Appendix D – Qualitative evidence

Ahmed 2015

Study type	Semi structured interviews RQ2 attachment to birth parents, foster carers and attitudes to different parenting styles in general
Aim of study	To explore attachment of fostered children to their birth parents, foster carers and their attitudes to different parenting styles in general.
Study location	UK
Study setting	Foster Care
Study methods	Authors used the Child Attachment Interview (CAI) (Target, Fonagy and Shmueli-Goetz, 2003), a semi-structured interview designed to access a child's mental representation of their attachment figures. CAI encourages children to relate specific episodes from memory, which support their descriptions of their relationships with their caregivers. Adolescents in foster care were interviewed first about their foster parents and subsequently about their birth parents, about whom they all had clear memories and most had had contact with in the last year. Adolescents in foster care were interviewed first about their foster parents and subsequently about their birth parents, about whom they all had clear memories and most had had contact with in the last year. The process of analysis involved reading through each transcript and documenting emerging and 'superordinate' themes. The child's attitude to the parent figure was classified as either 'positive', 'negative' or 'mixed positive and negative'. No effort was made to determine attachment styles based on the children's answers, as the aim of the study was to explore their views without assigning their feelings and attitudes to defence mechanisms or attachment styles.
Population	Adolescents taken into care due to abuse

Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	Age Adolescents aged 13-15 Care Situation In care due to abuse Time in care in care for at least 6 months
Exclusion criteria	Care situation placement with the birth parent or a relative (kinship placement), Language a carer or child not speaking English Learning disability or special educational needs severe developmental disorder, clinically apparent generalised learning disability (or IQ<70) Physical health problem severe physical disability
Sample characteristics	Sample size 12 adolescents Reason for stopping recruitment not reported Mean age (SD) 8 years and 4 months (range 2 months to 13 years 9 months) non-white ethnicity 66%

	Gender 50% female Number of previous placements Range 1 - 10 Time in current placement 4 months to 2 years and 6 months
Relevant themes	Theme 1 Disciplinary style (positive): Not arguing or getting angry were seen as positive factors that helped to form a closer bond with the carers: ‘Me and [foster father] never have arguments . . . it’s just like, everyone’s calm here, like’ (Child 04). Explaining the reasons why the child was being disciplined was equally important: ‘If [foster mum] is telling me off for a reason that I understand . . . it’s fair because she always has a reason and it’s not just for no reason at all’ (Child 05). Offering alternative behaviours or activities was also useful: "He [foster father] might put a point across, like ra, you can’t do this but you get me. But he’ll always come up with something else you could do; everything he does is for the best." Theme 2 Disciplinary style (negative): Anger and emotional outbursts were seen as particularly toxic: ‘It was hell to be with [birth] mum. . . she let all her emotions build up . . . and then it was really not nice’ (Child 03). However, shouting was not always seen as a negative form of disciplining. It may have been more acceptable if the child understood the reason behind it: ". . .when I tore a paper thing up in Manchester . . . [foster mum] shouted at me and I said I was sorry. She said, OK, don’t do it again. [It was fair] because I ripped the sheet and it’s not even mine or Grandma’s, it’s other people’s and she might have to pay for it. (Child 07)" On the other end of the spectrum, one child described how not being told off showed that their birth mother did not care: ‘She didn’t really care, she didn’t really tell me off . . . whenever I did something wrong she didn’t really care’ (Child 02). Theme 3 Caring (positive aspects): Many of the children described everyday acts of parenting and concern as evidence that their parent figures cared about them. These included ensuring they ate, giving them lifts, caring about their physical appearance – ‘When I’m going to school and I look trampy she’ll take off my shirt and iron it’ (re: foster mother, Child 12) – and encouraging them to study: ‘She always makes sure if I don’t have homework, then I still should do work so that I get good in my tests’ (re: foster mother, Child 05). Buying them gifts or giving them money was also seen as an important sign of affection: ‘[My foster parents] are caring because they gave me money to spend at Chessington’ (Child 07). Being supported by their parent figures in difficult situations also made children feel cared for: ‘When I had a meeting with my psychiatrist, my mum was defending me . . . and sitting there cuddling me through the whole thing so that was good’ (Child 11). Theme 4 Caring (positive aspects): Mutual trust and being able to confide in their carers was a valued aspect of the relationship: "She trusts me with loads of things, yeah, and I trust her; I was talking to her about my stuff and I know that if I didn’t want her to tell anyone she wouldn’t tell anyone. (Child 02)" Theme 5 Caring (positive aspects): Direct affection (physical or verbal) was also recognised as a means of communicating love, although it was not mentioned often: ‘I know that they love me basically as a daughter cos they tell me anyway’ (Child 02) and ‘[My foster parents care about me because] Chris gave me a cuddle and said it’s all going to be OK’ (Child 01). Theme 6 Caring (positive aspects): Assisting or comforting the child in times of need, such as illness or injury, was described positively by a number of children: ‘When ill, [foster dad] would give me something to help me breathe easily and rub my tummy with something and make me lie down and get me a drink or something’ (Child 07).

	Theme 7 Disciplinary style (positive aspects): Resolving arguments quickly rather than allowing the bad feeling to persist was also seen as a positive. One child (Child 09), after arguments with her foster mother, said, ‘In about ten minutes it’s like nothing ever happened.’ Consolation after an argument was also welcomed: ‘Afterwards [foster dad] won’t be angry anymore, he makes us feel better’ (Child 07). One child expressed appreciation for his foster mother not making personal judgements based on behaviour: ‘She might say, ah you did this, but, she’s not gonna say like, ah you done this, you done that, you’re bad, you’re bad, nah, she just normal innit’ (Child 04). Theme 8 Disciplinary style (negative aspects): Being physically disciplined was not necessarily seen as excessive: ‘Mum would smack me but not like hit me . . . just when I needed discipline, like when I was rude’ (re: birth mother, Child 08). However, the children generally spoke of abuse in very negative terms. This child 30 Adoption & Fostering 39(1) describes physical abuse by his biological mother’s boyfriend which was made worse by his mother’s lack of intervention: ". . . he thought he could hit me and grab me up by my neck and throw me against the wall . . .Mum went in and looked and then walked back out the room and went and sat down and was doing her business. She did not really care. I felt scared, upset, worried, frightened. (Child 11)" Theme 9 Caring (negative aspects): Feeling rejected was a major factor in determining whether children felt cared for or not. This manifested itself in a variety of ways, such as being made to feel inferior because they were not the true biological children of their foster carers: ‘Sometimes she says I don’t care cos you’re not my daughter, when I won’t do something’ was met with counter-rejection, ‘I just think you’re not my mother you don’t have to tell me what to do (Child 08)." Threats to the fostering arrangements were also seen as a sign of rejection: ‘She said that she should just wash her hands of that fostering bit . . . I felt annoyed that she would say that to me’ (Child 08)." Birth parents refusing contact with the child was seen in a similar light: ‘[I don’t feel loved] by my birth mum, my mum doesn’t want to see me, she thinks if she doesn’t see me she doesn’t have to worry about anything’ (Child 09). Contact with birth parents sometimes threw up difficult emotional issues for children and left them struggling to decide if their birth parents cared about them or not: "I saw [my birth mum] and, ehm, it was just like she cuddled me, I felt like she cared about me, but when I went to see her she didn’t even ask me how I was and how was school and stuff, so I don’t know if she cares about me. (Child 02)" Theme 10 Caring (negative): Children who felt let down by their carers described their lack of affection and caring in situations such as illness and injury: "Q: What happens when you’re hurt? A: She [foster mum] won’t do nothing. I hurt my leg one time and they had to get an ambulance and the ambulance dropped me home after and she said not to talk to her about it. Q: How did you feel? A: Hurt. (Child 06)" Theme 11 Caring (negative): Birth parents failing to look after the child, which led to the child’s removal, was viewed as a sign of not caring in some cases. One boy (Child 03) said his parents couldn’t look after him because they ‘couldn’t be arsed, just couldn’t be bothered’. Other children felt that their parents prioritised others over them: ‘My [birth] mum neglected me . . . she put her boyfriend and her cats before her children’ (Child 02). Theme 12 Boundaries (positive aspects): The parent figures’ approach to setting boundaries was an important influence in the children’s attitudes towards them. Boundaries that were seen as fair were even perceived as evidence of caring: "[I feel cared for because] I wanted to go to a party and Mum said no . . . she did not really want me to go to that one because it was far away and she knows it was dangerous cos it finished late. (re: foster mother, Child 08)" Conversely, freedom was also seen in a positive light: "She’s just nice innit. She [foster mother] never really, like, says no to me. Like, if I ask, I ask to have the internet on, she’ll say, yeah, I’ll turn it on, eat dinner, turn it on, innit. (Child 04)" Theme 13

Boundaries (negative): A perceived unreasonable lack of freedom and being overly strict were major grievances: "I am not even asking to come home at 10 o’clock but three o’clock is not reasonable, so sometimes it really annoys me that everyone else is allowed to go out till late apart from me. (re: foster carers, Child 08)" conversely, the absence of any boundaries was perceived negatively: ‘She [birth mother] didn’t really care, she didn’t really tell me off, whenever I did something wrong she didn’t really care’ (Child 02).

