children up tae… all this input of you can go get the pill here, you can go get a jag here and here's what all that's about in such graphic detail. I know this sounds as if its' so traditional and old fashioned but I was never brought up with all this input. I suppose I'm still traditional in my own family home' (Claire, residential carer). 'I've got a Catholic upbringing and you didn't do anything until you were married. It was very strict. I wouldn't force that (talking about sex) on any of the kids that I work with' (Anne-Marie, foster carer). 'Faith based values among staff can sometimes act as a barrier to workers discussing sexual health with young people' (Joanne, residential care). 'It has took me an awful long time tae do all my challenging in myself and asking and prying aboot [about] how does that fit with my psyche to sit here and talk about things that I ordinarily would not talk aboot. I went on that course and I found it so challenging. 'Why are we talking about sex to these weans? Why are we no' talking about relationships?' And I got in this pure big debate wi' myself: 'I wouldnae tell my boy that. I wouldnae tell my lassies that' and the trainer was really helpful with me and saying 'yeah, but you need to remember that these kids arenae getting' what your own kids are getting'' (Claire, residential carer). 'There can be a clash between what workers may want and what the city council wants…so the training was very much to do with looking at our values, our value base and our knowledge… what was very surprising was the fact that kids are learning so much younger, we were like 'oh my goodness, kids are talking about that (sex) at such a young age'' (Laura, residential carer). Theme 19 D2. Being allowed to challenge and reflect on values in training. Institutional. Facilitated SHR discussions by challenging pre-existing beliefs and emphasising vulnerability of LAC. Reduced role conflict. 'It has took me an awful long time tae do all my challenging in myself and asking and prying aboot [about] how does that fit with my psyche to sit here and talk about things that I ordinarily would not talk aboot. I went on that course and I found it so challenging. 'Why are we talking about sex to these weans? Why are we no' talking about relationships?' And I got in this pure big debate wi' myself: 'I wouldnae tell my boy that. I wouldnae tell my lassies that' and the trainer was really helpful with me and saying 'yeah, but you need to remember that these kids arenae getting' what your own kids are getting'' (Claire, residential carer). 'There can be a clash between what workers may want and what the city council wants…so the training was very much to do with looking at our values, our value base and our knowledge… what was very surprising was the fact that kids are learning so much younger, we were like 'oh my goodness, kids are talking about that (sex) at such a young age'' (Laura, residential carer). Theme 20 D3. Pastoral support as a means of supporting caregivers experiencing role conflict. Institutional. Facilitated SHR discussions by providing caregivers with support to discuss challenging topics or through providing LAC with access to another caregiver to discuss issues with. Reduced role conflict. 'One of the foster carers I work with, she's never been used to talking to children about sex in any way and she asked me to undertake that as I had went on the training' (Anne-Marie, foster carer). 'She was really struggling with the fact that one of the girls in her care had approached her and told her that she was pregnant, but wanted to terminate the pregnancy. She was Catholic and very uncomfortable. My view was that this worker already had a relationship with this girl so it was my job to support her to present all the options to her'. (Joanne, residential care). Theme 21 D4. Own experiences of sexual health and relationships as a motivator for discussing SHR. Personal. Facilitated SHR discussions by motivating caregivers to ensure that LAC received better access to information than they had during childhood. Reduced role conflict. 'I went to college at sixteen and… I'm sitting in a class and I'm looking at this film on

	childbirth and I see where a baby's born from. I thought that they untied your tummy button, took it out, tied it up again and stuck it back in. Now I did bring my children up… from when they were wee tots… I would get them to go and get my sanitary towels and I would tell them what it was' (Pat, foster carer). 'We got told nothing, absolutely nothing, to the stage where the first time I took a period I thought I was dying. And then when I had my first baby I didn't have a clue what was happening or what was going to happen to me so I always thought that if I had children of my own I would prepare them (Anne-Marie, foster carer). Theme 22 D5. Having 'parented' around sex. Personal. Facilitated SHR discussions by providing caregivers with parenting experiences to draw on. Reduced role conflict. 'It was always just a natural kind of growing up. We spoke about contraception, and my daughter, I was able to go with her to the doctors when she wanted to start taking the pill. We could just talk about it really openly. Likewise, with John (foster child), we've approached the subject of puberty and changes in the body' (Alison, foster carer). Theme 23 Role overload. Workforce capacity. E1. Limited staff numbers in residential care. Institutional. Barrier to SHR discussions due to focus on risk management and having to prioritise resources. Contributed to role overload. 'We're limited wi' [with] staff. We should have two on every shift so if you had a member of the team who was doing that work maybe 2–3 hours a week there is an impact on the other five young people you're looking after' (Patricia, residential carer). 'Children's unit staff are really well-placed to do stuff like that [discuss SHR]. They should be able to spend the time, but sometimes it doesn't seem to happen. I don't know why. I don't know if they're caught up in paperwork and ordering things, and dealing with incidents that have happened' (Louise, social worker). 'I worked in a 19–23 bedded unit and it was, the work was mostly chaotic. It was like firefighting and you were just going in and trying to contain your shift' (Joanne, residential carer). Theme 24 E2. Competing demands on social workers' time. Institutional. Barrier to SHR discussions due to caregivers having limited time to form trusting relationships with LAC. Contributed to role overload. 'I don't think we have the time to give young people the time they need and the support they need. That's just the way things are going to be. The service is just getting narrower… Sometimes you don't even have time to go to training as you get called to court' (Agnes, social worker). 'As a social worker it's a lot more difficult to really get to know that young person because in residential… you really get to know the young people because you see them for 24 hours periods, and you know a lot more about their life, and what's happening on a daily basis… being a social worker… there's a lot more hidden. You maybe find out a month later that something happened… and it's a lot more difficult to establish what. Spending time wi' young people and building up that relationship is what opens more doors to the speaking to you directly about it (SHR)' (Shona, social worker/relief residential carer). 'a safety plan gets planned and implemented… and focused work carried out that is specific and tailored to that young person's needs and risks… that's something that as the allocated worker I would review and monitor' (Mary, social worker). Theme 25 E3. The importance of interagency working to ensure that LAC receive SHR. Institutional. Facilitated SHR discussions by providing additional supports to undertake concentrated SHR work. Reduced role overload. 'We've got a 12 year old girl… and all her talk and her chat is about paedophiles, and she was going on websites and there was inappropriate material found on phones so obviously our alarm bells are ringing… She's so vulnerable. We've still not got feedback from the police what was on the phone. We give her wee trust exercises back on the computer but then she just tries to go onto these certain websites. She's had images sent to her from people that in my opinion are grooming her and she doesn't see that, she doesn't accept that she's at risk… So, we spoke to her worker at the young woman's project and she's covering a lot of that groundwork with her. And someone here is doing the work about keeping herself safe and making safer choices on the computer' (Joanne, residential carer). 'It's a bit aboot (about) sharing you know? We kind of all come together. Agency X does the risk assessment work, and they work wi' the young person about why it happened, their feelings, whatever. Agency Y work wi' him to provide socialisation – taking him out because obviously he's not allowed out unsupervised' (Patricia, residential carer). Theme 26 E4. Avoiding duplication of workload. Institutional. No perceived effect reported by caregivers as a barrier/facilitator to SHR discussions. Reduced role overload. 'We've had reports from them and we know what they are doing… so we tend to back off and let one person do that work on sexual health and keeping safe' (Joanne, residential carer). 'Sharing of information is key' (Mary, social worker). Theme 27

	Workforce composition. E5. Low proportion of men working in residential care excludes male LAC from SHR discussions. Institutional. Barrier to male LAC accessing SHR information. Contributed to role overload for female caregivers. 'There's no gender balance in residential… for every hundred applicants I can guarantee you that about 84% of them are women' (Patricia, residential carer). 'If there wasnae a male on shift then the boys wouldn't come and talk to us about sex' (Laura, residential carer). 'I dinnae really think boys have really come and speak to ye as much as girls, but then again, they might be more likely tae speak tae like a male, like a male worker' (Shona, social worker/relief residential carer). Theme 28 E6. Male caregivers better placed to talk to male LAC about sex-specific practices. Personal. Facilitated male LAC accessing SHR information when male caregivers were available to discuss issues. Reduced role overload for female caregivers. 'Teaching them how to shave for example, that's not something I can do. So, if I have a male worker, then I get him to come into work unshaven so he can show the boys how to shave properly' (Trisha, residential carer). 'He was always pulling at himself, wasn't he? And I said, 'do you know something? You need, when you're in the shower, you need to get your penis, pull your foreskin back and clean it with soap and water'. And he just stood there, but it cured it, didn't it?' (Ian, foster carer). Theme 29 Not having sufficient skills and knowledge. F1. Caregivers identifying that they need specialist training to undertake SHR discussions. Personal. Barrier to discussing SHR with LAC due to caregivers' perceived lack of knowledge about SHR topics and how to discuss these with LAC. Contributed to role overload. 'if I was in the position of working with a young person who had a very trusting relationship with me, and who required support with their sexual health and development, then I would like to play a part in that… but I'd like training because I see that as a gap' (Mike, social worker). 'For workers, especially for workers who are not used to working with teenagers there is a need for more formal training, and formal training more often… I mean we do refresher courses for other training, but I can't remember the last time I saw a sexual health awareness or sexual health programme (Agnes, social worker). Theme 30 F2. Sexual health and relationships training as a source of knowledge. Personal. Facilitated SHR discussions by providing caregivers with SHR knowledge and the skills needed to discuss these with LAC. Reduced role overload. 'A lot of the training was about words you've not heard since you were a kid… we need to know what these kids mean when they are saying certain things' (Joanne, residential carer). 'the course opens your eyes to it, you know? You can go through life thinking, well, right, ok, I know about Gonorrhoea and this kind of stuff, but I don't know about Chlamydia, and I don't know about this, that and the next thing. And these are all things that children can get, and I need to be able to explain what can happen if they have unprotected sexual relationships' (Ian, foster carer). 'one worker talked about your flower, and if you needed anything sorted you would go to the flower shop… I don't think that things like that really help when talking about going to clinics and your vulva… You need to use the proper names so that everyone is quite clear she could have people thinking 'oh right, I need to go buy some flowers'… because they take you literally' (Laura, residential care). Theme 31 F3. Sexual health and relationships training as a source of confidence. Personal. Facilitated SHR discussions by promoting confidence and reducing embarrassment among caregivers. Reduced role overload. 'After I went to the training I found that I was really more confident and I had all the information on hand and booklets to show to the boy… and he said to me at the very end that he'd been having sex education at school, but that I had explained it far better. I put that down to the training' (Anne-Marie, foster carer). 'the training has definitely equipped the staff with confidence' (Tricia, residential carer). Theme 32 F4. Using sexual health promotion materials. Institutional. Facilitated SHR discussions by providing caregivers with resources they could access and use with LAC. Reduced role overload. 'If I've no got an answer for them I'll maybe say 'we've got literature on that so just gie me a minute and we'll go and get it and we'll take 5 min to go through it' (Patricia, residential carer). 'to be that if you don't know it, don't pretend that you do but let the kids know that, 'well, look, I don't know about that, but I've got a phone number I can phone' (Ian, foster carer). Theme 33

	F5. Training highlighted that SHR discussions were routinely happening in care. Personal. No perceived effect reported by caregivers. Contributed to role overload in some cases by creating anxiety that SHR information being provided was correct. 'we were playing Connect 4, and one of the girls said 'how do you get pregnant' and we said 'well, you need to have sex'. 'Aye, I know that… and I know that he cums, but how does that then work?' So we dismantled the Connect 4, and we said 'well it's no square, but you'll have to imagine this is a womb, and these are the fallopian tubes', and we used the wee circles as the sperms and the eggs, and we used that to explain it…. Once we were finished I turned to (another caregiver) and said 'did I get that right?'" (Claire, residential carer). 'I remember, certainly, a few years ago having a discussion with an 18 year old girl who wasn't sure what she looked like, errm, err, down below. What her vulva looked like. And about sex, sexual intercourse. She didn't know whether she would be able to partake in that and I do, really remember, just frankly saying to her, why don't you just get a mirror and have a look, you know, oh I can't be doing that, but why can't you be doing that, it's the easiest way to kind of look and have a see, to explore your own bodies and you'll know what's likeable, what's not likeable, what you're happy with people to touch and what you're not happy for people to touch' (Tricia, residential care). Theme 34 Pastoral support. G1. Support of management. Institutional. Facilitated SHR discussions by providing caregivers with additional supports. Reduced role overload. 'I found that work really difficult, because I had never had to deal with… trying to manage a child – cos he was a child at the time — who is not only, you know, being abused, but is an abuser… I felt really, you know, unsure of how best to manage that. One of the best things with managing that was that my manager agreed to support me, and we did the work together' (Agnes, social worker) Theme 35 G2. Peer supervision. Institutional. Facilitated SHR discussions by providing caregivers with additional supports and continued informal learning. Reduced role overload. 'We quite often in this team have group supervision… where I might not have had the experience of working with a young person in that situation for a couple of months, someone else probably has or will have without doubt, so it's about other people sharing their experiences and information and sometimes that's the best way to learn because you are speaking about real experiences and examples (Agnes, social worker). 'We deal with it pretty well, but I think with this wee core group of carers that we've got there's always an opportunity for learning… 'I've tried to get this boy to do his bloody homework and he just will not do it' and somebody will say 'try this' and you find that it works. That's where our support is… from other carers in our group. We bounce off each other' (Ian, foster carer).

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(However no discussion regarding whether/if participants chose not to take part.)*

	Data collection	Was the data collected in a way that addressed the research issue?	Yes
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes
	Findings	Is there a clear statement of findings?	Yes
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Low *(High quality study)*
		Directness	Directly applicable

Pearce 2011

Study type	Focus Groups Subgroup of interest Trafficked children and young people

Aim of study	The research aimed to: - explore the different ways that 'trafficking' is understood by a range of practitioners from different service agencies; - look at the obstacles that emerge when trying to identify trafficked young people; - chart the process through which a child or young person first gained access to a support agency; and - identify how the practitioner understood the immediate and longer-term needs of the children and young people concerned.
Study location	UK
Study setting	Three research sites, each selected to reflect geographical areas with different proximities to international airports
Study methods	Three focus groups were run in each of the three areas. Semi-structured interviews were then carried out with practitioners from each of the three sites, purposeful sampling taking place to include practitioners with experience of working with trafficked young people. Research participants were digitally recorded. thirty-seven case files of trafficked children and young people were studied using a template piloted with NSPCC practitioners and with young people from the NSPCC Child Trafficking Advice and Information Line. The transcripts from the focus groups were thematically analysed manually by the research team. Recordings from semi-structured interviews and information from case study files were analysed using NVivo software. Findings from the three research methods were then triangulated and the final draft report circulated among the Advisory Group for comment.
Population	Focus groups included: social workers; specialist children's NGO's and separated children/asylum workers; Police, Crown Prosecution Service staff, Youth Offending Team workers and staff from the UK Boarders Agency; residential childcare and statutory children's centre workers; health workers; and education workers.
Study dates	between 2006 and 2009
Sources of funding	NSPCC
Inclusion Criteria	Carer situation

	Practitioners working with trafficked children and young children
Exclusion criteria	None reported
Sample characteristics	Sample size A total of seventy-two practitioners took part in focus groups and interviews, including social workers (n = 22); specialist children's NGO's and separated children/asylum workers (n = 12); Police, Crown Prosecution Service staff, Youth Offending Team workers and staff from the UK Boarders Agency (n = 11); residential childcare and statutory children's centre workers (n = 10); health workers (n = 10); and education workers (n = 7).
Relevant themes	Theme 1 Variations in the definition of trafficking - Our research suggested variations in practitioners' understanding of trafficking. For example, one interviewee noted that: "I have looked at all the different definitions that they have and I realised that there isn't a full definition that everyone sticks to. It can be looked at very differently (Int. 21)." Another suggested that, although they might understand a definition in theory, a lack of experience meant that they had little skill in applying this to practice: "We aren't very good at identification of trafficking . . . I think we are in the early stages of identification (Int. 25)." Another, who was familiar with the Palermo Protocol assertion that the child cannot consent to being trafficked, raised the contentious and contradictory assertion that a child could be 'willingly trafficked': "It must inevitably beg the question whether they were consenting or not . . . the fact that someone doesn't run off may lead people to be a little more suspicious . . . if someone were to be trafficked over here a second time we would have to think long and hard about it . . . some who would say, well, once is a misfortune but to be trafficked twice implies a willingness on your part to be trafficked (Int. 30)." Theme 2 Wall of silence - These confusions about whether a child can consent to being trafficked can result in cases being overlooked or children's accounts of abuse being dismissed. This suggested existence of a 'wall of silence' hiding the identification of trafficked children and young people. On one side of the wall, there were children who found it difficult to talk of the abuse and exploitation that they had experienced. This might be because of language barriers, a fear of talking to a stranger in a position of authority and/or fear that disclosing information could put them at further risk. It could be that keeping quiet feels like the safest coping strategy in an unknown and dangerous situation. On the other side of the wall of silence, there were practitioners who were either unaware of the indicators of trafficking or who found it difficult to believe the child—contributing to a 'culture of disbelief'. For example, one interviewee noted that a child's account of being trafficked for domestic servitude was rejected until health care workers at an accident and emergency clinic became suspicious: "She went through the hands of a number of local authorities who sent her back to her cousin . . . . She was saying that he wasn't my cousin, I'm being trafficked, you know they're not treating me nicely . . . before finally presenting at a hospital and one of the medics picked it up this was somebody that's been trafficked (Int. 5)." Theme 3 Suspicion of children leading to hidden cases of trafficking - cases of trafficking were 'hidden' when practitioners suspected that a child had 'chosen' to enter the country to 'manipulate' the benefit system. Case file notes of a fifteen-year-old brought into the country to work in domestic servitude suggest that: "The young person is very intelligent and knows how to work the system to her own benefit and how much information to divulge to keep people involved without giving too much away (CS 004)." A different practitioner expressed her belief that even though a young woman had been made pregnant by her traffickers at the age of fifteen, she may have become pregnant in order to gain additional benefits: "A cynic might say she was trying to get money out of us . . . she was pregnant at the time (Int. 12)." Theme 4 Culture of disbelief leading to failure to prosecute - Even if the practitioner believes the child, and appropriate child protection procedures follow, the culture of disbelief can prevail to prevent cases against the alleged abusers being taken to court. The practitioner below acknowledges that the court may doubt the word of a child against a number of adults who were the alleged perpetrators: "I know that she's been in front of a jury and told a story about being raped over there . . . I know they wouldn't believe that the guy had been trafficking her . . . I get three different accounts of the time she was raped . . . as I say, how much reliance would you put on a witness like that? . . . I mean we are asking the court to believe a 15-year-old girl against, what was it, four or five adults we had here in total, no corroboration, they were all denying everything . . . you look for corroboration, you look for consistency. And where there isn't consistency it makes us less willing to prosecute (Int. 30)."

	Theme 5 Treatment of children as "hot potatoes" - In other cases, practitioners avoided taking responsibility for the trafficked child by referring the case to a different agency, creating a 'hot potato' effect. This 'passing on' of cases has long been of concern to practitioners working with 'problem' young people (Ayer and Preston-Shoot, 2010). The additional worry that practitioners may not be equipped to respond to a victim's trauma compounds this 'hot potato' response. In the current climate of fear of audit and inspection, an agency might prefer to pass the case on rather than be identified as responsible for inadequate interventions: "There is that huge emphasis on accountability . . . there is a culture among different agencies and teams where they don't necessarily want to own decisions and the child is treated like a hot potato (Int. 28)." "There is a tendency to not acknowledge the problem . . . . Because often they are scared that if they acknowledge, they ought to put a response in place and they don't have the resources (CS 010)." Theme 6 Need for multiagency working and overuse of voluntary organisations - Consequentially, those agencies with some resources for working with young people who may have been trafficked spoke of being burdened with work that should be shared through multi-agency interventions. Indeed, the worry was that specialist voluntary sector services may be inappropriately used by diminished statutory services to support vulnerable young people. As noted by a voluntary sector provider: ". . . other agencies often use us as their extra resource . . . they will recognise the young people in care have gone missing and will let us know and we then spend all our time running around looking for things that we shouldn't be doing really (Int. 26)." Theme 7 A child-centered approach necessary - There was important evidence of practitioners taking a child-centred approach to their work: recognising that young people should be responded to as victims of trafficking, even if they spoke of 'choosing' their circumstances. For example, a practitioner noted that: ". . . just like domestic servitude and illegal working or working in various restaurants—to them that might be something of value and they don't see themselves as being exploited, you know, or abused. So, yeah, there very much can be a discrepancy between what they think is OK in terms of how they're treated and what really is OK (Int. 29)." Another noted that a young woman who initially consented to a proposed marriage in the UK felt that she was responsible for, and therefore had to suffer, the sexual exploitation she subsequently experienced: "Marriage . . . . She said at the time she did not mind this as she thought it would be better than living a miserable life in Africa (CS 001)." Theme 8 listening in a child-centred approach, unhelpfulness of the terminology - It was acknowledged that good practice helps the child to understand their experience of abuse while alleviating any sense of responsibility for it. Practitioners who were motivated by a child-centred approach explored the language used by children and young people themselves, listening to how they, the child, understood what had happened to them: ". . . they transfer from the care of a person who suspectedly trafficked them to the care of Social Services . . . . They are then able to compare their life beforehand and their life now, and then they can identify that they have been maltreated. Have I ever heard a young person use the word 'trafficked'? No never (Int. 9)" "She was very annoyed that somebody had betrayed her trust . . . . But, yes, the words 'trafficking' and 'exploitation' are not words that most 14-year-olds would use (CS 001c)." ". . . they will explicitly say things like 'I have been sold' or 'I was given to so and so', and 'I was made to work long hours without rest and with little food' (Int. 29). You certainly don't get children saying that they're exploited or trafficked, you just hear the realities which can be 'I owe this person £20,000′ or that 'This horrible man was meant to look after me and instead locked me in a flat and raped me' (Int. 4)." Theme 9 distinction between trafficking and smuggling - Case studies showed children 'smuggled' into the country and then later further 'trafficked'. The worry was that if these children are defined as smuggled at the point of entry to the country, the offence of trafficking and the organised crime accompanying it may be overlooked. For example, some practitioners were aware of the distinction between both crimes: "I think for a trafficked child, it's organised crime . . . I also don't think there's a consent to a child that's being trafficked. A child, I guess, that is being smuggled, it's quite difficult I guess because they can be used interchangeably . . . but I think that a trafficked child is much more worrying and they've been exploited (Int. 18)" ". . . [smuggling] it's complicit and you know the child must know that they're going from A to B, they're going to get in the back of the lorry, they know they have to hide and then they're going to get out the other end and somebody will meet them. I think that it's almost as if they [immigration services] consider a smuggled child to be in on it. Whereas a trafficked child to me is a child that is being deceived all the way, as well as their families (Int. 18)." Theme 10

Blaming of the child involved in smuggling - a smuggled child may be seen to be ‘complicit’: that is, the child may be understood to be ‘in on it’, agreeing to be transported. If considered to be ‘in on it’, the child may be seen to be responsible for their situation. As a result, they are not necessarily perceived to be as vulnerable as a child who would be defined as trafficked: "I think it gets minimised when somebody labels a child as being smuggled (CS 202)."

Theme 11

Trafficking and smugling part of a continuum - a practitioner explained that case work with trafficked children suggested that many trafficking trajectories did include smuggling: ". . . many people got muddled up, trafficking and smuggling. It was all about sex trafficking . . . and within six months of our team forming we realised that it wasn’t all about that . . . we realised that people were bringing kids in under the wire, so smuggling them in but going on to exploit them (Int. 29, p. 71)." Even if the child were smuggled in by ‘family’, they may be trafficked for benefit fraud purposes or be abused within private foster-care arrangements for domestic servitude: ". . . someone had picked up that this 14-year-old boy was not thriving. He . . . said ‘Look, these are not my parents—I was brought here.’ So that was a private fostering case and was trafficking (Int. 10)."

Theme 12

Internal trafficking - This practitioner was referring to their work with UK citizens under eighteen years of age who are being trafficked for sexual exploitation. They felt that by getting into a car, a sexually exploited young person was being trafficked: ". . . Because they haven’t come from overseas . . . doesn’t mean they’re not trafficked . . . . People think that trafficking has got to be foreign nationals coming across international borders, they don’t realise about internal trafficking, they don’t realise it could be UK nationals (Int. 24)." ". . . when she gets into a car she is immediately trafficked. It’s the movement and the travel that defines trafficking . . . the objective of doing these things to these kids is to sexually exploit them (Int. 24)."