Theme 14

Involvement in joint activities (positive): Engaging in activities and having fun with parent figures was cherished by the children and featured heavily in positive passages. Some children described parent figures as ‘fun’ or ‘exciting’ due to the activities they did together. This included special outings to theme parks and tourist attractions: ‘[Birth dad] used to, like, go to London, like, to go Big Ben and go on, ehm, Eye, on the London Eye. It was really fun’ (Child 01). Other activities included parties, taking them to youth clubs, playing board games, watching TV together, shopping, going for walks and playing sports.

Theme 15

Involvement in joint activities (negative aspects): On the other hand, a lack of activities was seen negatively: ‘She’s boring sometimes, she don’t do nothing, she just sits down in her room and eats and talks. I told her to go out and she said no. I felt upset’ (re: foster mother, Child 12).

Theme 16

Structure and guidance (positive): Some of the children appreciated their carers’ guidance and advice, and viewed them more positively because of it: "[Foster father] is smart . . . he shows me how, what examples I should follow and what examples I shouldn’t. Like, he shows me what’s right from wrong and what I should be doing, and he shows, he shows me how to live, innit. (Child 04)"

Theme 17

Structure and guidance (negative): The chaotic lifestyle of some birth parents, particularly substance misuse, was a source of fear and insecurity for their children that created resentment: ‘He’s an alcoholic junkie man. Yeah, I don’t want to be an alcoholic’ (re: birth father, Child 12). The threat of being removed from their home due to their parent’s substance misuse was a particular worry: "She would get drunk and, like, the music was blaring and my brother would get out and then, like, the police would bring him home . . . and the police would, like, warn her . . . they would take us away or something. I felt scared and annoyed with my mum. (Child 02)"

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 *("IPA was chosen over other qualitative methods since it is concerned with trying to understand real life experiences and how participants make sense of them.")*

Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *("From the 62 adolescents, we randomly selected four black children, four white children and four mixed-race children, with two boys and two girls within each ethnic sub-group, so ensuring an even spread of ethnicity and gender." However, no clear discussion about why it was important to gain a range of ethnicities. In addition there was no discussion about why/if some chose not to take part in the study.)*
Data collection	Was the data collected in a way that addressed the research issue?	Yes *(Authors used semi-structured interviews, with guided questions. However, 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 the researcher xamined 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: The researcher did not plain how the data presented were selected from the original sample to demonstrate the analysis process; The researcher did not 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 *(More than one analyst was used however no clear discussion of credibility of findings in terms of triangulation and respondent validation)*
Research value	How valuable is the research?	The research is valuable *(However small sample size limits generalisability)*

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

Alderson 2019

Study type	Focus Groups Semi structured interviews 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

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

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 *("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

Barnes 2012

Study type	Semi structured interviews RQ2 relationships and advocacy Evaluation of an intervention some aspects of this study focussed on the differences between social workers and child rights (advocacy) workers
Aim of study	To explore the looked after children's views and experiences of social work and advocacy with young people, and professionals' approaches to their work and their attitudes to, and relationships with, young people.
Study location	UK
Study setting	Midlands, UK. The young people in the study had received a substantial individual advocacy service from a local rights group and a service from a social worker. They were contacted through four children's rights projects in the Midlands of the UK,

Study methods	Research was based mainly on semi-structured interviews. Interviews with young people were adapted to suit their age and ability. The interview questions with looked after children, of participants focused on their views and experiences of the work of social workers and children's rights workers and their understanding of social work and advocacy. There were also questions about similarities and differences in the professionals' roles and models of working and about their attitudes to young people. Participants were given a choice about their preferred venue for the interviews. They were also offered the choice of whether to have their interview tape recorded and, for the few who declined, notes were taken. Analysis was assisted by the N-Vivo qualitative computer analysis package. Line-by-line open coding was used initially to identify emerging concepts and themes, and then sub-themes. Analysis of the data included an examination of them in light of relational theories.
Population	Looked after adolescents in out of home care who had receieved substantial individual advocacy services. In addition, social care workers, and children's rights workers were interviewed.
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	Care Situation In out of home care, received a substantial individual advocacy service from a local rights group and a service from a social worker
Exclusion criteria	None reported
Sample characteristics	Sample size 20 looked after young people, 9 children's rights workers, 12 social workers Reason for stopping recruitment not reported Mean age (SD) age range 12 to 20. A median age of sixteen.

	Time in care range six months to fourteen years Type of care Most of the young people had been in residential or foster-care, Special educational needs or learning disability Five participants with learning disabilities non-white ethnicity four participants were non-White British Gender 12 female, 8 male
Relevant themes	Theme 1 importance of positive relationships (experience of rights workers more than social workers): Participants in the study stressed the importance of positive relationships between young people and their professional workers. Social work, unlike advocacy, is often termed a ‘caring profession’ but this study raises a paradox about the practice of the two groups of professionals, since the young people described the rights workers as more ‘caring’ than the social workers. The young people associated being respected and valued with rights workers. Timothy, a fifteen-year-old in foster-care, had a very positive view of the rights workers he knew: ‘I think they’re understanding and they respect me.’ Similarly, Ben, an eighteen-year-old asylum seeker, talked appreciatively about his rights worker: ‘He listens to what I have got to say and respects my view.’ The young people wanted this respect from all their workers but some said they found it lacking from their social workers. Chris, a sixteen-year-old in residential care, had experienced many changes of social worker and said that he found some disrespectful: ‘Well, the way that they say things it sounds like they’re speaking to you like you’re dirt or something.’ Theme 2 The language of care (caring genuine relationships): The young people talked in the ‘language of care’ (Smart et al., 2001, p. 386) more than about their rights, and about whether workers respected, valued and listened to them—behaviour that corresponds to Tronto’s (1993) definition of ‘caring about’. They were concerned about the way professionals treated them and the process of the work at least as much as the outcomes. For example, they regarded demonstrations of caring, like workers remembering birthdays and Christmas, as very important and they appreciated professionals spending time with them and ‘being there’ for them. Theme 3 Contractual relationships: Sue, sixteen and in foster-care, said of social workers: ‘I don’t think they really care. I just think they’re just there, sort of thing—doing a job.’ It was this impersonality that young people seemed most upset about. Theme 4 Need for listening: the young people spoke most frequently about the importance to them of workers listening. Most commented explicitly that rights workers listened to them but many complained that their social workers did not. Katy, fourteen and in foster-care, complained that her social worker had not arranged contact with her family: "I’ll say it to her but she doesn’t listen to it. So like how I feel when I first tell her, I still feel it a month later, 2 months later, 6 weeks later, like 6 months later. So she doesn’t really help. I feel that she doesn’t even listen to me." this was even more difficult for young people who were less articulate or were disabled.

	Theme 5 Gaps in social network: Most, apart from two young people in long-term foster-care, had experienced frequent moves in the care system and did not have close family members or other adults to rely on and therefore had to voice their own needs. Theme 6 Availability: the young people spoke of rights workers as easy to contact and responsive and of some social workers as difficult to contact and unreliable, such as being late, not turning up to meetings or not remembering to arrange visits for them to see their families. This made the young people feel frustrated and powerless Theme 7 Resource restraints: participants blamed resource and organizational difficulties for what they saw as the poor service and lack of caring by social workers. They talked about social workers' high caseloads, their burden of paperwork and the lack of adequate staffing. Social workers acknowledged themselves that it was difficult for them to provide a good service. Angela complained: 'Young people are not properly protected because of social workers' high case loads. Social workers don't have time to do their job properly.'Social workers talked about a lack of 'quality time' to spend with young people and said that other demands of their work had squeezed out relationships. Social worker Norma complained 'We no longer work as a social worker, we work as an admin officer' and a few of the social workers, like Gillian, said that they did not actually work with children and young people directly: 'We don't work with children per se.' Another major difficulty social workers mentioned was that of having to make decisions that young people did not like because the service was procedurally driven and risk averse or because of lack of funding. Many young people and rights workers interpreted social workers' behaviour as uncaring in spite of their awareness of these pressures. Timothy, quoted above, understood that his social worker had 'got so much to do', but still complained about him not listening and not doing his work properly and said that this made him feel that he did not care. The social workers maintained that they did care about their young service users, but these findings provide further evidence of social workers' changed role from active involvement in work with young people to management of their care and this appeared to prevent many social workers from being able to demonstrate that they cared. Theme 8 Unequal balance of power between care-giver and care receiver (lack of agency): The young people said that they wanted to be treated as equals and to be involved in decisions about their future, rather than having decisions made without them or for them young people said that rights workers were friendly and treated them equally. Nadia (seventeen) said 'They talk to you like a friend' and Dawn (fifteen) said 'They treat me like an adult'. The young people also said rights workers encouraged them to take part in decisions, in statutory reviews of their progress, for example. In contrast, several young people said that social workers treated them like young children, even when they were in their mid teens. John, who was sixteen, said of his social worker: 'He'll ask me what I'm doing in my lessons but it's just like he's talking to a 3 year old, like, "Do you know your times tables?" and all that.' Many saw social workers as powerful and in an authority or parental role 'like a mum' (Nadia). Others complained that social workers made important decisions on their behalf without asking them and this made them feel powerless. Tamsin, who was sixteen, said she was not consulted by her social worker and was shocked about an imminent move from residential care. Theme 9 Rights workers vs social workers for power relationships: Rights workers expressed a strong awareness of the power imbalance between themselves and young people and said they tried to redress this in their work. All emphasised young people's competence and their right to more participation in decisions. They tended to speak of young people as an oppressed group who should be offered more independence and the right to be treated as equals. Mary, for example, like James and Prout (1997) cited above, talked about young people as 'social actors' and said 'we protect them too much'. None of the social workers spoke of power relationships as an issue in their own work with young people, although they were concerned about carers abusing their power. Sandra, a social worker, talked about the power difference between social workers and young people as natural and unproblematic. She said of thirteen-year-old Paul: 'He is a child and we are the adults and we make the decisions.' Most social workers emphasised the need to protect children and young people and highlighted their immaturity. They tended to have a more paternalistic view of young people than the rights workers—a view exemplified by social worker Sharon: "I think that young people, not to patronise them, but sometimes will not know what the best thing is, what they need. Well we know—through research and our job and having been through the stage of being a young person and that—what children do need at a certain age." Theme 10

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<td>Power imbalance between young people are carers: The young people were particularly concerned that, if they spoke out or complained, they might upset the paid carers on whom they depended for their basic needs. Timothy explained how he made sure that his foster mother would not get to hear about a complaint he made. He was also fearful that this would get back to her if he told his social worker: "If I make a complaint I go for a route that no one else is going to catch up on, so my social worker won’t know I’ve made a complaint, my foster carer doesn’t know I’ve made the complaint and only children’s rights—so it doesn’t go any further than that.". Some young people had experienced unintended consequences of asserting their rights, like having to move from a foster home. Others talked about repercussions from staff in their residential home when they had spoken out.

Theme 11
Rights workers vs social workers (advocacy): Rights workers were insistent that they should adhere to the advocacy principle discussed above (Department of Health, 2002) of just voicing young people’s concerns rather than considering their best interests. Alan gave an example: "If the children want a pair of chocolate, white chocolate trainers, then that’s what we have to say, you know. And it’s not about what’s right and what’s wrong, the best interests of the child. It’s a wishes and feelings point of view." Social workers were very critical of this attitude, saying that they thought it detrimental to young people’s welfare. Many had stories about rights workers putting young people at risk because they had not checked background information. Sally complained that a rights worker was advocating for fourteen-year-old Katy’s contact with her extended family without checking that there were child protection concerns about this. Similarly, social worker, Sandra, said: "It’s all very well saying, ‘Oh yeah, you have a right to walk out of that unit because you’re 14—you can go down the park for 2 hours because this is your right.’ But they don’t know the dangers that that child might be putting themselves in without knowing the full background. And I think that can be a very dangerous thing."

Theme 12
Awareness of the harms of advocacy and solutions: rights workers were aware of such risks. June talked about a dilemma she experienced with a young man who kept running away from his foster home and sleeping rough. He wanted her to advocate for him to move from what she considered to be a very good, safe home and she really wished that he would stay. Rights workers talked about using various strategies to avoid harm coming to young people through adherence to rights principles. Some said they emphasised to young people the responsibilities that came with rights so that they ‘don’t take it to the extreme’ (Sarah). Others talked about exploring young people’s wishes with them—a process that often meant the young people changed what they wanted rights workers to advocate for: "Look, if you say to me, ‘“Mary”, I want to go and live on the moon,’ then I will sit in that meeting and I will say, ‘Johnny has said to me he wants to go and live on the moon.’ I will say what you want me to say. However, I will say to you Johnny, that if I say that, people are going to know that’s impossible and therefore what you’re saying you’re not thinking it through properly. So whilst I will say that if that’s really what you want, how about we look at what else you might want that is possible, that may be achievable." Yet, other rights workers admitted that they actually were making judgements about what was in young people’s best interests. Some, who maintained that they did not make judgements, were nevertheless selective about the issues they would take ‘to the top’ for young people.</td>
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<td>Risk of bias</td>
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<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>
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	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(Researchers did not explain why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study; No discussions around recruitment (e.g. why some people chose not to take part))*
	Data collection	Was the data collected in a way that addressed the research issue?	Yes *(semi-structured interviews were used; however interview methods were not justified or described in detail. No discussion of saturation of data. However data form was clear.)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes *(Interviewer attempted to make sure young people had 'a voice' in the process of the research, and an advisory group of young people drawn from a local children's rights group helped to determine appropriate interview questions and gave their views on the interpretation of findings)*
	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 *(Perhaps insufficient discussion of evidence for and against researchers arguments; particularly with regard to the differences between social workers and childrens rights workers. Only one analyst completed the project. No discussion of triangulation, however respondent validation was used.)*
	Research value	How valuable is the research?	The research has some value *(However some questions regarding generalisability)*

	Overall risk of bias and directness	Overall risk of bias	Low
		Directness	Partially applicable *(likely that data was collected prior to 2010)*

Berridge 2017

Study type	Semi structured interviews RQ4
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

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) 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)

	Section	**Question**	**Answer**
Risk of Bias	Aims of the research	Was there a clear statement of the aims of the research?	No
	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 *(Participants were all selected as they had received a particular intervention)*
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 *(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)*
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

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

<table>
<tr><td></td><td>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.</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>
</table></td></tr>
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	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
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

	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.

	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?	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.")*
	Data collection	Was the data collected in a way that addressed the research issue?	Yes *(However, no discussion of saturation of data)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	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.)*
	Ethical Issues	Have ethical issues been taken into consideration?	Yes

	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 RQ3

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.