Theme 13

Some may not be aware of the possibility of internal trafficking - ". . . about indigenous kids being moved from one place to the other, I don’t think you’d find anybody here that talks about that as trafficking (Int. 22, p. 74)."

Theme 14

Internal trafficking taking priority over trafficking - one practitioner noted concern that children from the UK received better child protection services than those from abroad: "I believe that migrant children get a second rate service in this country, and I don’t think they’re afforded the same levels of protection (Int. 14)" ". . . it really was a lot of work trying to get these young people the same rights as British children (Int. 25)."

Theme 15

Vulnerabilities, and language increasing susceptibility to retrafficking - children or young people trafficked from abroad, arriving to unfamiliar territory, face problems that may make them specifically vulnerable to ‘internal’ re-trafficking. This is compounded if there are language difficulties and inadequate interpreter provision: "The number of interpreters was very limited, the number of these specialist language interpreters is fairly limited (Int. 30). . . . the interpreter that we had . . . was obviously shocked by what she was hearing . . . . That was a joint interview I did with a police officer and both of us had the same anxieties about what was being interpreted (Int. 9)."

Theme 16

Preoccupation with immigration status meaning young people may turn to traffickers - the young person trafficked from abroad may be preoccupied with concern about their immigration status, wanting to ‘run away’ or turn to their traffickers (and maybe re-trafficked internally) for fear that they will be returned to their country of origin: "They always have to be dealing with this sort of two-pronged issue. On the one side they are giving this information about themselves because of their asylum claim, which is always a worry for them in terms of what that means, whether they are going to be allowed to stay and what the terms and conditions of that are. On the other side you’ve got this agency here probing them with similar questions about their background but for reasons of need. Most of the time it is too much for them (Int. 13)."

Theme 17

Concern that UK nationals being trafficked are being trafficked by "foreign" nationals - there is concern that UK nationals who are trafficked internally for the purpose of sexual exploitation are young women being exploited by ‘foreign’ nationals or by men who have recently immigrated to the UK. The following quote notes concern about the ethnic origin of

	perpetrators the sexual exploitation: "I referred to them as Albanian but I think we had slightly more nationalities than that floating around . . . . They were foreigners and they didn't have a very good command of English and that kind of thing (Int. 15)." Theme 18 Sexual exploitation of boys may be overlooked - Another, and final, concern that arose from findings about 'internal' trafficking for sexual exploitation was that the needs of boys and young men may be unrecognised, as the dominant image of female victims of abuse prevails: "I think people do tend to focus on girls for the simple fact that people know more about girls. . . . I think if we were concentrating on sexual exploitation we would recognise that boys are just as vulnerable for that, particularly Chinese boys (Int. 10)." "Something that is coming more and more to notice now is that it is so much more difficult to get young men to talk about it . . . I've got an African boy at the moment who has got really high emotional needs. Because he is so used to not disclosing anything, he is dealing with it in a completely different way to another girl who is quite used to showing her emotion. They may have been through exactly the same situation but they are dealing with it in completely different ways because that is how they have been brought up (Int. 26)."

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(Unclear recruitment strategy)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(interview methods were not explicit)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(unclear that relationship between researcher and participant has been considered)*
Ethical Issues	Have ethical issues been taken into consideration?	Yes

	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Unclear how thematic analysis was performed)*
	Findings	Is there a clear statement of findings?	Yes *(Triangulation was used to improve credibility)*
	Research value	How valuable is the research?	The research has some value *(Focus was not on care practices for the care of trafficked children but focused on attitudes of practitioners, unclear generalisability of sample)*
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Partially applicable *(Data likely collected prior to 2010)*

Quarmby 2014

Study type	Semi structured interviews Subgroup of interest Residential children's home
Aim of study	(1) What are the sport and physical activity experiences of looked-after children? (2) What meanings and values do looked-after children ascribe to their engagement in sport and physical activity?
Study location	UK

Study setting	One residential home in England
Study methods	A "mosaic approach": a participatory, multi-method approach whereby young people’s own research artefacts (photographs, maps, drawings, etc.,) are joined to talk and observations to gain a deeper understanding of their perspectives and everyday lives. In order to maintain the participatory nature of the research methods, the discussions of these artefacts were led by the participants themselves and formed the basis of peer interviewing. the interview questions were developed in collaboration with the participants, meaning the language and terminology employed was accessible to all of the boys, with topics that reflected the issues that the peer researchers perceived to be critical within the overall frame of research. The resulting discussions were recorded and later transcribed. Peer interview texts, research artefact discussions, observations and field notes were thematically analysed. Since analysis was conducted immediately after a data collection session, participants were asked during the following week to comment on transcriptions.
Population	looked-after children living in residential care
Study dates	February and July 2013
Sources of funding	Not reported
Inclusion Criteria	Care Situation Looked after children living in residential care
Exclusion criteria	None reported
Sample characteristics	Sample size four looked after children in residential care Gender All boys Age Aged between 12 and 17

Relevant themes	Theme 1 Disruptive impact of changes in placement and schools on involvement in sporting activities - Changes in placements and consequently schools mean that for the majority of looked-after children, school attendance is problematic (Murray, 2012). As such, looked-after children often miss out on school-based sporting activities and are more dependent on out-of-school activities than other children. What is apparent in this study is that changes in placement may also impact on engagement with sport and physical activity outside of school. For example, during one peer interview about his sport timeline (Figure 1), Matt revealed to Adam that placement moves and subsequent changes in residential home have prevented him playing sport regularly with his cousin, who now lives further away than previously: "Adam: Why did you stop any sports or activities? Matt: Most of them because I, most of them were in school so, obviously I've moved school loads so I've stopped playing them now and I stopped playing rugby with my cousin cos he lives too far away now that I've moved again." Echoed in the voices of Nathan and Pete were further examples of the impact of placement instability. During their discussions of their timelines both reported that moving home was a reason for disengaging from sport and physical activity. Pete, for instance, indicated that he stopped horse riding because he moved care homes and later suggested that this was also a reason why he stopped dance. "Pete: Erm, the dancing is the best so far yeah, so far yeah, but erm I stopped it for two years and I'm gonna be starting it back up again Nathan: Why did you stop it for two years? Pete: I quit because I moved home so couldn't get there anymore and now I'm starting again hopefully in a few weeks' time… at a different place though." During his peer interview with Pete, Nathan also discussed the impact that placement moves have had on his engagement with sport, though unlike the others, he has been fortunate enough to pick up those activities again: 'Yeah, I have stopped football and scouts because I've had to move, but erm, I think I've been lucky to start it again quite quickly but at a different place with people I don't know'. Theme 2 Lack of agency in schedules with residential homes limiting agency to engage in certain activities - it was evident that agency for these looked-after children was a constant struggle with the broader structures of the field that shaped their lives. For instance, early observations (detailed below) of the children's home indicate that specific rules and routines impact on young people's ability to engage in certain activities: "On several occasions today I witnessed the boys asking permission of care home staff to stay out later, play at the park or go biking with friends after school only to be told that they need to let staff know, the day before (before an allotted time), if they wanted to stay out later. This then needed to be negotiated with the care home manager and recorded on the weekly timetable. However, since dinner is usually served at 17.30, this would mean that the boys needed to be back by then anyway which gave them little time to engage in any sport or physical activity. (Field note entry)" While a lack of time was previously reported to be a key factor restricting leisure activities (including sports and physical activities) (Hollingworth, 2012), like these initial findings, this may result from structural and organisational policies (Gay, Dowda, Saunders, & Evans, 2011). For instance, having to eat evening meals at set times and needing to negotiate time for activities with staff. This was similarly reported by Adam: "Matt: What do you do now and why? Adam: I do biking and cricket inside of school, which I want to do on Wednesdays if I can ask staff if they'll let me. But, it's on Wednesday after school so I probably won't do it; I'll probably just do it out here with Matt [pointing to outside of the house]." This exchange demonstrated Adam's reluctance to ask staff if he could engage in a new activity not currently 'scheduled' for him. Theme 3 Sport to help develop social networks - Perhaps the biggest 'selling point' for sport and physical activity is that such activities may offer marginalised young people, such as looked-after children, an opportunity to reintegrate into mainstream society and develop social networks. This notion of developing relational networks was evident here whereby sport and physical activity was valued for its instrumental value and as a means to an end. For instance, in his target activity (Figure 2), Pete placed spending time with friends as the most important reason for engaging in sport and physical activity, with 'sport for fun' as one of the least important reasons. During a discussion of his artefact, Pete further commented that: "My most important one, which is on the bulls eye or as call it, which I call it the red spot is to spend time with friends cos I normally spend time alone so first, is to spend time with friends because you have to get, you need to know what they're like and how they, and err you need to know what they're like and what are their favourite hobbies and food and they need to know anything about you. The second is to burn off energy and help my body… The very last one is to have fun." Matt, Adam and Nathan voiced spending time with others as a main reason for engaging in sport and physical activity: "Nathan: Err … well mainly err that one [pointing to 'to keep my heart pumping'] and definitely that one [pointing to 'to spend time with friends'] cos you would spend time with your friends cos it's normally better. Spend time with your friends cos then you get in there and fit as well and you're getting yourself more exercise. Matt: Yeah, because when I was younger, I didn't do sport a lot but it was good to try and make friends… so I did play to try and make friends."

	Section	Question	Answer
Risk of Bias	Aims of the research	Was there a clear statement of the aims of the research?	Yes
	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(However, no discussion regarding why some participants chose not to take part)*
	Data collection	Was the data collected in a way that addressed the research issue?	Yes *(However no justification of the setting or saturation of data)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes
	Findings	Is there a clear statement of findings?	Yes *(Respondent validation was used)*
	Research value	How valuable is the research?	The research has some value *(The work represents the experiences of only four boys living in one*

			residential care home, therefore there are some generalisability issues.)
	Overall risk of bias and directness	Overall risk of bias	Low
		Directness	Directly applicable

Robinson 2019

Study type	Semi structured interviews
Aim of study	to gain an in-depth understanding of the ways in which child psychotherapists in the UK, who are working with the professional network around looked after children, perceive the nature of their role, and what they see as specific to the psychoanalytic approach.
Study location	UK
Study setting	A range of UK locations
Study methods	Semi-structured interviews with a purposively selected sample of psychoanalytically trained child psychotherapists. A purposive strategy was then adopted, using criteria identified in the survey as being common amongst respondents, to allow for maximum variation in terms of settings. Namely, respondents were selected who worked in a variety of settings, including generic CAMHS, specialist looked after children teams within CAMHS, and/or private practice. Participants were asked about the main needs of the LAC network that they could help with as a child psychotherapist, as well as a description of the work they undertook with these practitioners. Authors also asked how they understood the ways in which this consultation work might benefit the network, and indirectly benefit the child. Furthermore, authors asked about how their

	approach was distinct from other disciplines working with the network around looked after children, and finally any challenges they had encountered in their consultation work. The interviews were audio recorded and transcribed verbatim. Nvivo 11 was used to facilitate the analysis. Thematic analysis was used according to a inductive approach. Refinements to codes were carried out using an external researcher.
Population	child psychotherapists
Study dates	between August and October 2016
Sources of funding	University College London (UCL) Impact PhD studentship, with financial support from the Association of Child Psychotherapists.
Inclusion Criteria	Delivering an intervention Child Psychotherapists Purposive selection A purposive strategy was then adopted, using criteria identified in the survey as being common amongst respondents, to allow for maximum variation in terms of settings. Namely, respondents were selected who worked in a variety of settings, including generic CAMHS, specialist looked after children teams within CAMHS, and/or private practice.
Exclusion criteria	Care situation Those who had indicated that they did not work with professionals and/or foster carers
Sample characteristics	Sample size 9 child psychotherapists Gender

	Five of the nine participants were female Career Five worked in specialist CAMH services for looked after, adopted children, and/or children in kinship care; two in private practice; one in a generic CAMH service; and one had retired from CAMHS although still worked in private practice (two participants worked for more than one service). The mean number of years' experience as a qualified child psychotherapist was 14.4 years (SD = 9.9, range 4–32 years). Interventions delivered Participants were (or had been, for the participant retired from CAMHS) conducting the following types of work: consultations with professionals, either individually or during wider network meetings (n = 7); regular consultation groups and/or reflective groups with professionals (n = 5); individual/couple work with foster carers (n = 8); foster carer groups (n = 2); training programmes for carers or professionals (n = 2). Most participants undertook assessments of children and advised local authorities and the courts regarding care planning, as well as individual child therapy.
Relevant themes	Theme 1 The tension between the networks' wishes and what child psychotherapists feel they can offer - This theme encapsulated child psychotherapists' sense of a dilemma between what they felt is demanded of them by the network versus what they felt they can offer. All participants perceived there to be great levels of unconscious anxiety within networks around looked after children, that manifested itself in various ways, including demands put on them as child psychotherapists. Nearly all participants described how common it was for professionals to think that getting a troubled child into psychotherapy will 'fix things'. Often these requests were for therapy to happen quickly; one participant described it as, 'come on get them into therapy now' (P4), while another said, You've got a social worker and a foster carer and a teacher and maybe a parent as well and they're all pulling their hair out because none of them really feel like they're able to understand this child, and what they think needs to happen is the child needs to go into therapy. And once the child's in therapy the therapist will understand the child. (P3) Several participants, in reflecting on why professionals might be trying to get a child into therapy, thought that it stemmed from feelings of helplessness, of guilt from being 'faced with the child's pain' (P8) and of feeling overwhelmed and struggling to understand the child's behaviour. They perceived that child psychotherapists were often seen as the most appropriate clinicians to engage these children. One participant said they were sometimes seen as 'knight(s) in shining armour' (P1), another that they were perceived as being able to wave a 'magical wand' (P6), and another that professionals can have 'fantasies' (P4) about what individual child therapy can achieve. Participants discussed feelings of disappointment when therapy was not offered immediately. They thought it was common for splits and a blaming culture to arise in networks, including blame towards the child psychotherapist for perceived withholding of therapy, or of therapy not making the child better: I think there's something about that which gets into networks very strongly. That when something's not working, or not going to plan, or there's a deterioration, I think the reaction is – I'm talking very simply really, it's a long winded way – blame has to be proportioned in a fractured network. (P6) In trying to make sense of this, participants spoke of how these professionals were commonly subjected to extremely distressing and emotive situations, with children who projected their feelings of hopelessness into the whole network. One participant said that networks are often experiencing 'secondary trauma' (P4), 'you know you get very bruised and battered, emotionally battered social workers and likewise with the foster carers.' (P4). Wanting to get the child into therapy, or blaming other services, was viewed as a way of alleviating professionals' own anxieties about the child, or of transferring responsibility to another professional – particularly for social workers, faced with the pressures and fundamental responsibility of holding key responsibility for the child. Participants related the high levels of network anxiety, and the perceived resulting defences used, to the effects on professionals' capacity to think about the child's needs and perspective. This was not intended as a criticism, but as a response to the extremely emotive environments, these professionals were working in. One participant said that it 'paralyses thinking.' (P9). The child was sometimes described as becoming lost; as one participant said, 'it all becomes about the adults views or the adults talking . . . and you're

| | thinking who's bloody speaking up for the child here?' (P6). Participants spoke about wanting to offer a different approach to that so often demanded of them. This was based around reformulating people's thinking about the child's problems; for professionals to understand that the solution isn't always to get the child into therapy. They discussed how what was often needed was a thinking space around the child, before (or instead of) working directly with the child. They felt that primarily their focus was about offering a thoughtful, consultative capacity to the professionals who hold responsibility for the child, rather than leaping into individual therapy that was so often requested. There was a sense of needing to change perceptions of mental health professionals more widely; one participant said, 'I think CAMHS tends to be seen as you know very much in the clinic.' (P4). Several participants stressed that psychotherapy 'only works under certain conditions' (P8), for example, emphasising that for the child, the first priority is usually to feel settled, and therefore providing support to the network may be more pertinent. Added to this was a feeling that it can be extremely difficult to engage some looked after children in therapy. One participant said it was unfair to ask very unsettled children to 'unpack all their defences and become very vulnerable when they don't really know where they are going to be in their mind from week to week' (P4). Some participants thought their role entailed empowering the network to see the value in what they were already doing. One participant gave the example that, by using initial consultations to gather information about the child's relationships with others in their network, they could help identify the provision of existing support, meaning that therapy wasn't always necessary: What they need ... is for everybody else to know that they already have a mentor at school who they trust and who they are telling stuff to, or they talk to their foster carer in the evenings. . .and so that's already there, so you don't need to replicate that with a therapist. . .what you need to do is share that information with the other people, and use it to develop everybody's understanding. (P3)

Theme 2
The tension between the way the system is organised and what is in the child (and networks') best interests - This theme encapsulated child psychotherapists' sense of tension between how the system is organised, and their role which may be to sometimes question whether this organisation is in the best interests of both the child, and the professionals working with them. Many participants spoke about the large, unwieldy networks often surrounding these children, leading to situations in which children's needs are overlooked, 'it's everybody's problem and nobody's problem' (P5). Several participants thought that networks sometimes tended to work reactively – at times of crisis – rather than being able to think more preventatively. Four participants discussed their experiences of children being overlooked because they were not at crisis point, or displaying acting out behaviour, If you've got a child who's more quiet and withdrawn . . . the notion can be in the system well they're fine because there's an absence of a difficulty . . . they're very resilient, that's what you'll hear. . .and so then having to then go back and think about why you know the child may not feel able to reach out and ask somebody is really important. (P5) Participants perceived this organisational set up to impact on professionals as well. Although they discussed organisations who very much encouraged the provision of protected space to think through practice elements, it appeared in some instances that organisational pressures made it difficult for staff to prioritise such meetings. In many instances, these were practical reasons, such as difficulties coordinating whole network meetings with a group of busy professionals, or of residential staff working shift patterns, or of education staff unable to attend meetings during teaching hours. One participant commented that the network is primarily led by statutory meetings, which have a very set agenda, and often do not allow those present to think about the child from different perspectives. Another participant commented that although professionals have supervision as an opportunity to discuss their cases, again this may be a different type of thinking space, with a focus often quite narrowly on issues of safeguarding. In this way, it appeared that participants drew on a psychoanalytic framework of thinking about organisations as blocking staff from being in touch with their anxieties at a systemic level, I think in supervision people are pretty much just going through their caseload, thinking about risk . . . and there's not very much time for a more in-depth sort of thinking or analysis about what really might be going on for a child or for the network or for the. . .lead professional involved. And that may be leading to something getting very sort of blocked or blindspots ... things that people just feel it's just unbearable to think about. (P9) Some participants also discussed their own services being under pressure. There was a clear tension between wanting to offer a particular approach, that participants felt could be beneficial for both the child and network, and being conscious of organisational targets. One participant said that CAMH services are often 'under a lot of pressure to close things' (P9) and that their preferred approach of leaving cases open, to enable the family and professionals to continue accessing support, 'can be a problem for us when we're having to gather data' (P9). Other participants in the private sector discussed concerns that services such as foster carer groups could be cut if attendance was poor, given the emphasis on saving money. Another aspect of this theme was child psychotherapists' perception of having to resist organisational pressures when working with networks. Some participants commented that the network is organised around targets, whereas sometimes they felt it was their role to question whether those targets were in the child's best interests. This was particularly discussed in relation to the desire for looked after children to achieve placement stability and eventually permanence; viewed as the 'holy grail' by services and commissioners. However, there was a clear tension between maintaining stable placements and instances in which participants felt it was detrimental for the child to remain with a carer. As part of their consultant role extended to 'therapeutic management' (P1) support to carers, participants discussed instances in which they had worked with carers who were 'frightened by thinking' (P6) or for other reasons a placement was on the verge of breaking down. There was a sense of dilemma in recommending a placement be terminated, viewed as potentially contentious with services keen to promote placement stability. However, participants maintained that an important aspect of their consultant role was to recognise when a placement wasn't suitable, and to help manage that in a planned way, If you can't kind of work with the foster carer then we would. . .have raised concerns about whether this is the right placement and suggested that this may put the child's stability at risk. And even though that sounds contradictory, think it is better to have a planned move than a |

	breakdown. So we'd work very hard to try and see if the placement was viable cos another move is going to be very difficult and we'd try to put in as much thought as possible, but what we wouldn't do is paper over cracks that can't be fixed. (P7) Theme 3 The tension between a generic model of reflective practice and a psychoanalytic model of reflective practice - This theme encapsulated child psychotherapists' views about whether their approach to offering consultation is similar to models of reflective practice offered by professionals from other backgrounds, or whether the psychoanalytic approach brought something unique to reflective practice. A couple of participants commented that any 'competent clinician' (P1) could take on their consultant role, and many participants were working in multi-disciplinary teams sharing consultancy work amongst different mental health professionals. Several participants commented that consultation within a multidisciplinary team might often just be designated based on team members' availability. Despite these perceptions and, in practice, cross-over in consultation work with other disciplines, most participants thought that psychoanalytically trained child psychotherapists brought something unique to reflective practice with these professionals. In terms of the content of sessions, several participants discussed experiences of professionals requesting quite structured consultations and advice on behavioural strategies to help manage the child's behaviour; these requests were viewed as, in a sense, them wanting solutions from the child psychotherapist. Participants spoke about wanting to offer a different approach, less focused on behaviour management, and instead on being curious about the child's mind and what they may be communicating – encouraging professionals to think from the child's perspective, in order to understand unconscious patterns of behaviour and relating: 'a lot of the children who are aggressive or their problems are what people refer to as behavioural. . .we will try and help them reframe that as anxiety or distress.' (P7). Several participants discussed trying to 'slow things down' during consultations, in working environments where speed and efficiency are often prioritised. This included examining and unpicking individual incidents with a child or family in detail. Participants talked about wanting to impart to the network the observational skills they learnt during their training, encouraging professionals to make sensitive observations of the child, rather than always needing to have a clear formulation of the child's problems and strategies for responding. One participant emphasised that it was important for professionals to recognise that they don't always need to know the answer to difficult situations. They hoped this would allow professionals to better tolerate the anxieties and uncertainty inherent in this work and continue to stay with that uncertainty. Participants also discussed their focus on creating an unstructured space that was not action-oriented, but instead conducive to encouraging thinking and allowing thoughts to emerge. The aim was to create a containing space – drawing on Bion's (1962) concept of container-contained – in which professionals' anxieties could be received, thought about, and returned to them in a more tolerable form, I think even just the process of thinking and being able to touch upon these maybe unspeakable things, I think begins to help, I think it contains by saying look it's not frightening, you don't have to be ashamed of these things. They're not untouchable, they can be managed. And that's containment. (P6) Participants hoped that the provision of this unstructured, non-directive space could enable professionals to stay with the uncertainty in these incredibly emotive situations, and for it to become less frightening and more manageable. Several participants mentioned that they sometimes took more of a 'backseat' (P3) role in large network meetings, particularly when splits or a blaming culture were occurring between services. These participants talked about using their observational skills to interpret the dynamics that were at play, and subsequently their role in putting into words the anxiety and tensions underlying practitioners' defensive responses. Verbalising anxieties was used as a means of enabling thinking to become 'unstuck', encouraging workers to be more in touch with their own feelings, acknowledging the impact of the work on them, and considering the perspective of other professionals: 'we could think about that in a way that wasn't just about "you two don't like each other" but somehow it would often arise out of different ideas they had about what a particular young person needed' (P2). In this way, decisions could be made collaboratively with professionals who were thinking again, rather than on a defensive need to prematurely try to solve extremely difficult situations. Thus, the 'action' in the child psychotherapists' approach was the provision of containment, so that unconscious anxieties could be made conscious and reflected upon in a non-critical, safe environment. However, there was a discussion about the fine line between breaking down professionals' defences, and acknowledging instances in which, in order to keep practising, they may need to hold on to them, So it's to put words around emotions as much as possible or as much as somebody can manage, because sometimes you pick up that people can't, that somebody just can't manage this so that informs the level at which you work with them. (P4) A related aspect fundamental to the child psychotherapists' approach was for them to not always take an 'expert' position during consultation. Participants held a clear tension within themselves between child psychotherapists being perceived as experts by other social care professionals, but not always wanting to take up such an 'expert' position in consultations, as this could just leave those seeking help feeling even more 'incompetent'. Whilst participants discussed occasions in which they did give advice and were involved in decision making, more often their approach was to be curious and ask questions. In turn, they hoped. this would encourage professionals to be more curious themselves, rather than the child psychotherapist coming across as 'omnipotent' (P7).