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)"

	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?	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.)*

	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**

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"
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)*

Diaz 2019a

Study Characteristics

Study type	Semi structured interviews

Aim of study	To explore the following questions: How do professionals working with children in care view and manage complaints? Why are children reluctant to complain? In what other ways do children voice their grievances or have their views heard?
Study location	UK
Study setting	one local authority in England
Study methods	Semi-structured interviews were conducted with both young people and professionals, each of which lasted between 30 and 45 min. The data were thematically analysed through recourse to grounded theory in an attempt to discern how they “construct” their day-to-day worlds with others via discussion. Data from young participants have been triangulated with the views of professionals interviewed, all of whom had experience of young people making complaints. Despite purposive sampling, none of the children interviewed had formally complained about a social worker or other professional.
Population	looked after children and young people and those professionals working alongside them, including IROs, social workers, and senior managers.
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	Care Situation children who had been in care for at least 6 months and who had attended at least one child in care review were recruited
Exclusion criteria	None reported

Sample characteristics	Sample size Ten young people, 11 social workers, 8 IROs, and 7 senior managers were interviewed in one large rural English local authority. Mean age (SD) children were aged between 11 and 17
Relevant themes	Theme 1 Complaints by children in care are managed at the lowest possible level - Frustration was expressed by all the young people, social workers, and IROs interviewed about complaints by children not being taken seriously and being managed at the lowest possible level. The following exchange with an IRO, talking about a 16-year-old whose placement was moved in an unplanned manner, illustrates this: "IRO2: Our EDT got involved because … the child was refusing to go in. She was sixteen-years-old. And eventually she went in at two o'clock in the morning. I went down to see her a few weeks later and actually put a complaint together for her because she said she wanted to complain. She felt the way she'd been treated was really, really bad. And I agreed. Put the complaint in. And, of course, it was dealt with at stage one. She got an advocate … .. She did not get a satisfactory answer. She got a kind of half-hearted apology from the deputy team manager. She wanted to go to stage two with the advocate. They would not have it. INT: Who decides that? IRO2: The complaints manager. INT: And can they just say no? IRO2: Yeah. It seems so." What is especially concerning about this exchange is that this young person knew the service she received was unacceptable; however, her attempt to complain and have her voice heard in a manner that allowed her to feel the issue had been properly dealt with was thwarted. IRO1 commented: "In the end the child just gives up." This feeling of giving up likely has an emotional impact on children, particularly those who have been let down by their families. This example also raises questions about the efficacy of advocates and advocacy services, as there is no evidence to suggest that the advocate appealed this, formally or otherwise. Some professionals felt keeping things at a low level was the most appropriate course of action and that their professional discretion could determine whether the matter should be escalated or not: IRO4: If a specific issue comes up, or usually in my chat with the young person before the meeting starts, I talk with them about if they are not happy what they can do about it. So that might be bringing the social worker in and saying "what are we going to do about this?" Keep it at a low-level. If I feel it's more significant, I might think with them more about the role of an advocate and I've referred loads of people for advocates in my time. The difficulty with professional discretion being used in this manner is that it is not empowering for children or young people, because they are still restricted in the information shared with them, although decision-making about the validity of their complaint remains subject to gatekeeping by a professional. Theme 2 2.2 | Children worry about complaining, which is recognized by professionals A recurrent theme in the interviews with young people was that they were worried about speaking up. Every young person referred to having "stayed silent" at some point when in care, because speaking up either felt too difficult or pointless as they would not be listened to: INT: Okay, so you have had one social worker the whole time. George: Yes, that was more because I was too afraid to challenge him and change to a different one though. Some of the young people had very negative views of some of their social workers, but they still did not consider complaining. For example, Charmaine: I did not like my first one. I hated her. She was terrible. She did not get anything done at all. For the whole six weeks holidays in the summer I wanted to stay at my friend's house to be like a normal person. I asked her to get my friend's house police checked and everything so I could stay there and six weeks later she still had not done it. She would always be late. INT: Did you consider making a complaint about this social worker? Charmaine: No there would have been no point, it would have just made things worse. Professionals working directly with children and young people expressed how difficult it was for children and young people to complain through the language they used. For example, IRO1 referred to one young person he worked with as "brave": IRO1: One time, years and years ago, there was a boy in a foster placement and his social worker wasn't any good, and he was brave enough to say so and he made a formal complaint. Four of the seven senior managers interviewed endorsed the notion that children were right to be worried about complaining, as, from their experience, there were times that this impacted upon a child's relationship with their social worker: SM1: In a small minority of cases the social worker has taken it as an offence that there's been a complaint and has then complained to the young person which is not on. SM7: He said, well my social worker told me off for complaining because he got him into trouble. So yes, I think it is a difficult one for young people to [complain] The most troubling

	aspect of these exchanges is the suggestion that young people feel worried about complaining and social workers feel concerned about being blamed when a child they are working with complains. This could potentially lead to a blame culture and, in turn, leave children not feeling confident enough to challenge decisions they are unhappy with. **Theme 3** 2.3 | Children's voices were often not heard and social workers seemed to accept that this was part of the system - In instances where young participants voiced opinion, they reported feeling that they were not listened to and expressed that “I had no choice” or “I wasn't asked my opinion.” It was notable that all social workers reported that children and young people's views could be disregarded and, moreover, that agency processes enabled this: SW11: I do not always think we are that good at allowing children and young people to say what they want if it's in conflict to what's written. I think we take that away from them because it's that “they are in care, we need to protect them, we need to make these decisions for them”, and I think that comes down to again the view that it's statutory, it's bureaucratic, and we are there to set things and put things in motion, and we are not as flexible as we should be, and we maybe do not say to children and young people “this is a plan that we have put in place” or “we need to look at a plan for this, let us do it together”. Here, SW11 shows insight into the way the system is set up, inasmuch as the forms and the bureaucracy take prominence, rather than there being a discussion with the child or young person to ensure that they play an active role in the decisions that are made about their lives. Another social worker reported that children and young people may be unable to get their views heard: SW6: Her [the young person's] involvement was tokenistic because she had an advocate who would share her views, but she could not understand why the advocate did not carry the weight of opinion that I did or the other professionals in the room. What is particularly interesting about this comment is the assumption by the social worker that their opinion and that of other professionals in the room should carry more weight than the advocate or the young person. Indeed, this assumption is so engrained that the social worker provided no explanation for why their opinion was of greater relevance. In terms of the young people's views of review meetings, most of them found them boring and pointless and sometimes scary. However, again, none of them considered complaining about this as they felt it would just make things worse. **Theme 4** 2.4 | Where the difficulty is clearly defined, IROs can have some success in resolving the issues Most of the young people stated that at times, IROs were able to resolve fairly straightforward things such as ensuring young people saw a dentist regularly, but they were less effective at resolving more complex issues such as contact with siblings. Keira: Like my health checks would be sorted, all my … like the day to day schooling would be sorted, but when it came to contact if … like the IRO would help me try and get it but it's obviously not her decision, that's up to the social worker. Overall, IROs appeared to be more responsive to children's needs and showed greater recognition of the importance of children's voices being heard than social workers and senior managers. IROs reflected upon the impact of children not being listened to: IRO5: It can get really quite challenging sometimes, young people storm out of meetings. And I'm sure a lot of the time there'd be themes to those scenarios which are about not feeling heard. Several IROs were able to cite the following examples of when they had advocated on behalf of a child or young person. Where the issue was clearly defined and narrowed, most had examples of success. This was exemplified by IRO5's account of a young person with very few clothes who was living on a care order with her mother: IRO5: We had a meeting downstairs with her mum and everybody, and the girl lost it, because I was saying, ‘Right’… because I'd said to her, ‘Do you want an advocate?’ ‘No’. ‘Do you want me to do something about it?’ ‘Yes’. ‘Well, there's a limit to what I can do about it, but I'll do my best, and if I cannot, then we'll talk about an advocate’ … …. Why did not I do that before? When I've got 50 [cases]. I work three days a week. But so now I'm making it my business. IRO3 discussed the role that IROs can play in helping children at least feel that their voices have been heard, even if they do not get the desired outcome: IRO3: I think they are probably quite successful I would think, because quite often we know about those concerns prior to the review, especially if you have spent any time with the child. So, we can bring it up on their behalf. We can then talk about it openly then because we set decisions at the review.