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes *(more than one researcher used for analysis)*
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and directness	Overall risk of bias	Low
	Directness	Directly applicable

Salmon 2014

Study type	Semi structured interviews RQ2 RQ3 Evaluation of an intervention a Theatre and Music Initiative: the development of a musical play exploring life in the care system
Aim of study	The aim of research focused on understanding the experiences of young people in care involvement in the City of One production from the perspective of young people themselves, their carers and the professionals who worked with them.
Study location	UK
Study setting	A theatre and music initiative for looked after young people
Study methods	In-depth interviews with young people. Post-production interviews focused on reflections on involvement, including feelings associated with any changes in confidence and/or skills (negatively or positively) associated with the project, perceptions of well-being and views about the role of arts in young people's lives. One-to-one interviews took place in a number of settings convenient to the respondents. Questions focused on the mechanisms necessary to support young people's involvement and the practical and artistic challenges that workers and carers faced through theproduction and performance period. Interviews were digitally recorded. Participants were presented with a final summary of the findings prior to publication for comment as part of a group discussion. Interview transcripts were analysed using a traditional 'cut and paste' approach whereby the researcher reads and re-reads the transcripts drawing out themes and sub-themes.
Population	Looked after young people, carers, workers and theatre practitioners
Study dates	Not reported

Sources of funding	Not reported
Inclusion Criteria	Involvement in an intervention Young people in care involved in the music and theatre initiative
Exclusion criteria	None reported
Sample characteristics	Sample size 10 young people in care, four foster carers and a residential worker, Two members of the Theatre Company Gender Seven female, three male
Relevant themes	Theme 1 The "buzz" of theatre production - All of the young people really enjoyed taking part in the project, particularly the performances. Particular mention was made of the “buzz” or “rush” young people felt being watched, clapped and cheered by large audiences. For one young woman, it was about the thrill of taking part in the curtain call. This was the first chance she had to find out what the audience thought about her solo performance: "the very last night we had a different curtain call… and me and [Liam] had our own bow, we had a standing ovation and we were kind of like ‘oh my god’, I’d never had that before so I was very, very shocked and that’s the best bit of the play, So at the end of it when you get a cheer you just like, people actually did enjoy it." Theme 2 A sense of accomplishment - There was also a real sense that the demands of the performance had provided young people in care the opportunity to demonstrate that they could achieve: "… it was our chance to tell people and to show people that we have got talent and we showed them and we showed them more than what we were expecting. It was absolutely amazing, everyone put their all into that cabaret, because it was what we wanted to do, we made that cabaret. (Charlene aged 16)" Theme 3 Experience building new skills and possible career direction - Those young people involved in back stage and technical activities also appeared to enjoy themselves. Two young people who had backstage roles in the play thought that this was good experience for a possible future career: "for me it’s to try all the different aspects of it to see what I like and what I want to go into in the future … [I’ve done] a lot of acting but I haven’t done that much back stage and costumes and sets and things." Theme 4 Gaining confidence - All of the young people reported that they gained a great deal from their involvement in City of One. Six of the young people interviewed spoke about gaining confidence: "the fact that I came here and I made friends and they like me for who I am has made me confident and the fact that I got… one of the main parts and people liked me made me even more confident and the fact that people came up to me and said my singing was amazing just made me feel absolutely amazing…." "… more confidence… because like on the first day I didn’t think I could do anything and be myself but when you mould in to it and relax yourself you can find your different groups and you can talk to certain people about certain stuff and that’s really good…." Theme 5

	Learning new skills - Several other young people discussed learning new skills or improvements to their existing theatre skills: "… I have heard different parts of my voice that I didn't think I had. Um I have been able to experiment with my voice a lot more so it's been um like a come through for my voice and my confidence at the same time." Two young people commented on the useful help and advice they had received from the professional actors and singers: "… the adult actors, because they are professionals, they taught me so much which is absolutely amazing because you don't actually work with professional actors usually until you are professional yourself." "they gave me a lot of positive advice… it helped me out really much because like some days I wasn't really concentrating that much because I was hungry or wanted sweets or something stupid like that but they was like "oh [YP6] pull through it" and as they've… given me that advice… I've just been a better person really." Theme 6 Development of positive relationships - There was a lot of discussion in the interviews about the positive relationships that had developed throughout their involvement. Most of the young people appeared to have got on well with the other cast members: "… really well, I got like um a few good friends… three are absolute legends I love them to bits, I wouldn't change them for the world and I am so lucky to have met those three because they are absolutely wicked." Theme 7 Importance of mixed cast - those from the care system and those who were not - Importantly, some of the young people talked about how the cast of 35 was mixed, including young people from the care system and those who were not. It was this diversity, that prevented young people feeling stigmatised by their care label. It also gave them the opportunity to get to know young people who they may have felt they had nothing in common with, breaking down barriers and expanding their friendship networks: "Yeah it was with everybody, like nobody knew who was in care unless they said and obviously that kind of proves that children in care don't have labels… but yeah we all just got on with it and got on with everybody, we was all part of a team no matter whether we were in care or not in care, we was all working to get the same point across." Theme 8 Relationships as a motivator for project completion - Relationships with the cast appeared to consolidate over time. As the following quote demonstrates, camaraderie within the group also meant that young people felt more committed to see the project through: "… and because of the cast because we were all kind of like, none of us let each other down, if we were supposed to be there on a performance we done it and I wasn't prepared to let anybody down. (Charlene aged 16)" Participants suggested professionals delivering the project had recognised the challenges that young people in care can have in making and keeping friends. Often, it was 'falling out between young people' that hindered continued involvement in activities. If disagreements were not managed, then young people may feel uncomfortable to return to rehearsals the next day and, in some cases, may have left the project. Nevertheless, overall involvement was seen as a good opportunity for making friends, developing team working skills, learning how to compromise and getting along with others. Theme 9 Validating and sharing care experiences - Young people had been able to share their own personal experiences of the care system with the other cast members. Others spoke about being able to relate to the play because of their own personal experiences. Some felt that this may have helped them to better understand the play and also to get into character: "I think children in the play that were in care had the experience and put loads more emotion into it like it was kind of their way of speaking out to people and letting them know. [I: And did it really feel like that?] … it didn't at the beginning because obviously we didn't know what we were going to get out of it but towards the end it just felt like everyone was starting to listen and take in what we were going through and how much it took out of us to do something like this." "… we were just chatting about it and like people that you'd think are in care, aren't in care or their family has had hard problems which I think is good because… you don't feel so left alone because if you don't know any children in care you feel like you are the only one really and not just like the only one, but like you are the only one with like them sort of problems…. that's what I found out through this play." Another young woman, who left prior to the final performances, felt that she was much more interested in developing the dance routines rather than in discussing her care experiences. In the following quote, she articulates how in reality, involvement had not changed the way she felt at all: "… I have been in care for like near enough all my life so it didn't really make me feel any different because I have been through a hell of a lot of foster placements, children homes and all that so it didn't really make me feel any different about it." Theme 10 Pressures of other commitments a barrier to involvement: Two young people dropped out of the project, only one of whom had agreed to be interviewed. One left by the second week of rehearsals and another stayed until the end of the rehearsals. Pressures of other commitments were cited as reasons for pulling out. For example, one young woman had just started back at college and found that she was being set a lot of homework to do. She also felt that living in foster care meant that she had more to fit in to her free time than

	perhaps other young people did, including the demands of keeping contact with her birth family. Another young woman commented on how tiring it was going to college every day, then going straight to the theatre to do a pre-show rehearsal, followed by a performance and sometimes an after-show talk, and then having to get up early for college the next day: "I found it really hard this time because I was doing a lot of stuff… the first week was a doddle for me… like the rehearsals went fine, got to the first week of performances, fine, second week absolutely exhausting. I was just like "I can't do this anymore… I just don't want to do it", … And getting home at half past eleven and then getting up again at 7 am to go to college, it was very tiring. (Natalie aged 19)" "… it was very stressful and it was a long period of time, for me it was a long period even more because I couldn't see my daughter every day like I wanted to. I was missing her plus I was carrying on doing this so it was a lot more stressful for me than I thought it was going to be but I'm glad I done it now it was amazing." Theme 11 Financial cost a barrier - There was a financial cost of getting involved. It is clear that this would have caused problems for some of the young people if the Theatre Company had not stepped in to offer financial assistance: "… well there was a few times where we did have a bit of financial problems like me and my sister but the company were great, they always like helped us and sorted it out for us, so we always did manage to get there on time." Theme 12 Carer views - Generally, carers felt that young people had got an enormous amount out of their involvement. Young people had enjoyed their experiences, learnt a wide range of skills and increased their awareness and understanding of their care experience. Importantly, there was also the development of friendships: "I think it's done our boy a lot of good because he actually finds friendships very difficult. I am not saying it in an unkind way, but he is not an ordinary teenager. But he has come here, everyone has accepted him, nobody has teased him, nobody has laughed at him, he will come in the door going hello to everybody as he came in. I think [name] really it's done him a world of good. (Foster Carer)" Carers explained the challenges young people in care can have in making and keeping friends. The residential worker highlighted how often it was 'falling out between young people' that hindered continued involvement in activities. Theatre practitioners were perceived to have managed this well and young people had learnt to compromise and 'get along' with others. Theme 13 Carer view - skills acquisition - Reported skills acquisition included improved communication, dance, singing and performing skills, and for those involved in backstage work, technical skills. In terms of selfesteem and well-being, carers focused on improved confidence, a better sense of self and heightened awareness of the impact of their own care experiences, summed up in the following quote: "… during her involvement it was the happiest I had ever seen her. I noticed a marked difference in her, her main interest is dance and drama, normally she finds it almost impossible to keep going, but watching her this time was miraculous, for her I think it was amazing. The value of performing arts is clear, it made her take pride in herself." Theme 14 time commitment for carers - Challenges and commitments of supporting involvement were also identified: providing lifts to rehearsals, help with learning lines and encouragement when young people had found things difficult or were becoming distracted. Carers attended several performances and gave feedback, while juggling other childcare priorities. Where young people lived in residential homes with several workers, it was difficult to maintain consistent communication between the theatre company and the units and support for young people. Theme 15 Company directors - a sense of transition - The Company Directors were encouraged by the developments they saw over the project period, in terms of theatre skill acquisition and the sense of achievement that came from the involvement in the project and final performance. From their perspective, a key outcome was the transition that occurred in young people. At the beginning of the project, young people had needed high levels of support; however, by the end, they were more self-reliant and pro-active in their contributions, as well as more reliable in their involvement.

	Section	Question	Answer
Risk of Bias	Aims of the research	Was there a clear statement of the aims of the research?	Yes
	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Setting not justified, interview technique is not explicit; no discussion of saturation of data)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Unclear that researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes

	Findings	Is there a clear statement of findings?	Yes *(respondent validation techniques were used)*
	Research value	How valuable is the research?	The research has some value *(No in depth discussion regarding the contribution to existing literature, generalisability not discussed, intervention specific qualitative outcomes)*
	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Directly applicable

Samrai 2011

Study type	Semi structured interviews
Aim of study	To investigate foster carers' experiences of placements and placement support, including their views of what constitutes a successful placement
Study location	UK
Study setting	an English local authority
Study methods	The data were collected using semistructured interviews. The interview consisted of broad questions about views of placement experience, support and ‘successful’ placements. A schedule was used to guide the process and interviews ranged from 40 to 90 minutes in duration. All the interviews were transcribed verbatim and the transcripts were then checked twice for accuracy by the researcher. Grounded theory was used to thematically analyse the transcripts.

Population	Foster carers
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	Carer situation foster carers employed by a social services department in the Midlands.
Exclusion criteria	None reported
Sample characteristics	Sample size Eight foster carers Type of care None of the participants were kinship carers. Four were short-term foster carers, one offered short-term and emergency placements and another offered shortterm and leaving care placements. One participant offered short-term and longterm placements and another short-term, long-term and respite placements. Gender seven female and one male. Age ages ranged from 35 to 61 years. Ethnicity All the participants described their ethnic background as White British.
Relevant themes	Theme 1 Support offered by the link worker was essential but respite often unavailable - Support offered by the link worker, as well as financial and practical support from social services, was seen as essential. Although respite was also deemed important, not all participants had access to this. Participant 8 commented: "Support, the basic support is from the link worker – or supervising social worker they call them now – and we've been very fortunate over the years because our support workers have always been brilliant." Theme 2 Training - Training was seen as useful and it was generally felt that training programmes had improved more recently. The practicalities of attending training were highlighted as an issue by Participant 7: "It's difficult for a carer, with young children, because it's not as easy to get the training that they offer [which] is quite often on the other side of . . . for like 9am."

	Theme 3 lack of availability of link worker - Participants felt that support was not always available when needed. This was mainly in relation to contacting the link worker. There were also incidents when participants felt support was promised and not delivered, as exemplified by Participant 3: "Like you say, 'Well, we could take this child but we'll need this help,' and you have the initial review meeting and things are promised, and then none of it happens, so the child's got expectations and you've got expectations and it doesn't happen." **Theme 4** Back up care, family and friends care, and peer support - It was suggested that more back-up options should be available, although positive experiences were reported when participants contacted the duty team. Meeting up with other foster carers was cited as extremely beneficial. Support from the participants' informal network, particularly from family and friends, was an essential component. Participant 2 reported on her main source of support as 'my son and daughter-in-law; she is actually a nanny so she's very experienced in child care'. **Theme 5** Importance of relationship quality with link worker - An important influence on the success and stability of the placement was the professional relationship between participants and their link workers. A good relationship enabled the participant to contact the link worker when required. Participant 1 reported: "Well, my link worker was . . . she did her normal visits, once a month, and was there really if ever I wanted to talk to her about anything." However, a poor relationship with the link worker led to participants feeling that they could not contact them and relationships with different link workers could be variable. The relationship with the child's social worker was also identified as being important in ensuring placement stability. In instances when interviewees felt the relationship with the child's social worker was poor, they felt the social worker was not responsive to the child's needs. Participant 7 recounted her experience: "He didn't sort of stay in touch as much as the other social workers that we've had, and I was sort of having to sort of phone him to chase him for things." **Theme 6** Lack of cross communication - Communication from both sets of social workers and social services was highlighted as problematic. Many participants felt that communication between link workers and children's social workers was poor and, at times, they were given mixed messages. **Theme 7** Foster carers need for the child's history - They believed it was vital to have background information and details about the child and their history. Some felt information that may have been less favourable about the child was withheld by social workers in order for the placement to go ahead. Participant 3 explained: "We spoke to the carer and found out a whole load of other details and said, 'No, we're not taking her,' but if I hadn't have spoken to the carer, we would have taken her and we would have had problems . . . there's just no point them coming to placements that just, it's just setting the child and you up to fail." **Theme 8** Primacy of own family (and positive impact of fostering) - All the participants stated that they enjoyed fostering and found it a positive and worthwhile experience. They were able to acknowledge that if a placement had a profoundly negative effect on their family, their immediate family would come first and a placement might have to end. However, participants reported that the impact of becoming a foster carer on their family was generally positive. Participant 6 explained: "I think my job is more of a passion than a job. If I'm honest with you, like I say, it's very rare you get kids through your door that you don't want to help." **Theme 9** Desire to be involved in decision making - A majority of participants wanted social workers to involve them more in decisions related to the child, but found that social workers' expectations of how much participants should be involved varied. Participants also expected children to have an allocated social worker, to ensure the child was well supported. Participant 3 discussed their experience: "I tried to get help on several occasions, but at the time she didn't have a social worker, and the principal social worker kept saying, 'Oh it's no good, she hasn't got a social worker, we'll sort it out, and then you'll get some help,' and this went on for three months."

	Theme 10 Bias towards the birth family? - The role of different social workers was highlighted as problematic at times, particularly when there appeared to be confusion about the goals of the placement. Participant 1 recounted: 'Sometimes I find that the child's social worker is more representing the needs of the birth family.' Theme 11 Need for more recognition from social services - Some suggested that further recognition for the job they do from social services would be appreciated. Participants' expectations for the children in placement were also important. Many felt that services provided for looked after children were not adequate and had positive, rather than negative, expectations for the children. Participant 8 explained: "I know a lot of children in the care system do get discriminated against and they get disadvantaged and I think a lot of that is because people have low expectations of them, so because we didn't have those low expectations, we just thought, no, this is the difficulties they've got – how are we going to overcome them?" Theme 12 Defining a successful placement - All the participants judged a placement to be a success if it had been seen through until the end and the child moved on to a permanent placement, back home or to a long-term placement. Not everyone agreed with the transitions that were arranged, but it was generally felt that if the child was happy with the arrangements, they would support the move. The relationship between foster carer and child also emerged as important. Participants spoke of wanting the child to be nurtured, cared for and confident, and for them to achieve their potential in the placement setting. They said that if they stayed in contact with the child following the end of a placement that, too, was deemed a success. Participant 9 explained: "We can't help feel it's successful when they keep getting in touch and leaving messages and Christmas cards and things like that. You think, well we did do something for them." Theme 13 Attachment for placement stability - A significant factor that contributed to placement stability, the goals of the placement being achieved, and the placement continuing was the bond formed between the foster carer and the child. Participants all described forming an attachment with children in their care and wanting to meet their emotional as well as their physical needs. In this respect, they often felt that the child's contact with the birth family had a detrimental effect. Theme 14 Feelings of loss - The emotional investment by participants led to mixed feelings when the child moved on. Although the foster carers were often pleased that children were moving to permanent placements, Participant 6 described feelings of loss: "I was sad. They don't realise . . . every time we do it, we have to do it every year, but they say the children get sad and things like that, but so do we as adults." After a child had moved on, there were also positive emotions. If a participant had formed an attachment with a child, then contact between them signalled a continuing relationship. This was something all participants valued, as they wanted to know how the child was progressing and indicated that they still cared about them. However, if a placement had ended abruptly, some expressed a sense of distress. Participant 4 recounted, 'I was devastated, absolutely devastated. I suppose I was a bit hurt.' Theme 15 Need to be involved in transition planning - The ending of a placement or the start of a new one was a variable experience for participants. There was a range of reasons for a child leaving, such as them moving on to a permanent placement, leaving care or due to placement breakdown. The majority of participants reported a sense of loss when a child moved on. They also described the impact of a placement transition being poorly handled. As recounted by Participant 9: "think it pulled us back to perhaps more how we were when we first began fostering, just doing the job more or less, you know, just do what we needed to keep them happy, fed and watered and that was it, whereas fostering is not just that, there's a lot more to it." When a transition was planned, participants wanted to be involved, in which case they felt that it was a much smoother process. Participant 2 recalled: "[I] met with the adopters before the children had moved on, so we'd already covered all the different questions – everything about their care and what they needed and how to respond to the – and the transition was very very smooth."

Risk of Bias	**Section**	**Question**	**Answer**
	Aims of the research	Was there a clear statement of the aims of the research?	Yes
	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Data collection	Was the data collected in a way that addressed the research issue?	Yes *(However setting not justified and no discussion of data saturation)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(unclear that researchers critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(no mention of ethical approval)*
	Data analysis	Was the data analysis sufficiently rigorous?	Yes *(However, unclear that researchers critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*

	Findings	Is there a clear statement of findings?	Can't tell *(no discussion of cridibility of findings in terms of triangulation, respondent validation, more than one analyst used)*
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Directly applicable

Schofield 2015

Study type	Semi structured interviews RQ2 Mixed methods
Aim of study	To examine the risk and resilience profiles of young people in care who offend, including the role of social cognition characteristics (emotion recognition and hostile and benign attribution bias).
Study location	UK
Study setting	Four UK local authorities from different regionswere approached to participate in the study, providing a diverse context: two urban authorities with ethnically diverse populations and two shire counties.

Study methods	The interviews with the sample of 100 young people combined a semi-structured narrative interview, focusing on a range of life experiences, with standardised social cognition and language measures. In the narrative interviews each young person was asked about their experiences of school, college and work; where they were living; who they were living with; what they did in their spare time; friends; offending; contact with birth family (if in care); their experience of professionals; and their plans for the future. This qualitative interview data was analysed thematically, coding from the data, but also drawing on the risk and resilience factors discussed above e.g. close relationships, self esteem and self efficacy.
Population	Looked after children with offending history, looked after children without offending history,
Study dates	2013
Sources of funding	Big Lottery Research Programme
Inclusion Criteria	Age The target age range was 15–17 Care Situation Looked after children in contact with the youth justice system; and looked after children without involvement in the justice system. 'Looked after children' were defined as young people who were looked after by the local authority through a care order or voluntarily accommodated under section 20 (Children Act 1989) for at least 12 months.
Exclusion criteria	None reported
Sample characteristics	Sample size 33 looked after children offenders, 35 looked after children non-offenders Type of care Referred young people were in a range of placements e.g. residential care, foster care, secure unit, and semi-independent living. Gender A gender ratio of 70:30 boys to girls Age age 14–19 (Mean = 17 y, SD = 1 year)

	Ethnicity an average of 36% black andminority ethnicity (BME) young people across the three groups, with no differences between groups
Relevant themes	Theme 1 The key protective elements that emerged fromthe interviews with the three groups and were supported by the case file histories can be grouped into two broad areas — the importance of positive, trusting relationships and the role of constructive activities, such as school, leisure interests or employment. Theme 2 The group of looked after children who were not offenders, and somewho had previously offended but then desisted,were able to articulate both their own sense of progress in these areas, but also the connection to the quality of care they had received. Underlying these young people's capacity to take advantage of relationships and activity was their ability to reflect on and regulate emotions and behaviour. Theme 3 Positive activities - For a care population, a sense of belonging is also an important factor in reducing anxiety and supporting pro-social behaviour. The positive activities described included school, college and diverse sports and hobbies, but all were linked to relationships with teachers, foster carers, residential workers and peers who encouraged and supported young people to find success and enjoyment in pro-social activity. Theme 4 Positive relationships - For the looked after young people who were not offenders and who appeared more stable in placement and in education, the quality of their relationships was central to their development. In this example, it is clear that for young people, sustaining trust in supportive relationships and making prosocial moral choices are linked to support for the capacity to reflect on feelings and behaviour. "My carer (name) she's really nice and supportive and would help me through anything really. I've been here for seven years now. For me it's the best foster home I could have been to. She certainly helped me progress through school and everything. If I was ever in trouble and didn't know anything she'd always be there to back me up and ask why I done it and talked to me…She'd sit me down and say it wasn't a very acceptable thing to have done, what could you have done to be more positive? [16, male, LAC non-offender]" In other cases, relationships are clearly linked to building self-esteem and self-efficacy, enabling children to function more effectively outside as well as within the foster family. "I praise (my foster carers) so much — you just cannot get any better, they are the best ones going. What sort of things do they help you out with? Just everything…it's like emotional support, school life, education wise, friends, they help me to manage my money, how to live my life. They teach you all the basics and more. [15, male, LAC non-offender]" Theme 5 Residential care relationships can also form a turning point for benefit - Although positive foster care stories predominated amongst nonoffenders, residential care could also provide the turning point that enabled young people to go on to greater stability or to benefit from foster care. In this example, the secure base nature of the relationship (i.e. where trust promotes the capacity to explore) is evident — and the wonder in the natural world that this inspired in this boy continued throughout his adolescence. This is his account as a 15 year old, now in stable long-term foster care, of an expedition with a residential worker when he was 11. "It's amazing what's out there…There was seals in a river that goes out to the sea and it has this wall with all seaweed and a little bit of sand and he said, 'Here, look, do you think there's any life in them rocks?' and we would say 'No, there can't be nothing'…we used to go all through the rocks and find all this weird stuff like crabs and other stuff, it's just amazing. [15, male, LAC non-offender]" Theme 6 Reconciling the past to benefit from relationships on offer – For many of these more resilient teenagers, it was often the case that coming to terms with their family history allowed them to benefit from the relationships on offer and to develop a sense of belonging as a family member. "I wasn't a good child because my birth family never showed me any love…I was always angry, all the time, and then (foster mother) she saw what was going on and she knew, so she gave me love and she gave me what every mother should give their daughter and I changed my ways and now I don't do drugs or anything bad like that. [16, female, LAC non-offender]" This teenage girl is able to provide a coherent narrative that takes account of her foster mother's feelings and behaviour, and explains the association with improvement in her own behaviour.