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
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 *(The study was about complaints made to social services, however none of the children and young people included had ever made a complaint)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Study does not provide sufficent detail regarding the interview methods e.g. was a topic guide used, what was the setting.)*
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 *(No apparent validation of findings)*
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and directness	Overall risk of bias	High

Section	Question	Answer
	Directness	Directly applicable

Diaz 2019b

Study Characteristics

Study type	Semi structured interviews
Aim of study	Explores the perceptions social workers and Independent Review Officers regarding children’s participation in reviews. The paper considers the barriers to young people participating meaningfully in decision making and how practice could be improved in this vital area so that children’s voices are more clearly heard and when possible acted upon by professionals.
Study location	UK
Study setting	One English local authority. This was a large, rural authority characterised by a broad spectrum of deprivation and wealth.
Study methods	Through a purposive sampling method, professionals were recruited who currently worked with children in care, either as social workers or IROs, and who had attended at least one Children in Care review. Data were collected through audio-recorded semi-structured interviews. Specifically, authors were interested in gaining insight into their views about the following research questions: RQ1. To what degree do children and young people meaningfully participate in reviews? RQ2. What are the barriers to participation? RQ3. What can be done to improve children’s and young people’s participation in reviews?
Population	Social Workers and Independent Review Officers

Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	Time in care worked for at least a year with children in care, currently worked with children in care, either as social workers or IROs, and who had attended at least one CiC review
Exclusion criteria	None reported
Sample characteristics	Sample size IROs and 11 social workers
Relevant themes	Theme 1 Barrier - minimal available planning time due to high caseloads and management deadline pressures. A common theme that emerged during the interviews with the IROs and social workers concerned the fact that they were under a great deal of pressure and were struggling to carry out their role as outlined in statutory guidance such as the IRO Handbook (Department for Education and Skills, 2010). Barriers to IROs enabling effective participation of children covered a range of different aspects of the working life and practices of IROs and social workers. Minimal available planning time due to high caseloads and management deadline pressures. High caseloads were an especial challenge highlighted by all IROs and social workers: IRO 3: We've got so many kids coming into care […] for me, any Child in Care Review, you wing it and if you don't wing it – I know that's awful to say. That's what social work is about. You know, you deal with crises don't you […]. This notion of "winging it" described above was consistent with how other IROs and social workers described review meetings. A plethora of research has demonstrated that frontline childcare social work can be extremely challenging, not to mention that it is difficult to plan for every single eventuality. However, the above quote also suggests that meetings are responded to in the context of crisis focussed working as opposed to a planned feature of the overall review process. It is reasonable to extrapolate from this that reviews held in an unplanned and ad hoc fashion are likely to present a significant challenge for how far children and young people can actively engage in the review process. All the social workers and IROs expressed that high caseloads had a detrimental impact on their ability to ensure that the child or young person was able to participate in their review in a meaningful manner. This routinely accepted reality of having too much work relates closely to the culture of the profession as often being in a state of crisis. Researcher: Do you think social workers have the time and resources to prepare people for the meetings? IRO 3: No. But I think they could make time and find time to some degree. They're so busy […] they're so, so, busy, and I don't mean just on the ground but in their heads. They've got so many things they're carrying, so many pressures […] they're not able to think ahead or plan ahead because everything is on the ground. The IROs interviewed for this study also reported feeling subjected to this bureaucracy. A significant majority acknowledged that some reviews took place without young people even being present so as to meet agency timescales. This meant that the young people would not always attend their review simply because it did not fit with the IRO's or social worker's diary: IRO 3: If there were more time to prepare then IROs would insist on children being present, because you'd have the time to help prepare for that and to meet those around, and social workers would have the time to prepare […] and plan for it. Researcher: Do reviews ever take place where children just wouldn't be able to attend because of your diary and the social worker's diary? IRO 3: Yeah. Sadly, yes […]. Within this particular local authority, some review meetings took place without children and young people even being aware that they were happening, because professionals were under such pressure to ensure that they occurred within a set timeframe. One IRO cited an example of a review meeting (to which the young person was invited) taking place on the child's birthday to meet the statutory timescale. As a time-saving

measure, several social workers reported that they would combine CiC reviews with Personal Educational Plan meetings at the school: Researcher: Did that seem to work well? SW 1: […] they can end up being quite long meetings and a child might be more comfortable if it is in their home instead of being dragged out of class, sitting around with however many professionals looking at them and then leaving again […] I have one boy that very much just thought it was a process and he'd sit there like "great, I've just got to do this".

Theme 2

Barrier - high turnover of social workers and inexperienced staff. Almost all professionals interviewed raised the issue of high turnover of social workers serving as a potential barrier to children's participation in reviews. The interview extract below from IRO 3 illustrates the impact of the inexperience of many of the social workers in this local authority upon how children and young people were prepared for reviews. This was presented as being due, in part, to the social workers themselves not understanding the purpose of the review: IRO 3: I think the challenge is though, a lot of social workers don't really know what to expect from a Child inCare Review […] So, often the social worker comes to a review and they might not know what to expect so aren't really able to prepare the child, which makes it very difficult then […] and also we all practice slightly differently, so I think there's an issue about IROs being consistent because we're independent. This quote raises two issues: first, inconsistencies within the IRO team pertaining to the way different IROs manage the process; and, second, less experienced social workers do not always understand the purpose of reviews themselves. This was also noted in the interview with IRO 7: IRO 7: they [social workers] should be talking with them and asking questions […] that, in my experience, often doesn't happen and so I've been at reviews, sadly, where young people don't know what the plan's going to be, let alone think about things that we need to talk about, so that can make it really, really difficult to have an honest and open discussion. The implication is that if the social worker has not explained to the young person the plan, and in some cases may not even be clear what the care plan is themselves, then there is automatically a significant barrier to fulfilling one of the core purposes of the CiC review, namely, reviewing the care plan, as well as to ensuring that the young person can participate.

Theme 3

Barrier - lack of understanding and training of professionals in participation - Lack of social workers understanding of children's participation rights and limited training of professionals in enabling children's participation in decision making. One interesting finding from this research was that although IROs, like social workers, recognised how important participation is, IROs had greater awareness of the barriers within current practice. This could be because the IROs were more experienced social care professionals. It may also be because a central tenet of the IRO role is to ensure that all views are heard and considered. A key finding was that despite the recognition of the importance of children's participation in decision making, only one professional interviewed (an IRO) had received any training on participation: IRO 5: I went on some IRO training (name of externally commissioned provider) a few years ago in Manchester, which covered stuff like that [participation][…] the training for IROs is atrocious, I have to say. We used to look as a team for training and find bits and pieces from BAAF or whoever and we'd go on it and we'd think, actually – not being arrogant – but we knew that! This extract reflects the IRO interviewees' experiences of the inadequacy of current provision for IRO training, and in particular the dearth of training on children's participation. All the social workers interviewed agreed that it was very important that children participate meaningfully in their review meetings. However, there was confusion about what this actually meant in practice. Social Worker 8 put forward a definition of participation, which was fairly typical of those provided by other social workers in the study: SW 8: Participation to me just means a group of people all working together for the same goal or achievement. Arguably, this definition of participation more adequately describes inter-agency working, and bears little resemblance to the legal or theoretical definitions of children's participation outlined in the introduction. In terms of Hart's (1992) ladder of participation, children's participation in reviews was most frequently described by social workers implicitly as "tokenistic" or "manipulative." One potential reason for social workers' limited understanding of participation in practice is that none of our respondents had attended any training on participation. In addition to this, there appeared to be a disconnection between the importance social workers attributed to children's participation and how far they actively sought to ensure that children participated in reviews and decision making. Although all 11 social workers interviewed asserted that children's participation in review meetings was extremely important, they also reported that either they or the IRO would make all key decisions regarding the arrangements for the meeting. This may be seen as an example of what Argyris and Schön (1974) identify as a disjunction between "espoused theory" (what professionals say they do) and "theory in use" (what they actually do). Whilst these social workers appeared to view children's participation as important, there was little evidence that their practice ensured that this happened. The reasons for this may be outside social workers' control, in the shape of structural barriers such as heavy workloads and bureaucracy, but there remains a pronounced dissonance between what is espoused and what actually takes place in practice: one social worker acknowledged that in practice children's participation in reviews was often tokenistic: Social worker 6: I think […]. that a lot of what we do can be quite tokenistic. You know, it's one thing going and getting the child's view before the review which is what I've done, but on reflection that's still quite tokenistic. That's a visit to a child with a pre-set of questions for a meeting that isn't going to change it in structure, and the actual issues can be pretty abstract and complex and they are very, very difficult to explain to a child. The social worker here is articulating a view that many of the participants had in this study, namely, they had a paternalistic approach which means that they think that the concepts are too complex for children to