	Section	Question	Answer
Risk of Bias	Aims of the research	Was there a clear statement of the aims of the research?	Yes
	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(However, no discussion regarding whether/why some participants chose not to take part)*
	Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Setting not justified; the researcher has not made the methods explicit; form of data unclear; no discussion of saturation of data)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Unclear that researcher has critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(There was no in-depth description of the analysis process; unclear if sufficient data to support findings/extent of contradictory findings; unclear that researchers*

			critically examine their own role, potential bias and influence during analysis and selection of data for presentation)
	Findings	Is there a clear statement of findings?	Can't tell *(No apparent discussion of the credibility of the qualitative findings in terms of triangulation, respondent validation, more than one analyst)*
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Directly applicable

Sidery 2019

Study type	Semi structured interviews Subgroup of interest UAS
Aim of study	to attain the carers' perspectives on the resource and support needs particular to caring for Unaccompanied Asylum Seekers
Study location	UK
Study setting	a semi-rural county in the South West of England with a considerably lower level of ethnic diversity than the national average

Study methods	Semi-structured interviews. Participants chose the locations of the interviews; most took place in carers' homes or at the local refugee support agency. Interviews lasted between 50 minutes and one hour and 40 minutes. Carers were interviewed about the needs of the unaccompanied young people previously or currently in their care and their perception of their preparedness for fostering them. They were also asked about their views on what training, support and resources had been, or would have been, useful to them. The interviews were transcribed verbatim. A process of inductive thematic analysis was then applied to the transcriptions to identify themes arising from the data.
Population	Foster carers with experience of fostering unaccompanied young people
Study dates	2016–2017
Sources of funding	None reported
Inclusion Criteria	Carer situation local foster carers with experience of fostering at least one unaccompanied young person
Exclusion criteria	None reported
Sample characteristics	Sample size 11 foster carers Time in care Participants had been fostering between two months and over 20 years and had looked after between one and 20 unaccompanied young people each, predominantly male, in a mixture of emergency, respite and longterm placements. Gender four men and seven women Ethnicity One carer was Asian and the other 10 were British
Relevant themes	Theme 1

	Different from fostering in general - Ten of the 11 foster carers interviewed had experience of fostering both unaccompanied young people and others from the local area. Each of them emphasised that the needs of unaccompanied young people had differed considerably from those of others they had fostered. Indeed, there was a sense of 'otherness' commonly reflected in carers' narratives, which framed looking after unaccompanied young people as 'signing-up' for a different kind of task from fostering in general. Theme 2 Five main areas of need - Carers' reflections on the needs of the unaccompanied young people they had cared for drew attention to five common areas of need: (1) cultural needs, including those pertaining to religion and food; (2) needs related to adjusting to life in England, e.g. learning to use a new currency and engaging in the English education system; (3) communication needs resulting from language barriers; (4) advocacy needs often related to accessing services; and (5) needs pertaining to the asylum seeking process, including recovery from trauma, emotional support and practical assistance to attend appointments. Theme 3 Need for training - Carers' reflections on their initial experiences of fostering unaccompanied young people indicated that many of these needs had been unfamiliar to them in the sense that they had not been anticipated, or that they had felt unsure how to meet them in practice. As one carer commented: "For someone who's from a completely different country, I think the foster carers should have a lot more support." At the time of the study, none of the carers had been offered the opportunity to attend any training about fostering unaccompanied young people in particular. Ten of the 11 carers proposed that a course specifically focusing on this topic was very much needed. Three carers articulated a sense of abandonment by their respective fostering services regarding the lack of training and preparation they had received: "Food, culture, language, you have no training whatsoever. These children are brought to you. The social worker comes back in a week, 'Are they OK?' or maybe phones, 'How are they?' Comes back in a week to see how they are, then they have a review within a couple of weeks. You have nothing. A lot of carers say we've just literally had the children placed here and we don't know what to do next." Theme 4 Contents of training - Several carers referred to rumours or misinformation being perpetuated by carers and social workers in the area about particular challenges – or conversely relative ease – associated with fostering unaccompanied young people. Correspondingly, there was a strong emphasis placed on needing to have a clear, honest and well-informed overview of fostering unaccompanied young people in the context of training: "I think we need training of what looking after an asylum seeker incurs, you know, the court process, the travelling, food, where they pray, Ramadan." Training about the asylum seeking process was frequently proposed as being essential: "I think you do need to know that little bit of background [regarding the asylum seeking process] because that's all going on in their mind. All the time." Several carers wanted training on potential cultural and religious differences and the expectations around family life that unaccompanied young people may hold. A range of additional topics for training were proposed by smaller numbers of carers and related to specific challenges they had each encountered. These included: assisting young people in learning English, communicating across language barriers, how to open a bank account, dealing with particular health needs, supporting access to education, providing emotional support following Home Office interviews, supporting those who have suffered multiple bereavements and caring for young people with post traumatic stress disorder. Theme 5 Who should deliver the training - A clear message that stood out from the interviews was that carers wanted training to be delivered by people with relevant expertise. Those they saw as fitting this description included people who work with asylum seekers, foster carers who have fostered this group over a long period and young people themselves. One carer suggested, for example, that training about the legal process be delivered by a foster carer with experience of supporting multiple young people through this together with a young person who could share their first-hand experience of the process. Theme 6 How much training - Carers tended to suggest that all of the key topics could be covered in one training session. Those who considered the frequency of training to be important shared the view that any course should run repeatedly through the year. One highlighted the benefits of this in terms of increasing the likelihood of carers being able to access the training before taking responsibility for an unaccompanied young person. Others emphasised the value of being able to attend a training session more than once, as a 'refresher' when needed. Theme 7

	Implications of not having training/information (lack of preparation) - Carers' reflections highlighted some of the implications of not having had training or some other form of introductory preparation. Most recalled knowing very little, if anything, about unaccompanied asylum seeking young people before their first placement. A prominent theme was not knowing quite what to expect before the young person arrived: "Well, I'll tell you the very first thing, when Adeel 1 came, we had no idea [what to expect]. This was our first asylum seeker. I looked up [online] about the unaccompanied children . . . it was a lot of research in a very short time. So, I don't think I really had any expectations. . ..I had no idea. [After being given a few hours' notice that an unaccompanied young person was coming into placement with her]" Only two out of the 11 carers described feeling somewhat prepared the first time they had an unaccompanied young person arrive in placement. Of those two, one had some previous experience of working with asylum seeking children abroad and the other had intentionally set out to learn quite extensively about countries where unaccompanied young people commonly come from, why they leave, characteristics of their journeys and the needs they might have. Still, both referred to a level of apprehension around the 'unknown' aspects of a young person arriving in placement. One carer commented: "We don't know what they've been through, we don't know what their background is or their family or anything, do we. So we do take a big risk in taking them." Five carers alluded to a similar sense of risk they had felt before a young person arrived, largely related to the limited information known about them. Theme 8 Fears associated with the "unknown" - Another carer referred to the 'fear of the unknown' in a broader sense: fostering an unaccompanied young person was her first experience of caring for a young person from another country and from a religion with which she was unfamiliar. She recalled her initial impression, before she had fostered an unaccompanied young person herself: "Maybe it's because I was a single carer, I was a bit frightened of the unknown, not having come across Muslims at all to be honest. Where I live there isn't a mixed culture. So . . . it's sort of the unknown isn't it a little bit. But I would definitely have one again." Initially, when she had provided respite for an unaccompanied young person for the first time, one of her relatives had expressed concern: "Cath: She was particularly concerned about my safety. Now you see, but that again, I was a single carer having a foreign person, a refugee . . . how do I . . . Interviewer: Was she concerned about your safety in terms of fostering generally? As in, you could have young people with quite complex backgrounds. Cath: No. . . Interviewer: So it was something to do with the unknown aspect. . . Cath: It was the unknown of having a refugee. Yeah. Definitely. And that is fear of the unknown, isn't it? Luckily, he was such a presentable young man, everyone who met him . . . Interviewer: Was won over? Cath: Completely! I mean he's extremely good looking, with a wonderful smile and very, very polite. So yeah, they were won over by him. Straight away." Theme 9 Negative views of others and the surrounding culture - Having bridged the 'unknown', her sense of fear had subsided. However, she spoke of being very conscious of those she talked to about fostering him, because controversies over immigration had been in the media a lot at the time. Negative attitudes expressed by others within the local community were referred to by carers in two other interviews. Seven carers cited the news, often war reports, as being their only initial source of knowledge about the countries the unaccompanied young people came from. In some instances, false expectations had been influenced by the media. As one couple recalled: 'We were expecting a Syrian refugee. Coz that's what you hear on the media really.' Theme 10 Resources for information - the internet - Although one carer mentioned not having time to look for resources online, carers in six of the eight interviews referred to searching on the internet for information. Most commonly, they had sought to learn about particular countries, cultures and religions but some also spoke of searching to find out about unaccompanied young people in general. For the majority of carers, it was after receiving a phone call asking them to provide an emergency or respite placement that they had started to look for information. This was often at short notice and the internet had been an easily accessible resource for quick research: 'When I was asked to have them on respite, I was frantically looking up things.' While some valuable facts and guidance had been found, the usefulness of information discovered on the internet had been limited in two ways. Firstly, on occasion carers had formed expectations about young people based on information they had learned online that were very generalised and did not take into account the uniqueness of each young person's preferences. For example, one carer recounted that having read that Muslims eat Halal food, she had gone to great lengths to find and use Halal meat for the young person in her care. However, after some time, she realised that he regularly ate non-Halal food away from home; when she asked him about this he explained that he did not need to be so restricted in his diet. Further limitations of the internet as a resource were apparent in scenarios where information that carers found online conflicted with what young people had told them about their religious or cultural needs or wishes. Three carers gave examples of this. One, who had fostered predominantly Muslim unaccompanied young people, described how she had managed to build a relationship with someone at a local mosque who had been able to help her to navigate this type of challenge: "There's another little holiday of about 12 days – well, not a holiday. It's like Ramadan but it's not. And at the end there's another Eid. Well, I had no idea what that was. So trying to find out, and actually I've got another friend who had a friend at the mosque and I'm like right, OK, so I've discovered lots of contacts of my own that I can then speak to and ask for advice. Coz they were also, they weren't eating at that time either. They were fasting. And when I looked it up on the internet, I couldn't see that they should be fasting. So I was really confused as to why they were doing this. [I later understood that] they had missed some days in the original Ramadan."

	Theme 11 Sources of information - Refugee Support Organisations - Around half of the carers referred to a local refugee support project as a prominent local source of information regarding the legal process, religion, culture and family tracing opportunities. In this respect, two carers referred to it as 'a Godsend' and 'a lifeline'. One commented that they were lucky to live in a town with this type of a project. Not all carers had been aware of this resource when they first started fostering unaccompanied young people. Carers who had accessed this organisation for information also spoke about attending group sessions there, specifically hosted for foster carers to be able to discuss and learn about fostering unaccompanied young people. Two couples and a single carer in particular had highly valued the opportunity the group had afforded to ask questions to a child psychologist and a specialist support worker. Although some had clearly been glad of the opportunity to ask other carers for advice within that context, various challenges in the group dynamics were also highlighted. Theme 12 Sources of information - support from social workers - A few of the carers had approached young people's social workers or their own social workers at some point for information regarding, for example, the asylum seeking process, specific cultural differences or the rights of the unaccompanied young people in their care. They encountered considerable variation in the levels of knowledge displayed by the social workers they approached. All but one shared examples of social workers having given them incorrect or contradictory information or having made assumptions about young people's needs that were not accurate. These scenarios highlighted gaps in some of the social workers' knowledge around unaccompanied young people, including their rights, cultural needs and the asylum process. Theme 13 Expected level of social carer knowledge - Carers' perspectives on the knowledge that social workers should be expected to have varied considerably. Almost half felt that there should be a better level of knowledge across all social workers: "Social workers could do more. Like our fostering social worker, they don't know much about asylum seekers. They need to have a really thorough working knowledge of all of the aspects of this, so they can have the confidence to educate people like us." Theme 14 The possibility of specialist teams - However, the majority proposed that it would be preferable, or more achievable, to have a particular social worker or team with specialist knowledge who could be a point of contact for those fostering unaccompanied young people. This view was influenced by a variety of factors. Some referred to how busy social workers are. One carer felt that social workers could not be expected to all become experts in such a vast topic area. Similarly, another emphasised that this group of young people differ very much from the families and young people with whom most social workers have been trained to work. Theme 15 Sources of information - Foster carer peer support - Commonly, where foster carers knew of other carers who had experience of fostering unaccompanied young people, they had made contact to ask for advice at the outset. This tended to relate to practical matters, such as where to buy international food locally, and to gain insight on how others had managed to succeed in tasks such as opening a bank account, attaining a driving licence or securing a school place for a young person, which some had been involved in arranging. Carers often described such tasks as involving many 'hoops' to be jumped through, more so than for other young people in their care. Two carers elaborated on the benefits they saw in talking to carers rather than social workers, when faced with particular challenges: "I think when you are in a difficult situation to be able to ring another carer that actually understands is invaluable. Talking to a social worker is fine, but they're not living and breathing it. And they work roughly 9 to 5. I think I got my support from the other two foster carers in [town] who I could pick the phone up to, and that was a plus. And that was partly because they knew exactly what I was going through because they had gone through it. While maybe a social worker wouldn't have done." However, not all carers in the study shared positive experiences of peer support. One recalled being given incorrect information by another and it was clear from a range of narratives that there had been conflicting views among carers about how to respond to particular situations or challenges. One couple spoke about their disappointment at being put in touch with carers whom they felt could not relate to them in terms of their age and stage in fostering. Theme 16 Not knowing others who had fostered UAS - At the point of their first placement, around half of the carers had not known any others who had fostered an unaccompanied young person: "Talk to other foster carers . . . That's easier said than done. You know we've only been in the area at that point just about a year. Fostering about six months at that point. We don't have a network." A few had been given contact details of people with relevant experience by their social workers, but most had not and wanted a means of more easily connecting with others.

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Theme 17
Sources of information LANGUAGE - Local Community Contacts - A few carers had made particular efforts to find people who were from the same country as a young person in order to gain insight on aspects of culture and religion or to help them communicate with young people who didn't speak English. This happened more often at the start of a placement. Where young people spoke English, carers had been able to ask them about their needs and wishes directly. However, the majority emphasised that the presence of a language barrier often prevented this. Carers' accounts of particular challenges in the first week were very similar: they described that young people's needs had not yet been assessed and the first opportunity to access an interpreter would be the placement planning meeting, a week later. In some cases, carers had called upon people they knew from the local community who spoke the young person's language to help them communicate at this point. At times, these were people they had met only once or twice previously or 'friends of friends'. One couple described the sense of urgency they had felt about finding a way to communicate with a newly arrived young man: "We had a friend who spoke a bit of their language and I rung him and I said, 'We're in an awful situation, can you help us?' He came up and saw us and he also brought a friend . . . and so he explained things to them and he was telling us, which was very helpful. Because otherwise we were left, and that was it."

Theme 18
Filling knowledge gaps using a translator - Another carer illustrated the sort of questions she tends to ask young people when she finds someone willing to translate: "Give us a bit of background, on your country and, you know, stuff. So we've just got a little idea. So we're not blind. And they've told us about their country, their family, their traditions, their religions. What's normal to them, how their families were. So that we can sort of try to understand where they're coming from." Carers had also been able to fill knowledge gaps by asking questions to people they met in various meetings related to the young people. Multiple carers referred to the opportunity afforded when interpreters attended meetings to learn from their insight regarding, for example, particular cultures.

Theme 19
Building an information network - One carer spoke of how much she had learned by chatting to a social worker on journeys to court and another described a key conversation with a solicitor: "Jen: My knowledge came from the solicitor [who] was absolutely brilliant. Interviewer: So they gave you a lot of info about . . . Jen: All about the court proceedings, for instance. And I asked lots of questions. I said, 'I'm really sorry. I have no idea about any of this stuff so can you help me.' And he was really good." What such examples had in common was that they demonstrated ad-hoc opportunities for carers to learn. It was clear that carers' ability to access useful information improved as they developed networks of people who had knowledge they could draw on. One couple who had cared for unaccompanied young people for 14 years reflected: 'When we first started this, we didn't have any connections. Over the years, we've grown a phenomenal network.

Theme 20
Sources of information - Printed resources - Most of the carers referred to printed resources they would find useful. Suggestions included print-outs of recipes from relevant countries, a list of websites with more information about life in different countries, a booklet designed for foster carers with details of particular religious customs and festivals and a flowchart of the asylum seeking process. Only one couple mentioned having come across The Fostering Network's (2016) booklet about fostering unaccompanied young people, which contains some of that information. Multiple carers also commented that it would have been helpful to have some locally tailored information, such as a list of where to buy Halal food nearby. One couple discussed their view that social workers ought to provide carers with a list of local groups or activities for young people, in particular places where they could meet and socialise with others from the same country. Over time, they had found out about such activities but when reflecting on the impact of not having been told about them, one described how 'There was no navigation for us. We were in the middle of the ocean left wondering which way do you go.'
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<tr><td>Risk of Bias</td><td>
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<tr><th>Section</th><th>Question</th><th>Answer</th></tr>
<tr><td>Aims of the research</td><td>Was there a clear statement of the aims of the research?</td><td>Yes</td></tr>
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	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(However no discussions regarding why/if some participants chose not to take part)*
	Data collection	Was the data collected in a way that addressed the research issue?	Yes *(However, no discussion of data saturation)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Unclear that researcher has considered their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Unclear that researchers critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(No discussion of credibility of findings in terms of triangulation, respondent validation, more than one analyst. However, findings were explicit and contradictory evidence was presented)*
	Research value	How valuable is the research?	The research is valuable

	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Directly applicable

Thomas 2012

Study type	Focus Groups Evaluation of an intervention Children in Care Councils Theme 32 In-depth interviews
Aim of study	To see how far local authorities had been able to develop processes and structures that enabled children to exercise their minimum rights under the Convention on the Rights of the Child, and also looked for examples that went beyond this to achieve elements of shared decision-making.
Study location	UK
Study setting	Boroughs around the city of London
Study methods	Interviews and focus groups. Interviews lasted just over an hour and covered questions about participation structures and their purpose, patterns of work and activity, successes and challenges, and open questions about the future. Following the interviews, focus groups were planned and undertaken with

	young people, participation workers, managers and elected members. These were conducted as action inquiry groups, and explored participants' experiences and understandings in terms of successes and challenges.
Population	Ten young people, four participation workers, four managers and three elected members, from a total of 12 boroughs
Study dates	between May and September 2010
Sources of funding	Not reported
Inclusion Criteria	Involvement in an intervention Young people were recruited through an open invitation to all Children in Care Councils sent via the participation worker.
Exclusion criteria	None reported
Sample characteristics	Sample size Ten young people, four participation workers, four managers and three elected members, from a total of 12 boroughs
Relevant themes	Theme 1 The purpose of Children in care councils (CCCs) - The purpose of CiCCs was generally seen to involve representing the voices of children in care and care leavers through a variety of consultative mechanisms, influencing those who make decisions about services and monitoring the delivery of the 'Pledge' and other policies. The Pledge, introduced in Care Matters, is developed in each local authority, with input from children, to ensure that children in care are aware of their rights and opportunities (Department for Education and Skills 2007, p. 22). The boroughs had worked together to produce a London Pledge (Young London Matters 2008), complementing the local Pledge in each borough. Young people saw the CiCC as an opportunity to 'have their own voice' and take a lead. They emphasized the importance of achieving tangible improvements in services, not only for themselves but also for younger children: "'I don't want them to go through what I've been through'. (Care leaver)" Theme 2 Representativeness of the CCS - Although a majority of authorities had set up a CiCC, the fact that most had fewer than 20 young people raises questions about their effectiveness, given the general lack of mechanisms to ensure democratic representation and communication with other children in care. Members tended to be seen as 'the voice of children in care' simply because they had been in care themselves. Some groups did make concerted efforts to engage with other children in care, as the following comment illustrates: "'We're doing a fun day soon, a lot of us older ones chatting with them playing with them, finding things out, then coming back and writing things up and voicing what they've said'. (CiCC member)" Theme 3 Common activities of the CCC - Direct involvement in local authority services Many CiCCs were involved in staff recruitment, induction and training, and some in inspections of services.These were opportunities for young people to influence directly how services are provided, and were experienced by them as meaningful participation.

	Theme 4 Common activities of the CCC - Consultation activities Consulting other children and participating in national consultations were common activities. Responding to consultations is one way in which young people can participate in decisions about services. At the same time, young people were clear that there was a need for more direct involvement in decision-making through dialogue and regular meetings with the corporate parenting board and elected members. Theme 5 Common activities of the CCC - Publicity, promotion, information and campaigning CiCC members saw helping to write the local Pledge and producing information about how young people can participate (newsletters, magazines, websites and videos) as important ways to become involved. Some had organized events for children in care and campaigned around specific issues such as meeting Pledge commitments. Theme 6 Common activities of the CCC - Developing personal skills Participation tends to be seen in terms of young people having a say in decisions. However, this research also showed the importance of activities that supported personal development of members, e.g. work experience, gaining qualifications, volunteering and social activities, which provided opportunities for developing identity and building social capital. Most boroughs rewarded participants in their CiCCs, often using vouchers or an hourly payment. Office holders such as Chairs might have sessional contracts, and members were paid for providing training. Theme 7 The primary role of participation workers was seen as to facilitate the operation of CiCCs and wider participation of children in care and care leavers. This included finding venues, navigating local authority systems, being a researcher for the CiCC and an advocate for the group. Participation workers wanted young people to be at the centre of decision-making about services, and saw it as their role to support that. As one put it, the role: "'can't be just a job, it has to be a passion. It takes a lot of different skills, reflective people who are tenacious, very involved – and fundraisers'. (Participation worker)" There was some tension between facilitating and supporting young people to speak directly to decisionmakers and actually speaking on their behalf. How this was resolved reflected a combination of factors: the stage of development of the CiCC and members' skills and confidence; how well participation was embedded with political and professional leadership in the borough; and the skill and understanding of the participation worker. Theme 8 Social workers were frequently seen as less supportive of young people's participation. It was suggested that many had limited understanding of the purpose or value of the CiCC, and were reluctant to make referrals. Young people attributed this to frequent changes of worker, use of agency staff, unmanageable workloads and, in some cases, to a lack of interest in young people. It should be emphasized that social workers did not participate directly in this research. "'And he's there holding this social worker's hand and then the social worker leaves, and then we get another social worker, and just as we start to trust him, "Bye" .' (Young person)" Theme 9 Concerns were also expressed in relation to the commitment of social work managers. One CiCC member noted: 'We have a better relationship with Directors than with team managers'.Where good relationships had been established with heads of service, there was evidence that participation had more impact. There were some tensions around the potential for young people to say something 'difficult'; service managers were sometimes thought to be wary of putting young people in front of Directors or elected members because 'young people don't always say things diplomatically' (Participation worker). Young people questioned how well some professionals were able to engage with them, provide appropriate settings and opportunities for them to participate, and treat them with respect and understanding. Theme 10 As for relationships with elected members, the fact that 17 CiCCs met with councillors was encouraging. However, there was a feeling that public decisionmaking structures were not conducive to participation of young people. In one case, it was suggested that the political cycle did not support continuity and consistency, with frequent changes of the lead member. However, in the same authority, a councillor from each political group attended every meeting of the CiCC, with young people leading the meetings. Some young people were very positive about their experience of contact with political leaders: "'We secured funding from the mayor. Originally he said no but we turned around and went to him and said

we’re your corporate kids, would you deprive your child from using your living room? So why are you depriving us? So we sort of put it to him like that and he couldn’t say no after that’. (Young person)" Elected members showed high levels of commitment to the participation of young people, but admitted needing more support and learning to make participation effective. Similarly, it was apparent with heads of service and managers that the need for support in embedding participation within their systems constituted a major barrier to involving children in care in design, development and review of services.

Theme 11

How the CCC was involved in decision making - Focus group participants were invited to reflect on how the CiCC was actively engaged in decisionmaking, using a ‘decision-making cycle’ with the following stages: 1. Identifying issues 2. Inquiry and discussion 3. Decision-making 4. Action 5. Evaluation and review. Although patterns varied from issue to issue, participants usually identified some combination of stages 1, 2, 4 and 5 as points where the CiCC or its members would be engaged. No adult participant identified stage 3, but several young people did, giving the example of recruitment panels. This suggests that issues where young people were able to participate most fully were not around strategic or operational management, but in ‘niche’ areas such as recruitment, induction and training. Young people saw this as an example of active participation in something that directly affected them; e.g. a ‘buddying’ scheme in one borough which partnered newly qualified social workers with children in care over their first year of service.

Theme 12

Elsewhere, young people’s participation was expressed in campaigns around particular issues such as a failure to implement the Pledge, housing policy for care leavers or ‘bin bag moves’. However, these remain isolated examples, rather than systematic evidence of profound impact. Given the newness of some CiCCs, it is understandable that their role is underdeveloped. However, even where CiCCs have been established for longer, it was often unclear what systematic influence the group had beyond recruitment and training of front-line staff.