	understand, and that even if they see the child ahead of the review it will not impact on the agenda, structure or focus of the review. This ties in with a notion that all professionals had which was that “keeping children safe” was more important than upholding their rights to participate meaningfully in decisions made about their lives. Theme 4 Barrier - children and young people’s negative experiences of reviews and consequent reticence in taking part - children and young people’s negative experiences in reviews and ensuing reticence about attending. The IRO Handbook states that the review meeting should be child-centred, i.e. it is the child’s meeting and they should be given the opportunity to give their opinions and whenever possible for those opinions to be acted upon. Notably, all the IROs interviewed for this study reported instances of professionals, in particular school staff and foster carers, using review meetings to chastise, rebuke or shame the young person. The research by Pert et al. (2014) and Dickens et al. (2015) did not highlight this as an issue, although it is mentioned briefly in Thomas’ (2002)[2] research. The following interview extracts testify to this problematic practice: IRO 1: Foster carers and teachers will use the review as an opportunity to shame the child by bringing up their bad behaviour. I did a review at a secondary school the other day. The boy is in Year 7[3] with quite a few additional needs and his care plan is complex, but he was on that day facing permanent exclusion and the head had made a decision that he couldn’t enter the school that day for his review. That got turned around but then there were about four education representatives and […] the big male teacher, head of year, he wanted to take us through the whatever, 28 incidents, and he was a tiny little boy, very small for his age with some physical disability, and I could just see him shrivelling up. So, how on earth can that child have a voice in that meeting? And foster carers sometimes will talk about behaviour incidents, I think sometimes to justify or to defend their own position. Overall, the IROs in this study reported that such practices of blaming, shaming or being placed under the spotlight served as a significant barrier to children and young people attending, engaging and participating in reviews: Researcher: What do you think the main things are that lead to good participation from young people in children’s care reviews? IRO2: Well, I suppose they’ve got to feel safe […] [They] feel like they’re under the spotlight. They’re being kind of criticised, everyone’s talking about them, everyone’s looking at them, they’re worried about bad things that will be said and so that’s the kind of thing which deters young people. Both of these extracts from IROs 1 and 2 outline how these meetings can lead to young people feeling blamed. The organisation VCC (2005) has outlined how stressful, difficult and oppressive a review meeting can be for young people, whilst more recent research found that some teachers had prejudicial views about children in care and that this was borne out in CiC reviews. Theme 5 Barrier - structure and process of the review not being child-centred - Theme 6 Facilitator - quality of the relationship between the child and professionals - Quality of the relationship between the child and professionals. All the social workers and IROs interviewed agreed that participation in the review process was very important for young people and that a trusting relationship with the social worker and IRO was integral to this: SW 1: It’s that child and it’s that child’s life, so they need to know what’s going on and have a say, because it’s them that’s got to live with it every day. It shouldn’t just be a tick-box exercise […] it’s normally done with an IRO, isn’t it? So, in the hope that they have the same IRO every year that they can build a relationship with and speak honestly with, because they may have had several changes of social workers. But it’s […] whether that relationship is built with them or it’s just another meeting that the child’s got to sit in and whether they feel they can speak honestly about it […] it can only be meaningful if that relationship [with the IRO] is actually there. All participants concurred that the concept of a positive relationship (between the IRO, social worker and child/young person) should be at the heart of meaningful participation but for the reasons explained below it was very difficult for them to build this relationship in practice. As a result of having high caseloads none of the IROs in this study visited children either prior to or between reviews as suggested by the IRO Handbook (Department for Education and Skills, 2010) unless they were in formal dispute with the local authority which was extremely rare. Moreover, they all acknowledged that this had a detrimental impact upon their ability to build and maintain meaningful relationships with young people. Studies of children’s participation in decision making suggest that “developing an effective procedure for eliciting children’s perspectives and establishing a trusting relationship takes time”. Each IRO reported a caseload in the region of 85 children, which is considerably higher than the IRO Handbook recommends (50–70 cases). Six of the eight IROs reported that they did not need long to build rapport with a young person and, in fact, that they were able to do so in just a few minutes prior to a meeting. This appears contrary to research which suggests that it takes a considerable amount of time to build up a trusting relationship with a young person. With respect to this issue, and the fact that they only meet young people twice a year, social workers raised concerns about the ability of IROs to build relationships with young people: SW 1: I wonder whether he would have actually spoken truthfully to his IRO about this, because he took a long time to build a relationship with (me) and a lot of intense direct work. Theme 7

	Facilitator - the child or young person chairing their own review meeting - The child or young person chairing their own review meeting. Most IROs and social workers spoke positively about their experiences of young people chairing their own reviews, although they also raised some reservations: SW 5: It can go either way, can't it. It can become extremely productive with a really engaged young person. I can think of one or two over the years that would, I think, be really switched on and really actually would have made a lot of professionals maybe buck their ideas up and maybe become a bit more child-focused. I can obviously think of one or two where they might feel it is an opportunity to rub a few people's noses in it and maybe have a bit of fun at everyone else's expense. This view was shared by other social workers and IROs, who also voiced concerns around how far the procedural functions of the review could be carried out in such circumstances. Most social workers spoke positively about young people chairing their own reviews and, indeed, saw it as an effective way through which to increase meaningful participation by young people in the review process: SW 4: I did a Child in Care review about six-months ago where it was chaired by the young person […] and he decided how he wanted to do it, and we started off by playing "hangman" to work out what his favourite things were […] so it was completely different to how a normal Child in Care review would be. My experience would be that when things are calm and settled and straightforward then participation is thought of more. When things are falling apart or in crisis, or we feel like adults need to step in and make those decisions. Although here the social worker acknowledges the importance of participation, it is still deemed to only be realistic if the placement is settled and things are going well. The implication, then, is that participation is a choice (for professionals), rather than being essential to the functioning and ethos of the process.

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 no discussion regarding setting or saturation of data)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell

Section	Question	Answer
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 work was undertaken)*
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

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Study Characteristics

Study type	Semi structured interviews
Aim of study	To consider the extent to which young people in care were encouraged to participate in decision making, particularly in their review meetings
Study location	UK
Study setting	One local authority in England
Study methods	A qualitative research design using semi-structured interviews. Thematic analysis was performed. Unclear if multiple analysts or respondent validation used.

Population	This paper considers the views of seven SMs who were interviewed in relation to their views on children's participation in CiC reviews. The data collected formed part of a wider study into children's participation in reviews whereby ten young people, eleven SWs and eight IROs were also interviewed.
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	None reported
Exclusion criteria	None reported
Sample characteristics	Sample size Seven senior managers all working within Children's Services at a single agency were interviewed. Their position within the authority ranged from Service Manager up to Director.
Relevant themes	Theme 1 Relationships between SWs, IROs and children and young people - As part of the broader research, the young participants all highlighted the difficulty of building trusting relationships with their SWs, primarily because of the high turnover of staff. It was noted by many of the young participants that this had impacted on their ability to participate in reviews and they complained about being asked the same questions repeatedly. It is surprising, therefore, that SMs in this study rarely touched on the importance of the SWs' and IROs' relationships with children and young people, the impact of a transient workforce and the challenges SWs faced in having the time to get to know children and young people. Indeed, SM 1 commented: "SM 1: I don't think that's a social work role [engaging the child]. I think that social workers just wouldn't have time to do that, and I think you need a different skill set to do it. I'm not saying all social workers couldn't do it, I'm sure they could if they had time, but I don't really think that's the best use." This quote raises wider questions about what the role of a SW is, if not to engage a child or young person and put them at the heart of their practice. "SM 2: If money wasn't an issue, I would have someone in every team who wouldn't necessarily be a social worker, probably would come from a more youth worker type of background but a person whose role it really is to engage and also to get messages out to young people and to be the owner of that team, someone who is not burdened down with a caseload." This point contradicts the responses from the young participants, who felt that a consistent relationship with the same SW and IRO was helpful and played a key role in assisting them to participate meaningfully in their reviews. Furthermore, it also runs counter to the wider message from research that children and young people would prefer one stable adult professional in their lives rather than a plethora of professionals (Selwyn and Riley 2015). Theme 2

	High Caseloads - All social workers interviewed raised high caseloads and excessive paperwork has a barrier to effective participation with children and young people. On this subject, there appeared to be a disconnect between social work views and those of senior managers on this issue. An example of this was SM 2’s response: "SM 2: Some of our social workers spend an awful lot of time sat in the office doing paperwork, and we hear a lot about that, but we see other social workers who manage to balance that and do a lot more face-to-face work. We have done our own exercises to try and capture how much face-to-face work some of our social workers are doing and we understand there can be a quite significant difference and that doesn’t necessarily correlate to having things like up-to-date plans and other bits of paperwork in place…sometimes you will see a lot of recordings. Texts and phone calls are all very important, but they are not an entire substitute for being sat in front of someone." The suggestion is that some SWs would prefer to be in front of the computer rather than spending time with young people. This comment demonstrates a common theme amongst those SM’s interviewed. SM’s typically placed responsibility for social workers spending so much time in front of a computer upon SW’s. None considered that it would be SMs driving front-line staff to keep their paperwork up to date (Munro 2012). In the broader research, one SW stated in her interview that when a child came into care she wanted to spend time with him ensuring that he had settled into placement, but instead her managers put her under pressure to fill out the 21 forms that needed to be completed when a child comes into care. In this study SMs appeared to be naïve about the realities of SWs having the time to do all of the tasks required. Many of the SWs in this LA had a caseload of over 30 children and those interviewed for this study clearly stated that this impacted on their ability to carry out effective work with children and their families. When SWs and IROs were asked what they would do if they were “king of the world” and could change one thing to improve children’s participation in reviews they all highlighted more time and lower caseloads. The young participants, too, highlighted the impact of high caseloads on the service that they received and were aware that this meant they could rarely see their SW. By contrast, during the SM interviews this was barely touched upon; more focus was placed on processes and paperwork being completed properly and on time. This evidenced a clear disconnect between the perceptions of SMs and the views of frontline staff and children on the challenges that SWs face in relation to carrying out effective direct practice with children, young people and families. The majority of the SMs suggested that since some SWs managed, in their views, to carry out high quality direct work with families and complete the paperwork in a timely manner, all SWs should be capable of doing this. However, this fails to consider the complexity of the current challenges faced by SWs and the notion that, while some SWs may be able to carry out high quality direct work as well as fulfill the bureaucratic purposes of the role, they are the exception as opposed to the rule (Author’s own and Drewery 2016). It also pays limited attention to the challenges retaining SWs in frontline practice, which has led to the average childcare SW leaving frontline practice within two years of qualifying (Bowyer and Roe 2015). By way of context, the same figure for teachers is 15 years; for nurses it is 16 years, and for doctors it is 25 years (Bowyer and Roe 2015). Indeed, some SWs may be able to maintain their direct work with families alongside their paperwork to an excellent standard over a period of time but given the high turnover of SWs in frontline practice and the profession in general, this points to an inability to sustain this quality practice over longer periods, let alone over an entire career. Frequent changes of SW or infrequent visits are noted to ‘reduce opportunities to hear children’s views and understand their experience’, and in their review of the IRO role in 2013 Ofsted concluded that high caseloads were a significant barrier to IROs carrying out their roles effectively (Ofsted 2013). SM 3 was a notable exception in her recognition of the time pressures on SWs and IROs and the impact on children and young people’s participation: "Researcher: Do you think social workers have the time and resources to prepare young people properly for Children in Care Reviews? SM 3: No, I don’t. Researcher: Any reason why that is?

	SM 3: I think it's because they've just got too much work to do. I'm sure most social workers would want to give more time but I think there's lots of competing demands…I think for real participation it is a very labour intensive, time intensive exercise and you really have to give it space…I don't think caseload ties, workload management really allows and builds in enough time for that to take place properly." While it is positive that this SM identified the issue, it was notable that, despite their position of authority and responsibility, there was no discussion as to how it was being addressed. As a part of the wider research SWs and IROs also outlined how frequent changes of SWs impacted on the ability of young people to have a meaningful relationship with them. Theme 3 A potential culture of blame - Some of the SMs appeared to deflect the responsibility for meaningful participation and child-centred practice on to service users themselves or individual professionals: "SM 1: I think a lot of the barriers will be young people's perceptions of the system already and what their experiences have been, and some of that may just be anger because they haven't come to terms with it. It may not be that the system has treated them badly but, actually, the system has still interfered in their life and they may have parents in the background that are very angry at the system. Unfortunately the system sometimes doesn't keep its word, it says things and then it doesn't follow through. You know we keep saying to social workers how important it is when they are going to be late, that they do something about that and they make efforts to let people know, just like they would expect to be told. But I think there is a whole combination of things like that which could so easily undermine the work of saying that we care and we want to listen and all of those messages." In a similar vein SM 7 commented: "SM 7: If everybody was great and good at what they do then things tend to function but the barriers will often be around incompetence. Communication – social workers who don't respond to you – it boils down to social work competence practice." These comments tied in with a general theme from six of the seven SMs that the faults lie with individual SWs and their poor practice, and would appear to suggest that a blame culture potentially exists in this particular LA. The SMs did not reflect on their own role in 'the system' or, indeed, if there was poor practice from an individual, how they were challenging this. Arguably, the blame culture which appeared to potentially exist in the LA research site is likely to impact on practitioners' well-being and their ability to carry out their work effectively with children, young people and their families. This is an issue as child protection practice 'is so highly charged and emotional it is essential that middle and senior managers create a safe context for talking about doubts, uncertainty and the emotional impact of the work. The data suggests that in this LA, SMs were not able or willing to ask themselves this question. The effects of a blame culture being cultivated by SMs cannot be minimised. It has a severely negative impact on practice; indeed, 'the fear of being criticised or blamed for problems encourages practitioners to adopt coping mechanisms such as denial, blame and projection. Theme 4 Senior managers' knowledge and oversight of the review process - One striking finding of this research was that of the seven SMs who were interviewed, only one had been to a CiC review in the last year, five had not been to one in over twenty years, and one SM had never been to a review. Given this lack of attendance at review meetings it is

reasonable to assume that this would contribute to the limited understanding and oversight of the review process by the majority of SMs. The response given by SM 3 was typical when they were asked who they think decides who attends the review:

"SM 3: I think that would be in discussion between the social worker and the IRO. I would like to think it also included the views of the young person but I don’t know how often that happens.

Researcher: And what about where the review takes place? Who do you think decides that?

SM 3: Probably IRO and social worker but also maybe carer as well. I’d like to think it was the views of the young person but I don’t know how often that happens."

When considering whether children and young people are always present at the review, SM 4 commented:

SM 4: I don't know how many young people have to finish school early to have their reviews, I haven't got an answer to that, or whether they're always outside of school. That must be a big challenge to make sure that that is managed."

This comment is noteworthy given the strong emphasis nationally on educational opportunities for CiC. The issue of reviews being in school time – with young people complaining about being called out of class and the lack of privacy – has also been documented in numerous studies. This lack of curiosity is problematic and is suggestive of a lack of understanding by some SMs in relation to children’s attendance and participation in essential review meetings. This raises questions about whether and how this issue will be addressed. In a similar vein, one SM outlined the lack understanding some SMs appeared to have in relation to the fundamental purpose of the review. The point was raised by SM 5 when asked about the agenda for the review:

"SM 5: Well I think the agenda is set by the IROs and there's a fairly standard agenda here which I now understand doesn't include reviewing the care plan. The reason given for that is that we, within the children's services bit aren't following the process of ensuring that the care plan is bang up to date at the point at which the review meeting is held. But I am slightly bemused by this. It's news. I only had this conversation this morning. Because I'd understood - from an off the- cuff comment that one of the service leaders made which was something along the lines of, “We've got all the emphasis on having a good care plan but the review doesn't actually review the care plan.” I thought that was the purpose of the review, is the plan the right one? Are we on the right track? And apparently that's not how the agenda's set here. I had a meeting with the IRO Senior Manager this morning and I asked him that. He said, “No we don't. We haven't for years.” So I said, “Why is that?” and he said, “Because of all the issues that we've got about the care plan being up to date and the right care plan. So we can't spend the meeting reviewing something that's either out of date or not relevant.” When I would have thought that that's exactly what the meeting should do so that if the care plan's not right at the beginning of the review it certainly should be right at the end. But I don't want to take any more battles on really with the IROs at the moment, I'm trying to build bridges."