Theme 13

For local authorities, there may be a tension between empowering young people and meeting performance targets for corporate parenting; although, as one borough informed us, those targets may not reflect what young people need. A more responsive approach to service provision can be achieved through participation perceived as dialogue and joint inquiry (see Percy-Smith &Weil 2003; Fielding 2006).

Theme 14

Personal benefit to LACYP of taking part - While being committed to make things better for all children in care, young people also emphasized the personal benefits they got from taking part: developing confidence and self-esteem, pride, independence and self-advocacy. Psycho-social benefits included a sense of identity and agency derived from meeting other young people in care, sharing experiences and providing peer support; practical benefits included direct support services and social goods such as driving lessons, money, information about their rights and access to education and apprenticeship opportunities: "‘It’s not just that it’s our Council – we are all really good friends’. (Young person)"

Theme 15

Participants were asked to point to the main challenges and barriers to the development of CiCCs. Four issues emerged: funding and resources, continuity and succession planning, engaging with hard to reach groups and embedding participation in organizational culture.

Theme 16

With public spending cuts looming, funding was raised as a matter of grave concern. The general view was that the funding required to support an effective CiCC was relatively small, but a basic level was essential to enable it to meet regularly, engage in activities, reward young people and promote its work. Employing participation workers was critically important. Young people and staff saw lack of funds as the main factor holding back their work. It is evident that the development of CiCCs will depend on the ability of local authorities to protect a minimum level of spending to enable them to function, and to find efficient ways of using, perhaps sharing, resources.

Theme 17

Succession planning and continuity were an area of concern: in many boroughs there was no clear route for new participants to get involved, with a high level of dependence on the participation worker.Where the membership had been long-established and stable, there were concerns about an absence of new and younger members coming through to take the

	lead. The ‘feeder group’ model, which in some boroughs supported a smooth transition for younger children on to the CiCC, seemed to offer one way forward. However, this is more difficult for the many children placed out of borough. Concern about succession planning and continuity was connected to the issue of future funding: young people suggested that where CiCCs were still in early stages of development, the lack of established infrastructure compounded financial uncertainty. The participation worker was seen as the lynchpin, keeping children and young people engaged and interested, organizing meetings and events and advocating for the CiCC across the local authority. Yet investment in this resource was feared to be at risk as cuts begin to bite. Theme 18 Hard to reach groups - The challenge of engaging ‘hard to reach’ groups may refer to, for example, disabled children, younger children, refugee children, young mums, young offenders, young people involved in gangs, young people not in education, employment or training, or those who are unwilling to engage. Experiences of engaging with these groups are localized and contextual, with some local authorities finding it hard to engage a particular group such as asylum seekers, while others found them easy to work with (in one CiCC this was the dominant group). This issue, then, demanded local solutions such as activities tailored to particular groups and targeted entry routes such as football or dance classes, as well as ensuring that staff were aware of the CiCC and actively encouraged young people to engage.Young people and participation workers were aware that those currently participating were often self-selecting, and made constant efforts to seek wider views. The most ‘hard to reach’, however, were those placed ‘out of borough’, of whom there are a high proportion in every part of London. In some cases, this means being placed in a neighbouring borough, which can present its own challenges: a visit to young people in a children’s home in north London revealed that none of them had heard of their CiCC or knew the participation worker from their home authority, although when they heard of the successes of CiCCs, they expressed an interest in being involved, either by attending meetings or via the Internet. However, many children are placed outside London, often in Wales, Scotland or Northern England, and for them it is not practicable to attend meetings in London. Alternative methods of engagement such as social networks and websites have been suggested, but appeared to present difficulty because of professional anxieties about using the Internet to communicate with children. In only one borough were staff allowed to use a private Facebook group for their CiCC. It is of concern that children and young people placed ‘out of borough’ are not benefiting from opportunities to influence decision-making or participate with others. More work is needed to explore what effective participation for all young people in care might mean. Theme 19 A culture of participation - Participants generally considered that embedding a culture of participation remains the fundamental task in the long term. As one worker put it, participation must be ‘an ingredient in the cake’, not merely the icing. At one level, this is about challenging the culture of participation as consultation, and uncertainty about how best to integrate young people’s views into local authority systems. However, through the systemic inquiry process that participants engaged in, there was a realization that part of the challenge relates to developing an understanding of participation as ‘learning for change’, through dialogue and critically reflexive practice that enables systems to adapt and change in response to young people Theme 20 Embedding participation - Embedding participation means that all practitioners adopt participatory practices, rather than leaving it to the participation worker. Social workers’ attitudes were seen as a key element in this. With the legal obligation to take account of children’s wishes and feelings, their commitment to a broader participatory approach is critical to making children’s engagement a reality.Yet there was felt to be a tension between being a good corporate parent and empowering young people, and also ‘between championing young people and ticking Ofsted boxes’: "‘A highly performance-focused local authority will be hierarchical, top-down and undemocratic and one that does not support what we are trying to achieve, but is driven by the inspection regime’. (Social work manager)" Theme 21 Hopes for CCCs in the future - At the conclusion of the research, young people and their participation workers were invited to reflect on their hopes for CiCCs in the future, in response to these challenges. They expressed an ambition to deepen and widen their influence across local authority services and decision-making processes by firming up procedures, increasing their impact on policy development and corporate parenting, having more face-to-face contact with decision-makers and more creative involvement in strategic planning, and generally becoming more vocal and empowered. As one young person put it, the CiCC wanted to become ‘statutory’. Theme 22 Pride in accomplishments/anxiety for the future of CCCs - In all our contact with young people involved in CiCCs, it was evident that there was a great deal of pride in their achievements.This was reflected in their motivation and commitment, and their concern to ensure the work would continue. At the same time, there was anxiety about dependence

	on others to secure the future existence of the CiCC. "'I think it takes certain kinds of people – who better to do that than people in care because we have faced those challenges?' (Young person)"

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell *(Research methods are not justified)*
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	No *(Researchers did not explain how participants were selected or why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study)*
Data collection	Was the data collected in a way that addressed the research issue?	No *(No justification of study setting or explicit description of how interviews were performed)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Unclear that researchers r critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell

	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(no description of thematic analysis; unclear that the researcher critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(It is likely some triangulation took place since interviews and focus groups took place, however there was no discussion of the credibility of these findings in terms of triangulation, respondent validation, more than one analyst)*
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Directly applicable

Wadman 2018

Study type	Subgroup of interest mental health problems RQ3 self-harm in looked-after young people
Aim of study	to gain insight into looked-after young people's perceptions and experiences of factors related to self-harm, and of interventions and services received, in order to improve future service provision.
Study location	UK

Study setting	Young people in foster homes or residential homes in the East Midlands region
Study methods	Semi-structured interviews. Interpretative Phenomenological Analysis (IPA) study. Young people were asked about their experiences and perceptions of the first and most recent episodes of self-harm, repeated self-harm, stopping self-harm, and how they viewed the supports and services they received. The interviews were audio-recorded, transcribed, and subjected to IPA. The themes reported were present in at least half of the participants' accounts, and prevalence counts are given in order to demonstrate the validity of the findings.
Population	Looked-after young people in residential and foster care, care leavers were also included in this study
Study dates	March 2014 and April 2015
Sources of funding	Department of Health
Inclusion Criteria	Age 11 to 21 years Care Situation Young people with experience of living in foster care or residential homes Mental health self-harmed in the previous 6 months Location in the East Midlands region
Exclusion criteria	None reported
Sample characteristics	Sample size Twenty-four looked-after young people participated (including 8 care leavers). Mean age (SD)

	aged between 14 to 21 years (M = 16) Time in care Most participants (66.7%) reported going into care between the ages of 13 and 15 years with the remainder (29.2%, data missing for 1 participant) reporting first being accommodated in care between the age of 0 and 9 years. Type of care In terms of the looked-after young people's current care placement, 10 lived in residential homes, 5 in foster care, and 1 in supported accommodation. Of the 8 care leavers, 2 lived in foster care homes, 1 in supported accommodation, 2 had returned to their biological parents(s), and 3 lived independently. Mental health problems Ten were recruited in the community (via a self-harm support organization and wider advertising), 8 through Child and Adolescent Mental Health Services (CAMHS), and 6 via social care Gender Four were male Number of previous placements The majority (75.0%) of participants had lived in two or more care placements; half had lived in between two and five care placements and a quarter reported having six or more placements. Of those with more than one placement, most had lived in different types (e.g., foster care and residential). Thus, the majority of the sample had multiple care placements and in multiple settings.
Relevant themes	Theme 1 1) changes in care placement (either as cause or consequence of self-harm) - results indicated changes in care placement are perceived as highly relevant to self-harm (either as cause or consequence; n = 15). Many participants reported that they had self-harmed because they had moved care placement or at around the same time as a change in placement: "When I went back into care, last year, I started cutting" (ID 20). This young person had returned to foster care after a breakdown in his relationship with his adoptive parents, and described the impact of this move in terms of the loss of important relationships: "I wasn't living at home, wasn't having much contact with my parents, I was missing school, all my friends were leaving me because I couldn't come out at nine o'clock to come to see them, or meet up after school because I had to get in my taxi and go back to school, go back to my care placements. So, everything sort of was going wrong. (ID 20)". Theme 2 1) changes in care placement (either as cause or consequence of self-harm) - This is important, not least because most of the young people interviewed had gone through at least one transition in care, some of which did not go well from the young person's perspective: " … they integrated me back [into care] in January this year and it didn't go very well and I ended up walking out and I ended up overdosing on the dinner money that I'd been given" (ID 17). From this young person's perspective, this incident resulted in a significant curtailment in privileges (not being allowed money, possessions removed from her room, not being allowed out on her own —"everything had been taken off me"), leading to further frustration and further self-harm. Theme 3 Self-harm as an expression of agency - In the context of moving to a different placement being experienced as losing control (in terms of independence) and losing support (in terms of significant relationships), self-harm was something, at least, that the young person could still have control over. For example, ID 41 reported that she first self-harmed (cutting, ligature, and overdose) after moving to a remote placement due (she believed) to her getting into trouble with the police: "… they moved me to the middle of nowhere. So, I couldn't see my mum, I couldn't do nothing, couldn't walk out the house without someone being there. So, I couldn't literally have nothing. So, I think that triggered it [self-harm] off. (ID 41)"

	Similarly, ID 38 reported that she first self-harmed when she moved to a new foster placement and was no longer able to live with her siblings or near her mother: "… it was just because I'd moved to a different placement and everything was moving so fast, and I just didn't have no control into my life. And everyone was making choices for me and that [self-harm] was my only way of controlling anything. That was my choice to do it or not, and that was the only thing I could control, everything else was controlled by people. (ID 38)" Theme 4 Placement change as a result of self-harm - A small number of the young people understood that their placement had been changed as a direct result of their self-harm: "I moved from my foster placement because I tried hanging myself, and she [foster carer] walked in … she said that she couldn't cope with it any more" (ID 33); "And then my foster placement sort of stopped, which was massive, massive, massive shock for me . … my foster carer decided she wasn't going to have me anymore" (ID 34). Thus, self-harm was perceived to be both a consequence of a change in care arrangements (where a loss of autonomy and/or loss of social support was experienced), and in some cases a reason why a young person lost their placement. Theme 5 Feelings of anger and turning it on the self - Participants expressed feelings of anger (and turning anger on self; N = 16). "I remember one time I'd smashed up the kitchen in my old care home, completely wrecked everything [laugh]. And it was, I think, that was a way of me trying to say, "I don't want to self-harm but I want to get this anger out." (ID 37)" When participants spoke about feelings associated with self-harm, anger predominated. Self-harm helped to get rid of feelings of anger—"I just remember how I was really, really angry and then I cut myself, and then all of a sudden I just wasn't angry anymore" (ID 35), or had been used to replace anger—"I used to be extremely angry. I used to like punch things, smash things, and everything. And then I just stopped, and went to hurt myself" (ID 39). In some cases, the acts of self-harm described by participants appeared to be a physical manifestation of anger: "And things that they were saying … was getting me pumped up, making me angry, making me want to destroy something. … I can remember just walking out the front door, going to the side of the house and just f***ing smashing the s**t out of the wall. To the point where all my knuckles were bleeding, cut open, blood everywhere, to the point where it physically hurt to even hit the wall or touch the wall with my knuckles. (ID 43)" Theme 6 Protecting others from harm - Self-harming in anger was also described as having a protective function; by turning anger on themselves in the form of self-harm, they felt they were able to protect others from being hurt by their anger. For example, "I'm not very good at getting outwardly angry. It's always, I might be feeling angry at someone but I never get angry at another person, I always take my anger out at that person out on myself" (ID 28). "I do it [self-harm] for stress as well and pain relief, but then I do it as well so I don't hurt people. Because like, if you look in my record I've hurt quite a lot of people, so like, if you don't cause pain to others you can cause pain to yourself to make you feel a bit better. (ID 41)" These young people wanted to avoid hurting other people and getting into "bad situations" (ID 40), as they had done in the past. Furthermore, self-harm was regarded by few young people as a quiet or non-disruptive way of expressing their anger, e.g., " … I thought if I just do this [self-harm], then it's, I can release my anger, but it's quiet" (ID 29), "if I made a noise, that would make my mum more violent. And I don't know where the idea came from, but I just thought about using a pair of scissors [to cut] and I remember, it was quiet" (ID 28). Theme 7 Not able to talk about self-harm - Some participants said they did not want to talk about self-harm and their distress, or felt they were not able to talk about it (not wanting to talk; not feeling able to talk; N = 22). "I can find it extremely difficult to talk to people … I couldn't, I don't, I'm finding it very difficult now; but I couldn't talk to people at my worst, I just couldn't talk to; it just wouldn't, it just wasn't happening. I still find it very difficult, but I suppose, if my life's in danger then I have to, otherwise I'm going to die. (ID 34)" Theme 8 talking results in consequences - "I've never really spoke to anyone about it, like why I do it and why I did it. I just like to be, like keep everything to myself" (ID 38). This young person preferred not to speak to people (for instance, social workers) about self-harm because speaking to people resulted in consequences, " … they [will have to] get involved and get someone else involved" (ID 38). Theme 9 Difficulty of talking to others - Talking about self-harm was extremely difficult. Some did not want to talk to people because they did not trust anyone —"I can't stand there and talk to someone, because I get really anxious and I can't do it.… just don't trust anyone" (ID 41), or they did not want to burden others —"because I don't really like talking to people and

	bothering people, and it [selfharm] happened” (ID 42). The vast majority of young people interviewed indicated a reluctance to talk about self-harm, but it was not possible from their accounts to distinguish not wanting to talk (perhaps as a result of previous negative reactions from others) and not being able to talk about their experiences (for example, in the case of traumatic experiences). Theme 10 Difficulty trusting others with intimate information - These young people seem to have difficulties in trusting anyone with intimate information about their emotional state. This makes sense considering that most of them have had a life experience with repeated rejections and no consistent reliable adult figure. This unwillingness to talk, however, inevitably had an impact on the potential to seek help when needed. "My problem is that I don’t branch out to actually get help. Like, all the mental health services here … they always say like “you need to branch [reach] out when you’re feeling distressed, branch out and get help” but I think that’s a problem for me. I think because I’ve never had somebody in my life who I know I can actually rely on, and who will be there. I’ve never felt I can actually trust somebody to reach out, so I don’t. And I know there’s people there, but I don’t seek their help. (ID 01)" Theme 11 Difficulty communicating with professionals in clinical settings - It also has implications for how difficult a young person might find it to interact with professionals in clinical settings. For example, in describing an experience of a clinical appointment, ID 41 explained “I wasn’t listening; all I thought of was walking out and hitting them. The staff member what were with me, she just spoke and I just sat there [said nothing].” Theme 12 Coping techniques - Benefits of art, music, and exercise - Activities like art, music and going for a walk reportedly helped them to delay and distract from self-harm: “I’ve got new things that I’ve learnt, to, how to deal with things like drawing and stuff like that” (ID 39). "I do have my strategies of ways not to cut, and who to talk to, and who I can trust in my life and all that … just carry on the way I’m doing now, writing things down, talking. … I came up with writing poetry myself really. (ID 33)" Theme 13 Reliance on self-help - This reliance on self-help seemed more salient to the young people than clinical services, and was generally preferred, “I prefer to do things independently so try and do my distractions, do my delay tactic, and then like if the thoughts really, really aren’t going, then try and call a friend or something.” (ID 28) Theme 14 Negative coping strategies - Generally, the young people used positive strategies when trying not to selfharm, but three of them reported that they used smoking as a way of coping with selfharm: “Smoking was the healthy option, because you don’t die straight away from smoking. It takes years and years and years to die from smoking. But one slit of the vein, and you’re dead.” (ID 25) Theme 15 Feeling patronized at CAMHS - Feeling Patronized. When discussing their experience of receiving help through CAMHS, some young people felt patronized by the individual they were seeing (N = 8): “ … although the lady I was talking to was, she was nice, but she was just incredibly patronizing. And it made me feel a bit like a child, it’s like I’m 18 years old, not eight” (ID 37), “I mean I had CAMHS before, but I found them a bit patronising like.” (ID 08) "I used to go CAMHS, but I always thought they treated you like a little kid. Yeah, like obviously I’m 16, and they always like show you a piece of paper saying “look at this blob, what do you feel today?” I’m, like, that’s summat what you would do with younger people. (ID 33)" Theme 16 Not being listened to at CAMHS - Some young people also did not feel they were being listened to during their sessions with CAMHS—“ … she doesn’t listen to what I say … I don’t know, she twists things I say to … I don’t know how to explain it, but it’s like nothing seems important to her that I say” (ID 27), or that there was a lack of interaction—“And I feel it sometimes when they’re there, they don’t really interact with you, they just sit there with their notebook. They don’t look at you, just sit there with the notebook and pen” (ID 33). Theme 17

	Sense of nothing being done - A notable criticism in looked-after young people's experience of CAMHS was that they did not have a sense that anything was being done to help them (N = 8). As such, they struggled to see "the point" of their time with CAMHS. For example: "They haven't done anything. And I don't know what to expect, because they haven't, I can't see any changes. I don't think when I'm doing something 'oh, what would CAMHS say?'" (ID 20) "Every time I see my CAMHS worker I do talk to her about stuff, but, I don't feel like they do anything about it, she just, we just talk, and then we have another session next week or whatever. It doesn't help, it's just annoying because it's in, you do the same thing every week and every week, and you just talk about it, but nothing happens. (ID 38)" Theme 18 Positive experiences (feeling comfortable) - However, some positive experiences with CAMHS were also reported, and these were attributed to having a positive relationship with the professional involved. Particularly, positive experiences related to clinicians making an effort to make the young person feel comfortable and therefore feeling willing to talk (N = 9). "And she went out of her way to make me feel comfortable, and I never felt like I was talking to a professional, she'd always make me feel like she was, like she was really, she was so good." (ID 29) ""We actually do, like, activities, so I can express how I feel sometimes, which I find a bit easier. And there's things that I can fiddle with, things that I can do while I'm there. And she, she doesn't sit there and stare at you like "I know how you feel," she's just realistic. So, I find it quite easy talking to her, and she said, she always said to me, "I understand if there are some days you can just sit here and not say a word, I don't mind." (ID 08)"

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(However, no discussion regarding why some chose not to take part)*
Data collection	Was the data collected in a way that addressed the research issue?	Yes *(However, setting not justified and saturation of data not discussed)*

	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes *(The interview schedule was created in collaboration with an advisory group of young people who had self-harmed in the past)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes
	Findings	Is there a clear statement of findings?	Can't tell *(Credibility of findings not adequately addressed in terms of the use of triangulation, respondent validation, more than one analyst)*
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Low
		Directness	Directly applicable

Williams 2014

Intervention	**Designated dental pathway for looked after children (N = 16)** The DDCP stipulates that the dental health of children entering care is discussed at the primary medical assessment and DDCP referral offered routinely. If accepted, DCCP use is triggered by a RHELAC notification form sent to the CDS dental team. The form contains: LAChildren personal details Contact information for social workers and foster services Reason for care entry Consent for routine dental care from birth parent/adult with parental responsibility. The DDCP team contacts carers, an appointment is arranged and a dental

	assessment conducted at a designated session at a specific CDS clinic. The resultant dental health action plan (DHAP) sets out an assessment of the child's oral health status and a dental treatment plan. Copies are forwarded to the LAChildren medical team and the child's social care team. Subsequent dental visits provide oral health sessions for all members of the foster family/residential unit, and dental treatment and/or referral to secondary dental services as required. On completion a further DHAP containing treatment details is circulated as before. A GDS or DDCP recall is organised as preferred.
Study type	Semi structured interviews RQ3 Evaluation of an intervention a designated dental pathway for looked after children
Aim of study	To explore the impact of a community-based dental care pathway on the dental care of children entering residential or foster care.
Study location	UK
Study setting	a multi-agency 'Raising Health and Education of Looked After Children' (RHELAC) support team in the north of England
Study methods	The evaluation used qualitative semistructured interviews and routine data. Oral health promotion specialists conducted face-to-face interviews either in the professionals' places of work or in the homes of LAChildren and carers. All interviews were digitally recorded. Interviews were transcribed. Analysis was performed using NVivo 9.2. No further information concerning thematic analysis was reported.
Population	Children, carers and key professionals involved in a designated dental pathway
Study dates	2011 to 2012
Sources of funding	the British Heart Foundation, Cancer Research UK, Economic and Social Research Council, Medical Research Council, the Welsh Government and the Wellcome Trust, under the auspices of the UK Clinical Research Collaboration.

Inclusion Criteria	Carer situation children who used the service, their carers and key professionals involved in the pathway
Exclusion criteria	None reported
Sample characteristics	Sample size semi-structured interviews (n = 16) were conducted with: a LAChildren-designated-paediatric consultant (DPC, n = 1), a community dental officer (CDO, n = 1), a community dental service clinical director (CD, n = 1), a LAChildrenhealth- assessment administrator (HA, n = 1), an independent review chair (CR, n = 1), LAChildren and foster carer social workers (SW, n = 2), LAChildren who used the DDCP (n = 3) and carers (residential carers RC, n = 2, foster carers FC n = 3). One local GDP also contributed (n = 1).
Relevant themes	Theme 1 A history of poor dental attendance, hygiene and poor diet was reported by experienced social workers, residential and foster carers. Theme 2 Poor prior dental attendance - Many LAChildren had little experience of dental attendance or a record of irregular attendance before care entry: 'a lot of them didn't have any [dentist]' (RC1), 'although they had been on the roll of a local dentist they hadn't been for some time' (RC2). Poor attendance contributed to high levels of anxiety and appointment refusals: 'some would rather put up with toothache than go to the dentist' (CR). Theme 3 Poor oral hygiene - Poor oral hygiene was also noted: 'reflecting perhaps their neglected circumstances, they presented with much worse oral hygiene than their peers' (SW1), with some children having little experience of tooth cleaning at all: 'I've done lots of littlies, the younger children, and sometimes they've never had a toothbrush never mind anything else...with the older ones it's even harder, trying to establish a routine they've never had' (FC1). Theme 4 Poor attitudes to dental health - Many older LAChildren displayed poor attitudes to oral health: 'ranges from really poor to OK... we get very few young people who come into our care with really positive messages around dental health care' (RC1). Theme 5 Poor diet - Other threats such as a poor diet: 'they would eat sweets, crisps...no the diets are very poor...vegetables, most of the children that come to me could only identify maybe two vegetables' (FC3), and prolonged use of dummies/bottles: 'the oldest one? Seven, with a dummy!' (FC3) were identified. Theme 6 Dental pathways pre-DDCP: fear of meeting birth parents - Many LAChildren used the GDS, but for some accessing dental care through this route provide difficult or impossible. Some LAChildren continued to attend family dentists, although travelling or potential contact with birth parents could prevent this: 'they don't want to go back to the family dentist in case there are problems with parents coming across them' (CD). Theme 7

Dental pathways pre-DDCP - no system to ensure NHS access - If no family dentist existed or was inaccessible carers had to seek treatment, usually within the NHS. This was possible if ‘foster carers have built up a good relationship with their professionals, so you’ll find the dentists are very tolerant of LAChildren’ (SW1). Otherwise no system to ensure NHS access existed: ‘I had to say “ahh you [carer] ring NHS direct and see if you can get a dentist”’ (HA).

Theme 8

time, behavioural, emotional difficulties a barrier to access in general dental service - The time needed to treat LAChildren with behavioural or emotional difficulties appeared to be a barrier to accessing treatment in the GDS: ‘the children have quite complex needs, they can at times be quite challenging, quite disturbed’ (RC1). To complicate this, underlying difficulties were sometimes sensitive and difficult to address: ‘I brushed against his face as you do in clinical work, and he completely flinched. It was only at this point we started talking, it was an indicator of the abusive relationship he had with his father’ (CD). Time was also a problem when treatment needs were high: ‘you can’t justify having the child for a long time’ (GDP).

Theme 9

common late cancellations and failure to attend in general dental pathways - When appointments had been booked a late cancellation or failure to attend often ensued: ‘they haven’t been to the dentist for a long time…then they are suddenly faced with a dental appointment, and often they are fine, and then the day before or the day of the appointment, they categorically refuse to go’ (RC1).

Theme 10

Looked after children being de-registered in general dental service - Experiences of LAChildren being de-registered were common: ‘we have had dentists who have terminated people because they have not turned up for one appointment or they have turned up and they felt their behaviour is not appropriate for a dentist’ (RC1).

Theme 11

Designated pathway The DDCP was valued for accessibility, expertise and flexibility.

Theme 12

Multiagency working - The link between medical and dental services allowed quick access ‘in the past there have been gaps of 2 or 3 months... and now we can get that service almost immediately, it’s made a huge difference’ (RC2).

Theme 13

Additional needs - CDS staff were experienced in treating patients with additional needs: ‘our clinicians are incredibly skilled at getting all sorts of people to do all sort of things, because they take a lot of time and they have built up a relationships over a long time’ (CD), and possessed knowledge of LAChildren’s needs: ‘they’re used to dealing with the type of children we have, because these aren’t ordinary children. These aren’t run of the mill, like sort of cross section [sic]. These are normally very damaged’ (FC3).

Theme 14

Availability of prolonged appointments - DDCP resources allowed additional/ prolonged appointments if necessary: ‘that’s, to us, a major advantage to have somewhere like that rather than a really busy dental surgery’ (RC2). The success of this was demonstrated by treatment completion: ‘I have not had any of the LAChildren actually who have not really stuck with me and got something done’ (CDO).

Theme 15

Resources to cope with missed/cancelled appointments - The DDCP had resources which coped with missed/cancelled appointments ‘the communication has been absolutely brilliant. Obviously, we try and let them know if young people are not going to attend, but that can be a very short space of time beforehand and there has been massive understanding around that’ (RC1). DDCP staff have visited non-attending LAChildren to make contact, describe the service and alleviate anxiety. The DDCP also provides care continuity if LAChildren change placements or return home ‘[and] continued to access care here’ (CDO).

<table>
<tr><td></td><td>Theme 16
Unfounded fears about sessions being stigmatizing - Concerns about the DDCP sessions being seen as stigmatising proved unfounded: ‘there is always this thing about stigma with LAChildren, but no one is going to know they go to a specialist LAChildren dentist, it’s not really the kind of thing children talk about’ (SW2), as did anxiety that travel difficulties to the clinic may prevent use. Although some respondents thought GDS treatment may be perceived as more normal and therefore preferable, it was felt that this was not possible for all at present: ‘you would hope that every LAChild could attend a GDP like everyone else...and the service would be really sensitive and responsive to their needs. But we are not there. That’s not the case’ (RC1).

Theme 17
Benefit for carers - There was some feeling the DDCP benefited carers ‘it’s one less thing for them to worry about and sort out themselves when they have so many things to do’ (CDO). Carers gave good feedback ‘the young people who have gone up there have been treated with respect...and they received extremely good dental care as well’ (RC2). LAChildren echoed this: ‘I would go every minute!’ (LAC1), ‘Some people would just do stuff but she is very caring when she is going to do stuff to your teeth. The rest of the team, they are just the same’ (LAC2).

Theme 18
Improving interagency working - The DDCP appeared to improve interagency working and the dissemination of dental health assessments/outcomes. Dental staff could contact medical and/or social workers: ‘I have got other people to go to if they do miss appointments or I have concerns about their dental health’ (CDO). The DHAP form seemed to have improved interagency awareness of dental service use, although a couple reports indicated there was some need for improvement: ‘I know they have been to the dentist and whether they needed treatment or not. But no one said to me that they have been to this service’ (CR). Feeding dental records back into the social care system appeared to help social care professional keep better records about whether statutory demands were being met: ‘there is an administrative advantage in terms of a targeted service…a greater ability to monitor attendance, monitor healthcare, oral care’ (SW1). Professionals appreciated having a support system for wider concerns: ‘Having clinical relationships with a designated nurse and doctor means if the dental team have any wider concerns for child they have an immediate source of help and advice our staff have someone to go to, somebody specific who has knowledge and expertise’ (CD).</td></tr>
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	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(However, no discussion regarding why some participants chose not to take part)*
	Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Researchers do not justify research setting; Methods of data collection were not made explicit. No discussion regarding saturation of data)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Unclear that researcher examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Unclear how the categories/themes were derived from the data. Unclear if sufficient data supported the findings, or whether contradictory data was taken into account. Unclear that researchers critically examine their own role, potential bias and influence during analysis and selection of data for presentation)*
	Findings	Is there a clear statement of findings?	Can't tell *(Credibility of findings not discussed in terms of triangulation, respondent validation, more than one analyst)*
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	High

	Directness	Directly applicable

York 2017

Study type	Semi structured interviews RQ3
Aim of study	To elicit views of foster carers regarding the mental health needs of children and adolescents in their care and their experiences of accessing mental health services.
Study location	UK
Study setting	a single, inner city, local authority in England.
Study methods	Semi-structured interviews. A grounded theory approach was used. Grounded theory involves a systematic and inductive approach to constructing theory from empirical data 'bottom up', with researchers moving backwards and forwards between their data and the emerging findings. Grounded theory includes the concurrent collection of data and ongoing analysis; the sampling of participants being guided by the emergent findings, known as 'theoretical sampling'; and the method of data analysis which is known as the 'constant comparative method'. Semistructured interviews were conducted with the participants by WY, in a convenient location for the foster carer. The interviews were audio-recorded and lasted between 45 and 90 minutes. A topic guide directed the interviews and included questions on the following topics: the experience of being a foster carer; whether they have fostered children with emotional and behavioural difficulties and/or mental health issues; challenges the foster carer's encountered and strategies developed; when they might ask for help and from where; what is their understanding of CAMHS; and their experiences of using this service. Prior to the interviews, the proposed topic guide was piloted with two people working in caring professions and their feedback was elicited. The interview data were then analysed using the constant comparative approach. The data were coded, and from these initial codes, categories

	began to emerge. To ensure that a true account of the interview had been captured, the individual transcripts and an interim summary of the data analysis were shared with the participants.
Population	Foster carers
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	Carer situation foster carers who had looked after at least one child or young person with mental health difficulties
Exclusion criteria	None reported
Sample characteristics	Sample size Ten foster carers Type of care nine in foster care and one in kinship care Gender All carers were women Ethnicity Four participants were white British, five were Black Caribbean, one was Black British
Relevant themes	Theme 1 the challenge of being a foster carer - One interesting observation was that the experience of being a foster carer has many contradictions. For instance, when asked what it is like to be a foster carer, most identified the rewarding nature and at the same time the challenges, as the quotations below illustrate: "It’s hectic, emotional and rewarding. (Dorcas) You have your highs and lows. It can be quite challenging and at the same time quite rewarding. (Mary) Fostering is hard but rewarding. (Cathy)" Theme 2

	Prevalence of mental health difficulties in foster children - All the participants talked about the mental health difficulties experienced by the children and young people they cared for, which included depression, anxiety, attention deficit hyperactivity disorder (ADHD), conduct disorder, bipolar disorder, attachment difficulties, obsessional compulsive disorder (OCD), self-harm (including cutting and the taking of overdoses), suicidal ideation and hearing voices. Theme 3 Challenging behaviour - emotional problems - The foster carers had all experienced behaviour that they found challenging in some way. In particular, the children and young people displayed emotional and behavioural difficulties which the foster carers then had to make sense of, trying to interpret meaning. The emotional problems reported included frequent changes in mood, as described by Cathy when talking about a child she fosters: "She'll be smiling and then she'll start crying. She blows from hot to cold in five minutes" Theme 4 Challenging and oppositional behaviour - From the interviews, it was evident that many of the foster children exhibited oppositional behaviour including kicking, punching, biting and spitting. A need to control their environment was identified by the foster carers as well as the children wanting their own way, as described by Anna: "A lack of control can contribute to behaviour problems. Often they try to regain control when everything has been taken away from them." The foster carers also reported violent outbursts with aggression, damage to property and destructive behaviours as well as the more passive behaviours of ignoring the carer or not speaking. Some young people absconded both from home and school, sometimes for days at a time which was a huge concern, often resulting in the placement becoming untenable. Theme 5 Understanding poor behaviour - The foster carers articulated many reasons for the challenging behaviours exhibited by the children they cared for, demonstrating their awareness, empathy and depth of psychological understanding, which can be conceptualized as mental health literacy as shown by the following quotations: "Early life experiences contribute to her current behaviour (Michelle) A difficult background will mean understandably some kind of behavioural or emotional problem (Jill)" Theme 6 Emotional difficulties linked to biological parents - Many of the reasons elicited for the children's difficulties were connected to their biological parents. Parental physical and mental health problems and learning difficulties were identified, as well as drug and alcohol issues and criminality: "They [children] had such a poor home life and they [parents] weren't giving them their all. There was a mixture there of mental health problems with the parents, disability with the mum. You know that had an impact on the children (Jill)" Theme 7 Impact of early life experiences - According to the foster carers, early life experiences including loss, trauma and the separation from their parents have also impacted hugely on the children and young people, likewise rejection, neglect and abuse. In addition to this, many of the foster carers acknowledged how difficult it is for the child when first arriving at their home. "Often children coming into care are fearful. . .Imagine being ripped away from parents and ending up with strangers (Josie)" Theme 8 Process of referral to CAMHS was smooth and straightforward - The foster carers all had frequent contact with a number of different agencies, including the local CAMHS, with at least one child under their care. Referral to CAMHS for the looked after children was generally made via social services, through either the foster carer's supervising social worker or the child's social worker. Overall, the experience of the referral process was reported to be good as the following quotations illustrate: "Straight forward process. [The] referral was made, appointment arrived followed by an interview and assessment (Emma) [I] would use it for other children. Smooth and straightforward [referral process]. . .. Did not have to wait long for appointment (Mary)" Theme 9 Once a referral had been made, however, a number of problems were identified relating to: waiting times; not being listened to; engagement; and times of transition. Theme 10

	Waiting times a frustration - The waiting list for treatment was a huge frustration for the foster carers and could cause great anxiety. Waiting lists were generally for long-term treatment or a specialist assessment for conditions such as ADHD, as explained below: "It took a year for everything to be diagnosed properly [ADHD]. . .. . .The wait can be problematic because there are issues or behaviours that you don't know how to deal with and the child needs help with them. And even to the point that this placement is going to break down if you don't get help soon. It's not a threat because if you're saying something like that you're at your wits end. (Jill) But obviously there is anger and she needs to deal with the anger, I mean I am not qualified to, I don't know how to, I manage what I can. . ... Eventually the child was seen for assessment – then placed on long waiting list (2 year wait) for psychotherapy. (Michelle)" Theme 11 CAMHS responsive where risk was involved - More positively, though, the CAMH service was reported to be more responsive where risk was involved, for example the therapeutic follow-up after a psychiatric emergency: "Good response from CAMHS following overdose. No wait. Lots of follow up. The counsellor rings her on the day of the appointment to remind her of appt. The counsellor then calls me if she does not answer. I then remind her of her appointment. She attends regularly. (Dorcas)" What is evident from the interviews is that whilst there are clearly barriers to accessing mental health services, they are not at the point of referral but occur once within the mental health system itself. Theme 12 Not being listened to - lack of involvement of foster carers - Not being listened to by professionals across the different agencies was another frustration reported by the foster carers. The foster carers expressed the view that they know the child better than most of the professionals involved, but that this is often not heard or valued, as the following quotations illustrate: "As a foster carer you have this child 24 hours a day – you know the child – they [social worker] come and see them once every six weeks. [. . .] They don't really know that child but they're not prepared to listen to what the carers have to say. (Josie) We're everything to that child: we're a mother, we're a father, you know, we could be a nurse when they're not well, you're there looking after them, you know, you can also be a therapist to them but you're also punch bag. . ..and everything else, more than just a social worker, so you'd think they would listen. (Michelle)" Theme 13 Transitions as a time of anxiety provoking change - CAMHS service in a new area, a new school, foster care back to biological family or foster care to independent or semi-independent living. Transitions are representative of yet another change for the child and are often anxietyprovoking situations as the following quotations show: "At times of change there is a risk that children can fall through the net. . .. . ..There should be a bridge between CAMHS services in different areas – a good handover –not struggling in this grey quagmire of nothingness. (Lorna) I was really worried about her going to secondary school, just how she'd cope really with everything. Because she had big attachments to two mentors in primary school and they don't have mentors in secondary. And oh my gosh, we are now going backwards. (Michelle) He's due to move out to semi-independent [supported accommodation], so you know. . .that's going to be a bit of a hard time because he's been a part of the family for 10 years. His brother moved out last year and he's struggling and we don't want that for this one. (Jill)" Theme 14 Disengagement and non-attendance - The foster carers also explained that sometimes the young people themselves disengage from the service and stop attending and as a consequence, they get lost in the system and are not followed up. "After the assessment there was a change in professional – the girl didn't go back. . ...they lost her. . ...you can lose a teenager by turning him or her over to someone else. . .. . .For this girl her story was horrific to start with and she says she didn't want to relive it with somebody else. It was bad enough doing it the first time. (Josie)" Theme 15 Foster carers need for support and an accessible point of contact - All of the foster carers expressed that having support and to be able to ask for help from an accessible point of contact are imperative to their role, which can be emotionally and physically demanding. "All foster carers need to be able to ask for help and not feel a failure if unable to manage a particular child, otherwise you can feel very isolated. (Jill) Mentally it can really drain you. Especially when you have new situations that are right outside of the box, that you have no personal experience of and you think how on earth do I deal with that? (Anna)" Theme 16

	A support network (peers) and good relationship with social worker is key - The foster carers discussed the different kinds of supports that they access, from more professional sources to that from their peers in formal settings such as an organized group or more informally. Everyone described their relationship with their social worker as fundamental, especially through the more difficult times: "Having a good support worker – that's brilliant. You know you've got someone who is always there for you, you know, at the end of the phone. Especially if you've got difficult children. (Miriam) I have my support network, the forum, supporting one another. I always go to my social worker first or the fostering network. (Cathy)" Theme 17 Friends who are foster carers as support - Several foster carers mentioned having friends who are also foster carers as well as the support groups and talked about the value of having this shared experience as described below: "My support network is my friends who are foster carers, not necessarily in this borough (area). They can be a good source of help and more information like if you're in a crisis or not sure what to do. Your ordinary friends who don't do what you do have no idea, they wouldn't relate. (Anna) There is the group and some of us have already made friends any way so we can just call each other and that is very good. My cousin, she is also a foster carer and so we're also there for each other. (Miriam)"
Risk of Bias	(see table below)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes *(topic guide was constructed in collaboration with carers. Setting justified.)*
Ethical Issues	Have ethical issues been taken into consideration?	Yes

	Data analysis	Was the data analysis sufficiently rigorous?	Yes
	Findings	Is there a clear statement of findings?	Yes *(respondent validation and multiple analysts were used)*
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Low
		Directness	Directly applicable

Appendix E – Forest plots

No forest plots were produced for this review question as meta-analysis was not attempted.

Appendix F –CERQual tables

Barriers and facilitators for promoting physical, mental and emotional health and wellbeing of looked-after children and young people and care leavers

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
Besides the benefits for relationship building (see Chapter 2.2). Involvement in joint activities e.g. outings, sport, learning new skills, religious activities, contributing to the care system (e.g. on councils), and creative activities were beneficial for confidence, self-esteem, “happiness”, and overcoming past trauma. In addition, shared activities could help to facilitate consultation and open conversation with healthcare professionals and carers (e.g. for conversations about sexual health or substance abuse). Contrast to one-on-one consultation in professional settings.	16	**No concerns** The majority of studies were either low or moderate risk of bias. Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. Four studies were “low” risk of bias, six were “moderate” risk of bias, and five “high” risk of bias.	**Minor concerns** While the broad direction of the theme was consistent, certain studies focused on specific activities as interventions (e.g. theatre initiative). Others, considered how activities or outings could be used to facilitate the consultation experience.	**No concerns**	**No concerns** Six studies (fewer than a third) reported partially indirect evidence (e.g. recruitment likely occurred prior to 2010)	Moderate
Importance of confidentiality to many looked after children e.g. confidentiality of care status	15	**No concerns** The majority of studies were either low or moderate risk of bias. Studies were mostly marked down for either limited	**Minor concerns** This theme touched on both confidentiality issues and the not wishing	**No concerns**	**No concerns** No contributing studies used indirect evidence	Moderate

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
in school settings. In addition, looked after children (particularly those with traumatic experiences) did not want to tell their story repeatedly to multiple professionals. Conversely, confidentiality regarding health problems can sometimes be a barrier to care.		or largely unclear description of their methods of data collection, analysis, and synthesis. Six studies were “low” risk of bias, eight were “moderate” risk of bias, and one “high” risk of bias.	to relive traumatic experiences. In addition confidentiality had to be balanced with the issue of non-disclosure which could inhibit care.			
Non-judgemental genuine listening and sharing, in relationship, can be therapeutic and necessary for disclosures of a personal nature. Prior to disclosure, a relationship built on trust is required, which may require groundwork (rapport building). Support may be needed through complex disclosures – with a sensitive and non-judgemental approach. The option to stop should be clear (although life story work should not be stopped permanently if difficult feelings emerge). This must be balanced with the need for space, non-	16	**No concerns** The majority of studies were either low or moderate risk of bias. Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. Six studies were “low” risk of bias, seven were “moderate” risk of bias, and two “high” risk of bias.	**Minor concerns** While the broad direction of the theme was consistent e.g. that non-judgemental listening and sharing was important and therapeutic, and that this should be based in a relationship of trust, the nuances were more balanced. Disclosure should be balanced with the need for non-intrusiveness. And while the option to stop should always be apparent, the importance of continuing life story	**No concerns**	**No concerns** Three studies (less than a third) reported partially indirect evidence (e.g. recruitment likely occurred prior to 2010)	Moderate

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
intrusiveness, and confidentiality (see below).			work through difficult emotions was highlighted in one study.			
Culture and identity valued. Life story work could be a useful tool to help reconcile with past events and helped to create a sense of an identity/a journey from the past to the future. However, some carers felt the need for training and support to deliver this intervention, and also that it was not a replacement for therapy. Cultural continuity was also important for non-indigenous LACYP. These LACYP experienced considerable change including loss of family, friends, food, familiar smells, clothing and climate. Thus, it was considered beneficial to offer cultural continuity where possible. This did not always require matching placements by culture if carers made an effort to understand and adapt e.g. with food or	9	**No concerns** The majority of studies were either low or moderate risk of bias. Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. Two studies were "low" risk of bias, four were "moderate" risk of bias, and three "high" risk of bias.	**Minor concerns** Some studies focused on life story work, others focussed on promoting cultural continuity in ethnically diverse groups.	**No concerns**	**No concerns** Three studies (less than a third) contributing to this theme reported partially indirect evidence (e.g. recruitment likely occurred prior to 2010)	Moderate

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
religious practices. However, language-barriers were deemed the biggest challenge. Lack of cultural sensitivity could impact negatively on relationship with the carer.						
The need for systems to support training for carers for children with complex needs (behavioural, emotional, mental health and vulnerable groups). Additionally, some carers expressed the need for support and information about a child’s history prior to placements. For example: training could be offered for life story work; to inform about nutrition and healthy living; to facilitate sexual health conversations, and to support looking after vulnerable groups. Internet services could help provide accessible information about available training, and assist with booking into training, as well as facilitating social worker and peer-carer	11	**No concerns** The majority of studies were either low or moderate risk of bias. Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. Four studies were “low” risk of bias, three were “moderate” risk of bias, and four “high” risk of bias.	**Minor concerns** The types of training needs described were disparate in addition, only one study considered the use of an internet service to aid training and communication needs of foster carers.	**No concerns**	**No concerns** One study (less than a third) contributing to this theme reported partially indirect evidence (e.g. recruitment likely occurred prior to 2010)	Moderate

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
communication and the passage of paperwork. However, downsides included impersonal computer systems that need training for use.						
The availability of good quality therapeutic support was valued both for carers and LACYP. Therapeutic care should be holistic, addressing the complex life situation not just narrowly focussing on one problem (e.g. substance abuse). Barriers to mental health and substance abuse services was engagement and attendance by LACYP, lack of appropriate services e.g. for specialist groups, as well as geographic distance and long waiting times.	9	**No concerns** The majority of studies were either low or moderate risk of bias. Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. Two studies were "low" risk of bias, four were "moderate" risk of bias, and three "high" risk of bias.	**Minor concerns** Few studies reported on the barriers to good quality therapeutic support.	**No concerns**	**No concerns** One study (fewer than a third) reported partially indirect evidence (e.g. recruitment likely occurred prior to 2010)	Moderate
Resource constraints were repeatedly described as a barrier to healthy living or accessing health services. Whether that be the limited time of care and healthcare professionals, high case load, lack of funding, and ability to provide additional	8	**No concerns** The majority of studies were either low or moderate risk of bias. Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. Three studies were	**No concerns**	**No concerns** Only seven studies contributed to this theme	**No concerns** No indirect evidence contributed to this theme	High

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
services to promote health and wellbeing. Available services were sometimes perceived as being not communicated to LACYP in an attempt to reduce work, sometimes voluntary organisations supplied the needed support.		"low" risk of bias, three were "moderate" risk of bias, and two "high" risk of bias.				
Usefulness of multiagency working. For example, a mental health consultation service for carers or social workers, one stop shop for children in care, specialist teams for trafficked children or unaccompanied asylum seekers, Benefits for continuity of care as the likelihood of a consistent member of the team higher. However, blurring of roles and unreasonable expectations can be an issue.	8	**No concerns** The majority of studies were either low or moderate risk of bias. Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. Three studies were "low" risk of bias, three were "moderate" risk of bias, and three "high" risk of bias.	**Minor concerns** Most studies reported the benefits of increased multiagency working, however, this was balanced against some cases in which multiagency working led to blurring of roles. Broadly multiagency working between medical, dental, social, and education areas of a child's life were felt to be helpful. However, individual studies discussed different models of linked up working.	**No concerns**	**No concerns** Two studies (fewer than a third) reported partially indirect evidence (e.g. recruitment likely occurred prior to 2010)	Moderate
Ability to confide and engage with professionals was dependent on	9	**No concerns** The majority of studies were either low or moderate risk of	**No concerns**	**No concerns** Only six studies contributed to this theme	**No concerns**	High

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
relationship built on trust. Trustworthiness was linked to availability and reliability; working gradually and building rapport; responsive referrals and the timeliness of help; and the quality of help that makes a difference (e.g. leads to changes rather than "just talk"). CAMHS were felt to respond quickly where risk was involved.		bias. Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. Four studies were "low" risk of bias, four were "moderate" risk of bias, and one "high" risk of bias.			No indirect evidence contributed to this theme	
Unaccompanied asylum seekers have a great need for therapeutic input as a result of previous traumatic journeys on the way to the UK, and disorientating journey through multiple systems within the UK. A group with very distinctive needs. Often mental health is intrinsically linked to immigration status. Hope for the future is linked to a secure immigration status and educational attainment. Barriers to healthcare may include language, distrust of professionals and reluctance to disclosure, as well as misconceptions	6	**No concerns** The majority of studies were either low or moderate risk of bias. Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. One study was "low" risk of bias, four were "moderate" risk of bias, and one "high" risk of bias.	**Minor concerns** Studies were generally consistent about the mental health struggles of unaccompanied asylum seekers. However, individual studies touched on several different aspects of this problem which reduced the resolution of the theme.	**No concerns** Only six studies contributed to this theme	**Minor concerns** Over half the studies contributing to this theme (four) reported partially indirect evidence (e.g. recruitment likely occurred prior to 2010)	Low

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
about mental health problems (e.g. derived from culture in previous countries). Desire to "bracket" previous life, particularly with traumatic experiences. Specialist teams or training for healthcare professionals considered helpful. Specific mental health problems often encountered included generalised anxiety, chronic depression, suicide, and sleeping and eating problems. Loneliness and loss of identity was also an issue.						
Carers and looked after children valued bespoke care tailored to the specific needs of the child. For example, the use of creative and visual strategies in therapy, being able to adapt to behavioural problems and encourage engagement, "getting to know" the child. Tailored care was important for particularly specialist groups e.g. trafficked children.	8	**No concerns** The majority of studies were either low or moderate risk of bias. Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. Two studies were "low" risk of bias, four were "moderate" risk of bias, and one "high" risk of bias.	**No concerns**	**No concerns** Only five studies contributed to this theme	**No concerns** No indirect evidence contributed to this theme	High

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
Looked after children get their information about healthy living from a variety of sources (e.g. internet, social media) but the key influence was through the primary caregiver relationship. First placement was key to pro-actively tackle healthy living e.g. through monitoring diet and encouraging healthy foods, dental practices, encouraging exercise, conversations about sexual health where necessary.	4	**No concerns** The majority of studies were either low risk of bias. Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. Three studies were "low" risk of bias, and one "high" risk of bias.	**Minor concerns** Studies covered different aspects of "healthy living" e.g. sport, sexual health, diet. However, the key influence of the primary caregiver was consistent.	**No concerns** Only four studies contributed to this theme	**No concerns** No contributing studies used indirect evidence	Moderate
Anxieties, self-harm, and emotional difficulties most pronounced in times of transition. e.g. new placements, moving schools, or leaving care.	4	**No concerns** The majority of studies were low risk of bias. Two studies were "low" risk of bias, two were "moderate" risk of bias.	**No concerns**	**Minor concerns** Only three studies contributed to this theme	**No concerns** No indirect evidence	Moderate
Humanly trafficked children are a group with specialist safeguarding needs. Human trafficking has a hidden and complex nature. Barriers to safeguarding included: a lack of awareness from practitioners about trafficking and to spot the	2	**Minor Concerns** Of the two studies that contributed to this theme one was moderate risk of bias, the other was high risk of bias. For both studies' recruitment strategy, and method of data analysis was unclear. In addition, for one study, interview methods were not made explicit.	**Minor concerns** A large list of barriers to safeguarding humanly trafficked children and young people were raised which had implications for theme coherence.	**Moderate concerns** Only two studies contributed to this theme	**Minor concerns** One study (half) reported partially indirect evidence (e.g. recruitment likely occurred prior to 2010)	Very Low

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
signs of trafficking; fear and distrust of professionals by LACYP prohibited sharing information e.g. fears relating to immigration status/age assessments may lead LACYP into the hands of traffickers; communication difficulties and language barriers; LACYP themselves may normalise exploitative or abusive situations; unhelpfulness of terminology of trafficking when communicating with young children. Suspicion by practitioners and need for understanding that trafficking was not the child's fault e.g. trafficked children were incorrectly defined as smuggled. The possibility of internal trafficking of UK nationals was also often overlooked, as well as trafficking of boys. Trafficked children going missing were a major concern for practitioners; Interviewees reported that a lack of awareness of trafficking meant some						

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
children were not properly protected, supervised, accommodated and supported, and went missing. Quick action based on suspicion, a multi-agency safety plan, safe accommodation, trained and supported foster carers and one-to-one intensive support for the child and the forming of a trusting relationship with an independent adult were thought to help.						
Poor oral health was common upon entering care – linked to poor diet, lack of previous dental care. Often there was a need to establish new dental routines: e.g. oral care, need for dental check-ups. However, there were barriers to accessing good dental care – young children were sometimes refused, poor attendance/ behaviour led to deregistration, with adolescents there were more difficulties changing routines. A designated	2	**No concerns** One study was low risk of bias, the other study was high risk of bias. The high-risk study was unclear about recruitment strategy, data collection and analysis methods.	**Minor concerns** One study was mostly focused on the establishment of a new designated dental pathway for looked after children.	**Moderate concerns** Only two studies contributed to this theme.	**No concerns** No contributing studies used indirect evidence	Very Low

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
dental pathway was trailed in one study.						
Child protection issues with regard to sexual health. Lack of clarity regarding whether sexual health discussions occur in response to risk rather than preventatively. Use of internet was a concern: risk of grooming and of being groomed. Difficulties monitoring sexual health/safeguarding in residential care both internally and with outer relationships. Staff experienced blurring of roles felt need for protection from allegations. Difficulty discussing sexual health e.g. role overload, low proportion of male staff in residential care a problem for boys. Interagency working or training suggested as a solution.	1	**No concerns**	**Minor concerns** This study covered a range of issues related to sexual health and safeguarding, focused on residential care.	**Serious concerns** Only one study contributed to this theme	**No concerns** No contributing studies used indirect evidence	Very Low
Self-harm as a way to manage anger, and to gain back a sense of agency/control that had	1	**No concerns**	**No concerns**	**Serious concerns** Only one study contributed to this theme	**No concerns** No contributing studies used indirect evidence	Very Low

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
been lost in the care system.						
Self-reliance as a barrier to care. Coping strategies employed may be harmful e.g. self-harm, smoking.	1	**No concerns**	**No concerns**	**Serious concerns** Only one study contributed to this theme	**No concerns** No contributing studies used indirect evidence	Very Low

Appendix G – Economic evidence study selection

This question was not considered in the review of existing economic studies given its focus on qualitative evidence.

Appendix H – Economic evidence tables

No economic evidence was identified for this review question.

Appendix I – Health economic model

No economic modelling was undertaken for this review question.

Appendix J – Excluded studies

Study	Reason for exclusion
AFFRONTI Melissa; RITTNE Barbara; SEMANCHIN Annette M. (2015) Functional adaptation to foster care: foster care alumni speak out. Journal of Public Child Welfare 9(1): 1-21	- non-UK study
AHMED Kamran (2015) In their own words: abused children's perceptions of care provided by their birth parents and foster carers. Adoption and Fostering 39(1): 21-37	- qualitative study included under another review question
Ahrens, Kym R, Spencer, Renee, Bonnar, Mavis et al. (2016) Qualitative evaluation of historical and relational factors influencing pregnancy and sexually transmitted infection risks in foster youth. Children and Youth Services Review 61: 245-252	- non-UK study
Aparicio, Elizabeth M, Gioia, Deborah, Pecukonis, Edward V et al. (2018) "I Can Get Through This and I Will Get Through This": The unfolding journey of teenage motherhood in and beyond foster care. Qualitative Social Work: Research and Practice 17(1): 96-114	- non-UK study
AUGSBERGER, Astraea and et, al (2019) Youth participation in policy advocacy: examination of a multi-state former and current foster care youth coalition. Children and Youth Services Review 107: 104491	- non-UK qualitative study
Barnett, Erin R, Jankowski, Mary K, Butcher, Rebecca L et al. (2018) Foster and Adoptive Parent Perspectives on Needs and Services: a Mixed Methods Study. The journal of behavioral health services & research 45(1): 74-89	- non-UK study

Study	Reason for exclusion
Barron, I. and Mitchell, D. (2019) The Fairy Tale Model: Secure Facility Therapist Perceptions. Journal of Child and Adolescent Trauma 12(2): 257-267	– juvenile justice population
Beal, Sarah J, Wingrove, Twila, Nause, Katie et al. (2019) The Role of Shared Decision-Making in Shaping Intent to Access Services for Adolescents in Protective Custody. Child care in practice : Northern Ireland journal of multi-disciplinary child care practice 25(1): 64-78	- Survey extracted views (not true qualitative)
Bell, Tessa and Romano, Elisa (2015) Child resilience in out-of-home care: Child welfare worker perspectives. Children and Youth Services Review 48: 49-59	- non-UK study
Bender, Kimberly, Yang, Jessica, Ferguson, Kristin et al. (2015) Experiences and needs of homeless youth with a history of foster care. Children and Youth Services Review 55: 222-231	- non-UK study
Bermea, Autumn M; Rueda, Heidi Adams; Toews, Michelle L (2018) Queerness and dating violence among adolescent mothers in foster care. Affilia: Journal of Women & Social Work 33(2): 164-176	- non-UK qualitative study
Boustani, Maya M, Frazier, Stacy L, Lesperance, Nephtalie et al. (2017) Sexual health programming for vulnerable youth: Improving knowledge, attitudes, and behaviors. Children and Youth Services Review 73: 375-383	- Unclear that population are LACYP *[In foster care, without placement, undergoing a child welfare investigation or experiencing serious problems at home, and thus temporarily placed at this shelter for three to six weeks.]*

Study	Reason for exclusion
BRADY Bernadine and et al (2019) The participation of children and young people in care: insights from an analysis of national inspection reports in the Republic of Ireland. Child Care in Practice 25(1): 22-36	- non-UK study
Brown R., Alderson H., Kaner E. et al. (2019) "There are carers, and then there are carers who actually care"; Conceptualizations of care among looked after children and care leavers, social workers and carers. Child Abuse and Neglect 92: 219-229	- included under another review question
Butterworth S., Singh S.P., Birchwood M. et al. (2017) Transitioning care-leavers with mental health needs: 'they set you up to fail!'. Child and Adolescent Mental Health 22(3): 138-147	- included under another review question
Carlos, Diene Monique, Ferriani, Maria das Gracas Carvalho, Silva, Marta Angelica Iossi et al. (2013) Institutional shelter to protect adolescent victims of domestic violence: theory or practice?. Revista latino-americana de enfermagem 21(2): 579-85	- non-UK study
CAPOUS-DESYLLAS, Moshoula and MOUNTZ, Sarah (2019) Using Photovoice methodology to illuminate the experiences of LGBTQ former foster youth. Child and Youth Services 40(3): 267-307	- non-UK qualitative study
Children's Commissioner for, England (2020) Pass the parcel: children posted around the care system.: 23	- no methods described - Not a peer-reviewed publication

Study	Reason for exclusion
Coram, Voice (2020) Challenging stigma in the care system.: 4	- Not a peer-reviewed publication
Coholic, Diana (2011) Exploring how young people living in foster care discuss spiritually sensitive themes in a holistic arts-based group program. Journal of Religion & Spirituality in Social Work: Social Thought 30(3): 193-211	- non-UK study
CONNOLLY Helen (2014) 'For a while out of orbit': listening to what unaccompanied asylum-seeking/refugee children in the UK say about their rights and experiences in private foster care. Adoption and Fostering 38(4): 331-345	- child exploitation in informal foster care prior to becoming looked after
Cooley, Morgan E, Thompson, Heather M, Wojciak, Armeda Stevenson et al. (2017) Risk, resilience, and complexity: Experiences of foster parents. Children and Youth Services Review 76: 35-41	- non-UK study
COX Rachael and et al (2018) A qualitative exploration of coordinators' and carers' perceptions of the Healthy Eating, Active Living (HEAL) programme in residential care. Child Abuse Review 27(2): 122-136	- non-UK study
Cox, Rachael, Emond, Ruth, Punch, Samantha et al. (2017) "It's not as easy as saying, 'just get them to eat more veggies'": Exploring healthy eating in residential care in Australia. Appetite 117: 275-283	- non-UK study
CREA Thomas M. and et al (2018) Unaccompanied immigrant children in long term foster care: identifying needs and best practices from a child welfare perspective. Children and Youth Services Review 92: 56-64	- non-UK study

Study	Reason for exclusion
DALE Hannah and WATSON Lorna (2010) Barriers and facilitators in delivering a new model of sexual health service for young people who are being looked after. Scottish Journal of Residential Child Care 9(1): 59-65	- not true qualitative study
Daly, Daniel L, Huefner, Jonathan C, Bender, Kenneth R et al. (2018) Quality care in therapeutic residential programs: Definition, evidence for effectiveness, and quality standards. Residential Treatment for Children & Youth 35(3): 242-262	- Review article but not a systematic review
DARE, J. and et, al (2020) The impact of a residential camp on grandchildren raised by grandparents: grandparents' perspectives. Children and Youth Services Review 108: 104535	- non-UK qualitative study
Darwiche, S., Terrell, L., Skinner, A.C. et al. (2019) Kinship Care and Foster Care: A Comparison of Out-of-Home Placement From the Perspective of Child Abuse Experts in North Carolina. North Carolina medical journal 80(6): 325-331	non-UK qualitative study
Death, J., Moore, T., McArthur, M. et al. (2020) Young People's Perceptions of Sexual Assault in Residential Care: "It Does Happen a Lot". Journal of child sexual abuse: 1-17	non-UK qualitative study
Day, Angelique Gabrielle, Baroni, Beverly, Somers, Cheryl et al. (2017) Trauma and triggers: Students' perspectives on enhancing the classroom experiences at an alternative residential treatment-based school. Children & Schools 39(4): 227-237	- non-UK study
Day, Angelique Gabrielle, Somers, Cheryl, Darden, Joanne Smith et al. (2015) Using cross-system communication to promote educational well-being of foster children:	- Survey extracted views (not true qualitative)

Study	Reason for exclusion
Recommendations for a national research, practice, and policy agenda. Children & Schools 37(1): 54-62	- non-UK study
Diamant-Wilson R. and Blakey J.M. (2019) "Strap up:" Sexual socialization and safer sex practices among African American youth in foster care. Child Abuse and Neglect 88: 466-477	- non-UK study
DIXON Jo (2011) How the care system could be improved. Community Care 17211: 16-17	- not a peer-reviewed publication
Durbeej, Natalie and Hellner, Clara (2017) Improving school performance among Swedish foster children: A quasi-experimental study exploring outcomes of the Skolfam model. Children and Youth Services Review 82: 466-476	- non-UK study - non-qualitative
EASTMAN Andrea, Lane; PALMER, Lindsey; AHN, Eunhye (2019) Pregnant and parenting youth in care and their children: a literature review. Child and Adolescent Social Work Journal 36(6): 571-581	- systematic review checked for citations
ERIKSSON, Riitta and RUNDGREN Asa, Hedberg (2019) Coping with life in a new country - affect regulation based on unaccompanied refugee minors' needs. European Journal of Social Work 22(6): 1012-1024	- non-UK qualitative study
EMOND Ruth and et al (2019) 'I see a totally different picture now': an evaluation of knowledge exchange in childcare practice. Evidence and Policy 15(1): 67-83	- no outcomes of interest

Study	Reason for exclusion
Emond, Ruth and Et al (2019) 'I see a totally different picture now': an evaluation of knowledge exchange in childcare practice. Evidence and Policy 14(1): 27	- conference abstract
Espeleta, H.C., Bakula, D.M., Sharkey, C.M. et al. (2020) Adapting Pediatric Medical Homes for Youth in Foster Care: Extensions of the American Academy of Pediatrics Guidelines. Clinical Pediatrics 59(45): 411-420	- Non-UK setting - no methods described - Intervention description/practice report - Review article but not a systematic review
Evans, Kathryn, Law, Heather, Turner, Roisin Elizabeth et al. (2011) A pilot study evaluating care staffs' perceptions of their experience of psychological consultation within a mental health setting. Child Care in Practice 17(2): 205-219	- Mental health setting - unclear that population are looked after children: "They are resident either under Court Orders of Remand or Detention, or Welfare Orders, and have varying lengths of stay at the establishments."
FERGEUS Josh and et al (2019) Supporting foster and kinship carers to promote the mental health of children. Child and Family Social Work 24(1): 77-83	- non-UK study
Ferreira, Sofia; Magalhaes, Eunice; Prioste, Ana (2020) Social support and mental health of young people in residential care: A qualitative study. Anuario de Psicologia Juridica 30(1): 29-34	- non-UK qualitative study
FITZGERALD Noelle and et al (2014) Developing mental and physical wellness for looked after young people through a fitness and nutritional guidance programme: a pilot study. Scottish Journal of Residential Child Care 13(2): 1-12	- non-UK study

Study	Reason for exclusion
Flores, Jerry, Hawes, Janelle, Westbrooks, Angela et al. (2018) Crossover youth and gender: What are the challenges of girls involved in both the foster care and juvenile justice systems?. Children and Youth Services Review 91: 149-155	- non-UK qualitative study
Foong, Andrew, Arthur, David, West, Sancia et al. (2019) The mental health plight of unaccompanied asylum-seeking children in detention. Journal of advanced nursing 75(2): 255-257	- not a peer-reviewed publication [editorial]
Frederico, Margarita, Long, Maureen, McNamara, Patricia et al. (2017) Improving outcomes for children in out-of-home care: The role of therapeutic foster care. Child & Family Social Work 22(2): 1064-1074	- non-UK study
FROGLEY, Catherine and et, al (2019) 'They don't meet the stereotypes in the boxes...': foster carers' and clinicians' views on the utility of psychometric tools in the mental health assessment of looked after children. Adoption and Fostering 43(2): 119-136	- topic was out of scope (Foster carers' and clinicians' views on the utility of psychometric tools in the mental health assessment)
Gabatz, R.I.B.; Schwartz, E.; Milbrath, V.M. (2019) Institutionalized child care experiences: the hidden side of work. Revista gaucha de enfermagem 40: e20180412	- non-UK qualitative study
Garcia Quiroga, Manuela and Hamilton-Giachritsis, Catherine (2017) "Getting involved": A thematic analysis of caregivers' perspectives in Chilean residential children's homes. Journal of Social and Personal Relationships 34(3): 356-375	- non-UK study

Study	Reason for exclusion
Garcia, Antonio R, Circo, Elizabeth, DeNard, Christina et al. (2015) Barriers and facilitators to delivering effective mental health practice strategies for youth and families served by the child welfare system. Children and Youth Services Review 52: 110-122	- non-UK study
GASKELL Carolyn (2010) 'If the social worker had called at least it would show they cared'. Young care leaver's perspectives on the importance of care. Children and Society 24(2): 136-147	- included under another review question
Gatwiri, K., McPherson, L., Parmenter, N. et al. (2019) Indigenous Children and Young People in Residential Care: A Systematic Scoping Review. Trauma, violence & abuse: 1524838019881707	Systematic review checked for citations
Geiger, Jennifer M, Piel, Megan Hayes, Julien-Chinn, Francie J et al. (2017) Improving relationships in child welfare practice: Perspectives of foster care providers. Child & Adolescent Social Work Journal 34(1): 23-33	- non-UK study
GILL, Amy and et, al (2020) Practitioner and foster carer perceptions of the support needs of young parents in and exiting out-of-home care: a systematic review. Children and Youth Services Review 108: 104512	- Systematic review Checked for citations
Golding, Kim S (2010) Multi-agency and specialist working to meet the mental health needs of children in care and adopted. Clinical child psychology and psychiatry 15(4): 573-87	- case study

Study	Reason for exclusion
Greiner, Mary V, Ross, Jennifer, Brown, Courtney M et al. (2015) Foster Caregivers' Perspectives on the Medical Challenges of Children Placed in Their Care: Implications for Pediatricians Caring for Children in Foster Care. Clinical pediatrics 54(9): 853-61	- non-UK study
Greig, H.; McGrath, A.; McFarlane, K. (2019) 'Taking the wheels off': young people with cognitive impairment in out-of-home care. Psychiatry, Psychology and Law 26(6): 920-937	non-UK qualitative study
Hanberger, Anders, Wimelius, Malin E, Ghazinour, Mehdi et al. (2016) Local service-delivery networks for unaccompanied children in Sweden: Evaluating their effectiveness. Journal of Social Service Research 42(5): 675-688	- non-UK study
HARMON-DARROW, Caroline; BURRUSS, Karen; FINIGAN-CARR Nadine, M. (2020) "We are kind of their parents": child welfare workers' perspective on sexuality education for foster youth. Children and Youth Services Review 108: 104565	- non-UK qualitative study
Hayes, Megan J, Geiger, Jennifer M, Lietz, Cynthia A et al. (2015) Navigating a complicated system of care: Foster parent satisfaction with behavioral and medical health services. Child & Adolescent Social Work Journal 32(6): 493-505	- non-UK study
Hermann J.S., Featherstone R.M., Russell M.L. et al. (2019) Immunization Coverage of Children in Care of the Child Welfare System in High-Income Countries: A Systematic Review. American Journal of Preventive Medicine 56(2): e55-e63	- systematic review checked for relevant citations

Study	Reason for exclusion
Herz, Marcus and Lalander, Philip (2017) Being alone or becoming lonely? The complexity of portraying 'unaccompanied children' as being alone in Sweden. Journal of Youth Studies 20(8): 1062-1076	- non-UK study
Holland, J., Sayal, K., Berry, A. et al. (2020) What do young people who self-harm find helpful? A comparative study of young people with and without experience of being looked after in care. Child and Adolescent Mental Health	Survey extracted views (not true qualitative)
Hwang, Sophia H. J, Mollen, Cynthia J, Kellom, Katherine S et al. (2017) Information sharing between the child welfare and behavioral health systems: Perspectives from four stakeholder groups. Social Work in Mental Health 15(5): 500-523	- non-UK study
Jarlby, Frederikke, Goosen, Simone, Derluyn, Ilse et al. (2018) What can we learn from unaccompanied refugee adolescents' perspectives on mental health care in exile?. European journal of pediatrics 177(12): 1767-1774	- non-UK study
Jee, Sandra H, Couderc, Jean-Philippe, Swanson, Dena et al. (2015) A pilot randomized trial teaching mindfulness-based stress reduction to traumatized youth in foster care. Complementary therapies in clinical practice 21(3): 201-9	- non-UK study
Johnson, Emily and Menna, Rosanne (2017) Help seeking among adolescents in foster care: A qualitative study. Children and Youth Services Review 76: 92-99	- non-UK study
Jones, Loring (2014) Health care access, utilization, and problems in a sample of former foster children: a longitudinal investigation. Journal of evidence-based social work 11(3): 275-90	- non-qualitative study

Study	Reason for exclusion
Kalverboer, Margrite, Zijlstra, Elianne, van Os, Carla et al. (2017) Unaccompanied minors in the Netherlands and the care facility in which they flourish best. Child & Family Social Work 22(2): 587-596	- non-UK study
Kelly M.A., Bath E.P., Godoy S.M. et al. (2019) Understanding Commercially Sexually Exploited Youths' Facilitators and Barriers toward Contraceptive Use: I Didn't Really Have a Choice. Journal of Pediatric and Adolescent Gynecology	- non-UK study
KELLY, Cara; ANTHONY Elizabeth, K.; KRYSIK, Judy (2019) "How am I doing?" Narratives of youth living in congregate care on their social-emotional well-being. Children and Youth Services Review 103: 255-263	- non-UK qualitative study
Kerns, Suzanne E. U, Pullmann, Michael D, Putnam, Barbara et al. (2014) Child welfare and mental health: Facilitators of and barriers to connecting children and youths in out-of-home care with effective mental health treatment. Children and Youth Services Review 46: 315-324	- non-UK study
King, Dorothy and Said, Glorianne (2019) Working with unaccompanied asylum-seeking young people: Cultural considerations and acceptability of a cognitive behavioural group approach. the Cognitive Behaviour Therapist 12	- no methods described - Case series - Intervention description/practice report
Lauver, Lori S (2010) The lived experience of foster parents of children with special needs living in rural areas. Journal of pediatric nursing 25(4): 289-98	- non-UK

Study	Reason for exclusion
Liabo, K, McKenna, C, Ingold, A et al. (2017) Leaving foster or residential care: a participatory study of care leavers' experiences of health and social care transitions. Child: care, health and development 43(2): 182-191	- included under another review question
Lindroth, Malin (2014) Sex education and young people in group homes: Balancing risks, rights and resilience in sexual health promotion. Sex Education 14(4): 400-413	- non-UK study
LOHR W. David and et al (2019) Addressing the mental healthcare needs of foster children: perspectives of stakeholders from the child welfare system. Journal of Public Child Welfare 13(1): 84-100	- non-UK study
Mackie, Joanna F, Bjorke, Anne, Foti, Tara R et al. (2019) Journey mapping the Hillsborough County Early Childhood Court Program. Children and Youth Services Review 103: 57-62	- non-UK qualitative study
Martens A., DeLucia M., Leyenaar J.K. et al. (2018) Foster Caregiver Experience of Pediatric Hospital-to-Home Transitions: A Qualitative Analysis. Academic Pediatrics 18(8): 928-934	- non-UK study
Martin, Elisa, Bott, Cynthia, Castellana, Lauren et al. (2017) Mrs. Doubtfire Mentoring Program: Helping children in residential care transition to bedtime. Residential Treatment for Children & Youth 34(1): 3-23	- non-UK study
Mayer, S.S. (2019) Enhancing the Lives of Children in Out-Of-Home Care: An Exploration of Mind-Body Interventions as a Method of Trauma Recovery. Journal of Child and Adolescent Trauma 12(4): 549-560	- Case study

Study	Reason for exclusion
McCormick, Adam, Schmidt, Kathryn, Terrazas, Samuel et al. (2017) LGBTQ youth in the child welfare system: An overview of research, practice, and policy. Journal of Public Child Welfare 11(1): 27-39	- review [not systematic but checked for references]
McCormick, Adam; Scheyd, Karey; Terrazas, Samuel (2018) Trauma-informed care and LGBTQ youth: Considerations for advancing practice with youth with trauma experiences. Families in Society 99(2): 160-169	- Review article but not a systematic review
McKeough, A, Bear, K, Jones, C et al. (2017) Foster carer stress and satisfaction: An investigation of organisational, psychological and placement factors. Children and Youth Services Review 76: 10-19	- non-UK study - not true qualitative
McLean, Sara (2012) Barriers to collaboration on behalf of children with challenging behaviours: A large qualitative study of five constituent groups. Child & Family Social Work 17(4): 478-486	- non-UK study
McMillen J.C., Narendorf S.C., Robinson D. et al. (2015) Development and piloting of a treatment foster care program for older youth with psychiatric problems. Child and Adolescent Psychiatry and Mental Health 9(1): 23	- non-UK study
McMurray, Isabella, Connolly, Helen, Preston-Shoot, Michael et al. (2011) Shards of the old looking glass: Restoring the significance of identity in promoting positive outcomes for looked-after children. Child & Family Social Work 16(2): 210-218	- mixed population of edge of care and looked after children and young people

Study	Reason for exclusion
McPHERSON Lynne and et al (2018) A paradigm shift in responding to children who have experienced trauma: the Australian treatment and care for kids program. Children and Youth Services Review 94: 525-534	- non-UK study
Melbye, M, Huebner, C E, Chi, D L et al. (2013) A first look: determinants of dental care for children in foster care. Special care in dentistry : official publication of the American Association of Hospital Dentists, the Academy of Dentistry for the Handicapped, and the American Society for Geriatric Dentistry 33(1): 13-9	- non-UK study
MELZAK Sheila (2019) Acting in the best interests of unaccompanied asylum seeking children. Seen and Heard 29(1): 43-58	- Survey extracted views (not true qualitative)
Mensah, T., Hjern, A., Hakanson, K. et al. (2020) Organisational models of health services for children and adolescents in out-of-home care: Health technology assessment. Acta Paediatrica, International Journal of Paediatrics 109(2): 250-257	- Systematic review
MILLER J., Jay and et, al (2019) Examining legal representation for foster youth: perspectives of foster parents. Children and Youth Services Review 104: 104380	- Survey extracted views (not true qualitative) - Non-UK setting
Miller, J. Jay, Duron, Jacquelynn F, Donohue-Dioh, Jessica et al. (2018) Conceptualizing effective legal representation for foster youth: A group concept mapping study. Children and Youth Services Review 91: 271-278	- non-UK qualitative study

Study	Reason for exclusion
Moore, Joan, Andersen-Warren, Madeline, Kirk, Kate et al. (2017) Dramatherapy and psychodrama with Looked-After children and young people. Dramatherapy 38(23): 133-147	- Survey extracted views (not true qualitative)
Moore, Tim, McArthur, Morag, Death, Jodi et al. (2017) Young people's views on safety and preventing abuse and harm in residential care: "It's got to be better than home". Children and Youth Services Review 81: 212-219	- non-UK study
MOUNTZ, Sarah and CAPOUS-DESYLLAS, Moshoula (2020) Exploring the families of origin of LGBTQ former foster youth and their trajectories throughout care. Children and Youth Services Review 109: 104622	- non-UK qualitative study
Monson, K., Moeller-Saxone, K., Humphreys, C. et al. (2019) Promoting mental health in out of home care in Australia. Health promotion international	non-UK qualitative study
Morton, Brenda (2015) Seeking safety, finding abuse: Stories from foster youth on maltreatment and its impact on academic achievement. Child & Youth Services 36(3): 205-225	- non-UK study
Munson, Michelle R, Brown, Suzanne, Spencer, Renee et al. (2015) Supportive relationships among former system youth with mental health challenges. Journal of Adolescent Research 30(4): 501-529	- non-UK study - considered under another review question
Murray, Maureen, Culver, Tom, Farmer, Elizabeth et al. (2014) From theory to practice: One agency's experience with implementing an evidence-based model. Journal of Child and Family Studies 23(5): 844-853	- non-UK study

Study	Reason for exclusion
NCT00239837 (2005) Prevention Program for Problem Behaviors in Girls in Foster Care. Https://clinicaltrials.gov/show/nct00239837	- trial registration
NCT02765048 (2016) Violence Prevention for Adolescent Girls With Prior Maltreatment. Https://clinicaltrials.gov/show/nct02765048	- trial registration
Negro K.S., Scott J.M., Marcenko M. et al. (2019) Assessing the Feasibility of Oral Health Interventions Delivered by Social Workers to Children and Families in the Foster Care System. Pediatric dentistry 41(1): 48-51	- non-UK study - survey extracted views (not true qualitative)
Newbigging, Karen and Thomas, Nigel (2011) Good practice in social care for refugee and asylum-seeking children. Child Abuse Review 20(5): 374-390	- unclear that population are looked after children (e.g. not necessarily unaccompanied)
Newton, J. A, Harris, T. O, Hubbard, K et al. (2017) Mentoring during the transition from care to prevent depression: Care leavers' perspectives. Practice: Social Work in Action 29(5): 317-330	- included under another review question
Novo, A., Richard, P., Pavelka, M. et al. (2019) Adult outcome of children after long-term placement in 4 Therapeutic Foster Care Units: Quantitative analysis/Qualitative analysis of subjects' discourse. Neuropsychiatrie de l'Enfance et de l'Adolescence 67(7): 319-327	Non-English language article
O'Toole Thommessen, Sara Amalie, Corcoran, Paula, Todd, Brenda K et al. (2017) Voices rarely heard: Personal construct assessments of sub-Saharan	- included under another review question

Study	Reason for exclusion
unaccompanied asylum-seeking and refugee youth in England. Children and Youth Services Review 81: 293-300	
Ogg, Julia, Montesino, Mario, Kozdras, Deborah et al. (2015) Perceived mental health, behavioral, and adaptive needs for children in medical foster care. Journal of Child and Family Studies 24(12): 3610-3622	- non-UK study
Ohene, Serena K and Garcia, Antonio (2020) Narratives of women's retrospective experiences of teen pregnancy, motherhood, and school engagement while placed in foster care. Children and Youth Services Review 108	- non-UK qualitative study
Park, Megan; Nesom, Suzanna; Hodges, Helen (2020) What do children and young people looked after and their families think about care?.: 43	- non-systematic review
Perez-Garcia, S., Aguila-Otero, A., Gonzalez-Garcia, C. et al. (2019) No one ever asked us. Young people's evaluation of their residential child care facilities in three different programs. Psicothema 31(3): 319-326	- non-UK qualitative study
Pert, Hayley, Diaz, Clive, Thomas, Nigel et al. (2017) Children's participation in LAC reviews: A study in one English local authority. Child & Family Social Work 22(suppl2): 1-10	- included under another review question
Proeschold-Bell, Rae Jean, Molokwu, Nneka Jebose, Keyes, Corey L. M et al. (2019) Caring and thriving: An international qualitative study of caregivers of orphaned and vulnerable children and strategies to sustain positive mental health. Children and Youth Services Review 98: 143-153	- non-OECD country

Study	Reason for exclusion
Quarmby, Thomas and Pickering, Katie (2016) Physical Activity and Children in Care: A Scoping Review of Barriers, Facilitators, and Policy for Disadvantaged Youth. Journal of physical activity & health 13(7): 780-7	- systematic review (checked for relevant references)
Quarmby, Thomas, Sandford, Rachel, Pickering, Katie et al. (2019) Care-experienced youth and positive development: An exploratory study into the value and use of leisure-time activities. Leisure Studies 38(1): 28-42	- not true qualitative study (survey-based)
Rafeld, J., Moeller-Saxone, K., Cotton, S. et al. (2019) 'Getting our voices out there': acceptability of a mental health participation programme for young people with out of home care experience in Australia. Health promotion international	- non-UK qualitative study
Raman, S, Ruston, S, Irwin, S et al. (2017) Taking culture seriously: Can we improve the developmental health and well-being of Australian Aboriginal children in out-of-home care?. Child: care, health and development 43(6): 899-905	- non-UK study
RANIA Nadia; MIGLIORINI Laura; FAGNINI Lucia (2018) Unaccompanied migrant minors: a comparison of new Italian interventions models. Children and Youth Services Review 92: 98-104	- case study - non-UK study
Riebschleger J.; Day A.; Damashek A. (2015) Foster care youth share stories of trauma before, during, and after placement: Youth voices for building trauma-informed systems of care. Journal of Aggression, Maltreatment and Trauma 24(4): 339-360	- non-UK study

Study	Reason for exclusion
Robinson F.; Luyten P.; Midgley N. (2017) Child psychotherapy with looked after and adopted children: a UK national survey of the profession. Journal of Child Psychotherapy 43(2): 258-277	- survey-based study
Roche, Steven (2019) A scoping review of children's experiences of residential care settings in the global South. Children and Youth Services Review 105	- Systematic review
Roesch-Marsh, Autumn, Gillies, Andrew, Green, Dominique et al. (2017) Nurturing the virtuous circle: Looked after children's participation in reviews, a cyclical and relational process. Child & Family Social Work 22(2): 904-913	- included under another review question
Rogers, Justin (2017) 'Different' and 'devalued': Managing the stigma of foster-care with the benefit of peer support. British Journal of Social Work 47(4): 1078-1093	- included under another review question
Roth, Benjamin J and Grace, Breanne L (2015) Falling through the cracks: The paradox of post-release services for unaccompanied child migrants. Children and Youth Services Review 58: 244-252	- non-UK study
Sakai, Christina, Mackie, Thomas I, Shetgiri, Rashmi et al. (2014) Mental health beliefs and barriers to accessing mental health services in youth aging out of foster care. Academic pediatrics 14(6): 565-73	- non-UK study
Said, Glorianne and King, Dorothy (2020) Implementing Narrative Exposure Therapy for unaccompanied asylum-seeking minors with post-traumatic stress disorder: A pilot feasibility report. Clinical Child Psychology and Psychiatry 25(1): 213-226	Case series. Full qualitative report to be published elsewhere.

Study	Reason for exclusion
SCHNEIDERMAN Janet U.; TRAUBE Dorian E.; MCDANIEL Dawn Delfin (2011) Improving access to paediatric care: views of caregivers who receive child welfare services. Journal of Public Child Welfare 5(5): 546-563	- Survey extracted views (not true qualitative)
Schneiderman, Janet U (2008) Qualitative study on the role of nurses as health case managers of children in foster care in California. Journal of pediatric nursing 23(4): 241-9	- non-UK study
Schneiderman, Janet U, McDaniel, Dawn, Xie, Bin et al. (2010) Child welfare caregivers: An evaluation of access to pediatric health care. Children and Youth Services Review 32(5): 698-703	- Survey extracted views (not true qualitative)
Seltzer, Rebecca R, Williams, Erin P, Donohue, Pamela K et al. (2018) Medical foster care for children with chronic critical illness: Identifying strengths and challenges. Children and Youth Services Review 88: 18-24	- non-UK study
Serbati, Sara and Gioga, Gianmaria (2017) Building a successful care path in residential care: Findings from qualitative research with young people and professionals in Italy. Child Care in Practice 23(1): 34-48	- non-UK study
Serrano, Jessica, Crouch, Julia M, Albertson, Katie et al. (2018) Stakeholder perceptions of barriers and facilitators to sexual health discussions between foster and kinship caregivers and youth in foster care: A qualitative study. Children and Youth Services Review 88: 434-440	- non-UK study

Study	Reason for exclusion
Severinsson, Susanne and Markstrom, Ann-Marie (2015) Resistance as a means of creating accountability in child welfare institutions. Child & Family Social Work 20(1): 1-9	- non-UK study
Shannon, Patrick and Broussard, C Anne (2011) Assessing the health perspectives of unique populations of adolescents: a focus group study. Social work in health care 50(3): 183-98	- non-UK study
Sims-Schouten, Wendy and Hayden, Carol (2017) Mental health and wellbeing of care leavers: Making sense of their perspectives. Child & Family Social Work 22(4): 1480-1487	- included under another review question
Simmonds, John and Harwin, Judith (2020) Special guardianship: a review of the evidence (summary report).: 21	- non-systematic review
SIRRIYEH Ala (2010) Support for migrant children. Community Care 1710: 22-23	- no methods, unclear if true qualitative study
Soldevila, Anna, Peregrino, Antonio, Oriol, Xavier et al. (2013) Evaluation of residential care from the perspective of older adolescents in care. The need for a new construct: Optimum professional proximity. Child & Family Social Work 18(3): 285-293	- non-UK study
Staines, Jo, Farmer, Elaine, Selwyn, Julie et al. (2011) Implementing a therapeutic team parenting approach to fostering: The experiences of one independent foster-care agency. British Journal of Social Work 41(2): 314-332	- questionnaire-based study, not true qualitative

Study	Reason for exclusion
Steels, Stephanie and Simpson, Harriet (2017) Perceptions of children in residential care homes: A critical review of the literature. British Journal of Social Work 47(6): 1704-1722	- systematic review checked for relevant citations
STEENBAKKERS, Anne; VAN DER STEEN, Steffie; GRIETENS, Hans (2019) How do youth in foster care view the impact of traumatic experiences?. Children and Youth Services Review 103: 42-50	- non-UK qualitative study
Swann, Rachel C and York, Ann (2011) THINKSPACE--the creation of a multi-agency consultation group for Looked After Children. Clinical child psychology and psychiatry 16(1): 65-71	- questionnaire-based study, not true qualitative - case study
Taussig, Heather N, Culhane, Sara E, Raviv, Tali et al. (2010) Mentoring Children in Foster Care: Impact on Graduate Student Mentors. Educational horizons 89(1): 17-32	- No outcome of interest reported [Not foster children related outcomes]
Taussig, Heather, Weiler, Lindsey, Rhodes, Tara et al. (2015) Fostering healthy futures for teens: Adaptation of an evidence-based program. Journal of the Society for Social Work and Research 6(4): 617-642	- No outcome of interest reported *[Acceptability outcomes]* - Survey extracted views (not true qualitative)
Thompson, Heather M, Wojciak, Armeda Stevenson, Cooley, Morgan E et al. (2017) Through their lens: Case managers' experiences of the child welfare system. Qualitative Social Work: Research and Practice 16(3): 411-429	- non-UK study

Study	Reason for exclusion
Timonen-Kallio, Eeva, Hamalainen, Juha, Laukkanen, Eila et al. (2017) Interprofessional collaboration in Finnish residential child care: Challenges in incorporating and sharing expertise between the child protection and health care systems. Child Care in Practice 23(4): 389-403	- non-UK study
Van den Steene, Helena; van West, Dirk; Glazemakers, Inge (2019) Collaboration between child and adolescent psychiatry and child welfare for adolescent girls with multiple and complex needs: An evaluation by adolescents, (step) parents, and professionals. Residential Treatment for Children & Youth 36(3): 192-219	- non-UK qualitative study
VON WERTHERN, Martha; GRIGORAKIS, Georgios; VIZARD, Eileen (2019) The mental health and wellbeing of unaccompanied refugee minors (URMs). Child Abuse and Neglect 98: 104146	- Review article but not a systematic review
WADE, Jim (2019) Supporting unaccompanied asylum-seeking young people: the experience of foster care. Child and Family Social Work 24(3): 383-390	- it was not possible to distinguish data derived from literature review, survey, or thematic analysis in the mixed methods paper.
Webster, Susan M and Temple-Smith, Meredith (2010) Children and young people in out-of-home care: are GPs ready and willing to provide comprehensive health assessments for this vulnerable group?. Australian journal of primary health 16(4): 296-303	- non-UK study
Welbury, Richard (2014) Summary of: the development of a designated dental pathway for looked after children. British dental journal 216(3): 136-7	- short study summary of another included study

Study	Reason for exclusion
WELLS, Karen (2019) 'I'm here as a Social Worker': a qualitative study of immigration status issues and safeguarding children in private fostering arrangements in the UK. Child Abuse Review 28(4): 273-286	- informal or private foster care
Wigley, Veronica, Preston-Shoot, Michael, McMurray, Isabella et al. (2012) Researching young people's outcomes in children's services: Findings from a longitudinal study. Journal of Social Work 12(6): 573-594	- mixed population - case study
Waniganayake, Manjula, Hadley, Fay, Johnson, Matthew et al. (2019) Maintaining Culture and Supporting Cultural Identity in Foster Care Placements. Australasian Journal of Early Childhood 44(4): 365-377	- non-UK qualitative study
Young, Tiffany L, Janke, Megan C, Sharpe, Chantel et al. (2019) Evaluating the feasibility of a community intergenerational physical activity intervention for kinship families: Professional stakeholders' perspectives. Evaluation and Program Planning 72: 136-144	- non-UK qualitative study
ZIJLSTRA A. E. and et al (2019) 'There is no mother to take care of you'. Views of unaccompanied children on healthcare, their mental health and rearing environment. Residential Treatment for Children and Youth 36(2): 118-136	- non-UK study
Zijlstra, A.E., Menninga, M.C., van Os, E.C.C. et al. (2020) They ask for protection: An exploratory study into experiences with violence among unaccompanied refugee children in Dutch reception facilities. Child Abuse and Neglect 103: 104442	- non-UK qualitative study

Appendix K – Research recommendations – full details

Research recommendation

No research recommendations were drafted for this chapter

Appendix L – References

Other references

None

Appendix M – Other appendix

One expert testimony was included among evidence presented in this review chapter.

Expert testimony to inform NICE guideline development

Section A: Developer to complete	
Name:	Mark Pearson
Role:	Practitioner - Chief Executive Officer
Institution/Organisation (where applicable):	Excelsior Safeguarding C.I.C.

Contact information: **xxxxxxxxxxxxxxxxxx**	
Guideline title:	Looked After Children and Young People
Guideline Committee:	Advisory committee
Subject of expert testimony:	Gangs, Trafficking and County Lines – Looked After Children
Evidence gaps or uncertainties:	The guideline scope outlined that consideration will be given to looked-after children and young people and care leavers who are at risk or victims of exploitation (including female genital mutilation) and trafficking. Expert testimony was sought to fill this important gap.

Section B: Expert to complete
Summary testimony:

Mark is CEO of a Community Interest Company that educates safeguarding professionals and carers in respect of 'Gangs, Youth Violence, Knives and Criminal Exploitation'. He is a passionate advocate of building the resilience of Primary School children to saying "NO" to gangs, drugs and violence.

1. The importance of multi-agency working

The complexity and multiple safeguarding risks specific to Gangs, Trafficking and County Lines necessitates increasing focus on agencies and their associated IT systems; the key being to work effectively together in more integrated and collaborative ways. Such an approach is important to counter the sophistication of organised gangs involved in criminal exploitation. Mark's previous experience working with the Margate Task Force and currently training safeguarding professionals across agencies on behalf of Safeguarding Children Partnerships, continues to affirm the multiple benefits of working 'day to day' in a secure co-located multi agency environment. This approach is particularly relevant in our most vulnerable geographic areas experiencing multiple indices of deprivation. In this context, it is pleasing to see the ongoing positive evolution of the 18 Violence Reduction Units (VRU's) across England and Wales. Pleasingly, these multi-agency units have adopted a health based and epidemiological approach to successfully tackling violence; in the words of Professor Brad Bushman, "Violent acts tend to cluster through social networks and they spread like a contagious disease spreads from one person to another". There are positive opportunities to further embrace professionals from Education, Residential Children's Services, Fostering Services, Kinship Carers in these innovative approaches and to enhance the role of Looked After Children (in care) and those coming out of care to help professionals better understand safeguarding risks and the needs of different vulnerable cohorts.

2. Driving action through joint agency data

The VRU's, Multi-Agency Safeguarding Hubs (MASH) and Safeguarding Children Partnerships continue to drive positive action through an invigorated Public Health

approach, drawing on improved joint agency data to better identify and understand the risk in our most vulnerable communities. An example is the 'Thames Valley Together' VRU Project which successfully combines data across organisations to provide high level analytics of community health and risk. The data generated focuses on three levels: Person Level Vulnerabilities, Group Level Vulnerabilities and Community Level Vulnerabilities. Data organised in this way continues to evidence the relationship between violent crime and multiple indices of deprivation, and the disproportionate impact on children in care and young people. The concentration of children's homes, fostered children and kinship care in these areas demands greater involvement of professional/family carers, supporting carers, health services, schools, children and young people, in helping all services to better understand safeguarding risks and protective factors.

3. Applying a trauma focused approach

A trauma informed approach is essential to supporting our most vulnerable, especially when you consider the tactics and initiation processes used by organised gangs, methodically targeting young people to destroy their sense of self-worth and self-esteem. Gangs apply extreme group coercion and control techniques and abusive acts, such as: Plugging, Pseudo Robbery, Tinys, Baiting the Skets, Riding the Train, Beat In/Sexed In, Dinking/Chiefing. Within these acts vulnerable children inevitably experience considerable levels of physical and mental trauma which are deeply affecting.

4. Bringing together Familial, Contextual and ACE Safeguarding Risks

On a positive note, joint data compilation and increased multi-agency discussions have made significant inroads drawing together Familial, Contextual and Adverse Childhood Experiences (ACEs) to better understand and respond to safeguarding risks.

5. The particular vulnerabilities of Looked After Children

The Behavioural and Mental Health profiles of Looked After Children make them especially vulnerable to criminal exploitation and the same can be said of those coming out of care and in unregulated accommodation.

6. The particular vulnerabilities of Special Educational Needs and Disabilities

Like LAC, those with Special Education Needs and Disabilities (SEND) are vulnerable behaviourally and mentally. Arguably, they are more easily controllable and have little appreciation of the risks of significant harm when being groomed for the purpose of criminal exploitation.

7. Gang Stalking via Social Media

Stalking by organised groups, intent on exploitation has often been termed ‘group’ or ‘gang-stalking’. This has not been subject to much systematic study. The increasing use of Social Media/the Dark Web, combined with the pervasive impact of underlying psychological control algorithms, has amplified the amount of ‘gang stalking’ and enabled gang members to reach further into the unsupervised bedrooms and psyche of our most vulnerable young people. In this respect, there are positive opportunities to engage LAC and SEND cohorts through ‘face to face’ focus groups and online consultation, to better understand and respond to their experiences of being groomed and ‘gang-stalked’ online. It would be beneficial to have this supported by commissioned academic research. SafeLives currently offers advice on staying safe online for practitioners and families.

8. Conclusion

Recommendations: -

- Improve tailored support for girls
- Empower the voice of LAC, SEND and carers in shaping effective responses, identifying risks and determining priorities

- Increase early intervention in building resilience to saying “NO” to criminal exploitation
- Enhance joint agency data at Person, Group and Community Level
- Achieve greater consistency in risk assessment of those ‘at risk’ from criminal exploitation
- Improved information sharing and co-ordination across authorities/agencies
- Ensure greater involvement of housing, education, and providers of LAC/SEND care
- Better use of Missing Person, County Lines and Contextual Safeguarding data
- Improve guidance on Home Education
- Capitalise on ‘reachable moments’ e.g. Redthread interventions in hospitals
- Conduct ‘Gang Stalking’ and Social Media Safeguarding research specific to LAC and SEND and to involve these cohorts in focus work and consultation, both ‘face to face’ and online
- Refine joint information sharing protocols
- Increase the number of productive case discussions involving all agencies
- Further emphasize the increasing safeguarding and health and wellbeing importance of the School Nurse and LAC Specialist Nurse
- Promote interconnectedness between key policies and practice across Government Departments, Health & Wellbeing Boards, Safer Children Partnerships and Agencies
- Strengthen equitable and complementary approaches
- Develop a national uniform ‘Child Criminal Exploitation Safeguarding Risk Assessment’ tool
- Improve trauma focused approaches and education

• Strengthen the participation of professionals from Education, Residential Children's Services, Fostering Services, Housing Services, Kinship Carers in multi-agency safeguarding discussions.
References to other work or publications to support your testimony' (if applicable):
N/ A
Disclosure: Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.

None
Declaration of interests: Please complete NICE's declaration of interests (DOI) form and return it with this form. **Note: If giving expert testimony on behalf of an organisation**, please ensure you use the DOI form to declare your own interests and also those of the organisation – this includes any financial interest the organisation has in the technology or comparator product; funding received from the manufacturer of the technology or comparator product; or any published position on the matter under review. The declaration should cover the preceding 12 months and will be available to the advisory committee. For further details, see the NICE policy on declaring and managing interests for advisory committees and supporting FAQs.

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in confidence should be highlighted and will be removed before publication if the status remains at this point in time.