According to the IRO Handbook (DfES 2010), a central aim of the CiC review is to review the care plan; this SM – who was at a very senior level – is outlining that this is not happening in this LA, and they appear to have no plans to resolve this issue despite holding ultimate responsibility for it. Despite their lack of knowledge about reviews, all seven SMs were aware that children and young people sometimes chaired their own reviews and all were positive about this happening. SM 2’s response was typical:

"SM 2: We could help them understand that the reviews are a really great place for their voice to be heard as well, around their progression, around their plan and their opportunity to take control and chair their own reviews at times, which we have seen happen in some of the older ones… We obviously need to try and support that as a service area to make sure we are helping young people to feel confident enough to chair their own reviews and see what we can do to support that side of it. It was interesting that for some of the SMs, who had lengthy careers in the sector, this was not a new idea. Indeed, it was quite concerning that for many of these SMs it appeared that not much had

	changed or improved; and that that children and young people’s views and negative feeling for reviews has not changed much since Thomas and O’Kane’s research carried out in 1999. "Researcher: How effectively do you think we engage young people in their reviews? SM 5: Most of my career it was terribly variable. I'd say I went through periods when kids hardly ever went to their reviews 'cos again I think the culture of the organisation was if they don't wanna sit in there they don't have to. So I think it's still very variable and I think our understanding is probably still quite variable about the extent to which children are at the heart and young people are at the heart of their meeting." This comment again shows a lack of oversight and suggests that there is an acceptance that things are just the way that they are and there are no plans to address these issues. This fatigue towards reform in many respects is unsurprising, as Forrester comments in relation to the countless structure and procedure changes that have been implemented in children’s social care: ‘Yet, by and large, most of these initiatives seem to have achieved little. Many have actually been counter-productive’. Similarly, SM 5 relating when they worked in a residential children’s home and the young people had decided to chair their own review meetings. They went on to comment: "SM5: Well, that example that I gave you, that will have been about 28 years ago. Now I don't think we've made progress since then really. That was practice 28 years ago and we're still in a situation where we've got a handful of kids chairing their own meetings." Theme 5 Senior managers’ understanding of participation - The data from this study suggested that the seven SMs in this LA held only a superficial understanding of the term participation and that tokenistic participation was deemed ‘good enough’. Given their leadership roles, this is a problematic finding. The following comment from SM 3 illustrates the manner in which participation was considered: "SM 3: So I suppose the overarching thing is that we want to know and understand what the views of children are and that can be on a personal basis, on a day-to-day social work basis. But it can also be on a service development basis. So there’s also an effort to try and get the views of young people when we’re making decisions about how we deliver services. And participation for me means that we ask children what their views are, whatever the level, that we ensure that those views are included in the consultation process or whatever it is and then we tell the children what the outcome of that was after. That would be my view of what is participation." Another example came from SM 5, who showed limited insight into the contradictory nature of their overall response when they were asked what participation meant to them: "SM 5: It means that children and young people are fully engaged with - if we're talking about participation - with us. Fully engaged in our system. That they've been properly involved in understanding why we're involved, what we're doing, that they've been empowered to express a view about what they want and what their important things are, that they're empowered to express that in different forms." One SM seemed to have a particularly poor understanding of the meaning of participation and wider concept when they were asked if they had a magic wand and they could do anything to improve children in care reviews their response was as follows:

	"SM 4: I'd like to be certain that every professional going to a review understands exactly what they're there for and what their role is. Because if everyone does that then it should be a good experience." Role clarity, though important, does not in itself does impact necessarily on children's participation in review meetings or wider practice. This answer also highlights that this SM had potentially low expectations of social work practice. It is noteworthy that the SM made no reference to children in their response. The over-focus on the professional and their role is noted by research to be one of the barriers to children engaging with services (Munro 2012). This SM was also asked what was the main message they gave to staff about children's participation and they stated the following: "SM 4: Erm … I think, the conversations we've had, or I've had have been this kind of thinking about participation and thinking about direct work of children and the potential difference. So understanding a child's experience, understanding their lived experience - what's it like being them is kind of direct work and listening. Now some teams say that's child participation but I think that's slightly different. At a team day recently young ambassadors were there talking about their experience. That's participation, isn't it? … So I think it's complex; I don't think it's, and I think in our, in social care maybe that gets mixed up a bit." This SM describes her experiences coming from a group session at a team day – not something that is embedded into the everyday practice of working with individual children and young people. This appears to be the only direct experience related to participation that SM 4 is involved with. This SM's insight is only facilitated because they attended this team day and saw this presentation. There does not seem to be a clear message coming from SM 4 or their leadership team in relation to children's participation, and they generally demonstrated a lack of understanding about what participation means and what SMs were doing in relation to it – a theme which came through in all of the SM interviews. This said the SM's reference to the young ambassadors giving a talk could be viewed as laying a foundation and developing a culture for future participation.

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 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?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes

Section	Question	Answer
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 findings were validated e.g. with use of multiple researchers for analysis or respondent validation)*
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

Dodsworth 2013

Study type	Focus Groups Semi structured interviews 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.

<table>
<tr><td></td><td>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."

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>
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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?	Can't tell *(researchers do not appear to have justified their research design or how they decided which method to use.)*
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	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.)*
	Data collection	Was the data collected in a way that addressed the research issue?	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)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(not clear 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 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

<table>
<tr><td></td><td>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)"</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
<i>(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.)</i></td></tr>
<tr><td>Data collection</td><td>Was the data collected in a way that addressed the research issue?</td><td>Yes
<i>(Setting is justified, however, methods could have been made more explicit. Saturation of data was not discussed.)</i></td></tr>
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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]"

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 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
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 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)."

	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?	Can't tell *(researchers did not justify their methods in great detail)*
	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.

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<td>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.</td>
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<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
<i>(The main focus of this mixed methods study seemed to be the effectiveness of the intervention, which is best answered using a quantitative approach.)</i></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
<i>(However, unclear if/why some participants chose not to take part)</i></td></tr>
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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
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.

	Section	Question	Answer
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

Gaskell 2010

Study type	Interviews (unclear)
Aim of study	to explore young care leavers’ experiences of care.
Study location	UK
Study setting	inner London area
Study methods	All interviews took place in cafe´s. No interviews were recorded, notes were written up instead. Young people fed back into the write up and final analysis. Interviews were written up in full and coded thematically.
Population	Young people each with experiences of the care system within the inner London area. All young people were also service users of a London-based children’s charity
Study dates	not reported

Sources of funding	not reported
Inclusion Criteria	None reported
Exclusion criteria	None reported
Sample characteristics	Sample size 10 young people Time in care all participants had entered the care system for the first time before the age of 11 years. Type of care Eight of the group had experienced both residential and foster care placements non-white ethnicity Five of the group were from Black British backgrounds, three were from mixed Black British and White British backgrounds and two young people described their ethnicity as White British. Gender seven young women and three young men Number of previous placements All of the young people interviewed had multiple experiences of care placements.
Relevant themes	Theme 1 (inclusion in decision making) Some may have preference for residential care: Entering the care system after a breakdown of care within their own familial system, some young people felt strongly that foster family care was not the most suitable option for them. Many expressed the desire that their own, dysfunctional family, should not be replaced by a foster family. Ruby2, a 19-year-old young woman explained that she favoured a children's home environment, rather than the increased stigma and further alienation of living as what felt like an 'add on' to another family: "I didn't like foster care. I just didn't like the feeling of being in someone else's family, in someone else's home, you get me? In a children's home everyone has something in common and it's like 'oh why are you here then, what's your story' you know." Theme 2 Need to listen and include in decision making: When young people hold these strong views of their own care needs and of how they might be met, the failure to listen can be interpreted as a failure to 'care'. All of the young people interviewed described being confused by decisions made on their behalf. Twenty-one-yearold Crystal explained how she had attempted to include herself in the decision making process. After requests to be placed in a children's home could not be met, she took influencing her care into her own hands: "You know, I told social services 'I don't like God people' and they sent me to live with a pastor and his wife! I mean what were they thinking?! So I just ended up running away

	again." A common theme emerged amongst the young participants in this research, that after unsuccessful attempts to influence the nature of the care they received, many young people became disillusioned. A common conclusion was that the type of care they needed and wanted was simply unavailable. Theme 3 (inclusion in decision making) preference for foster families: Unlike the above examples and reflecting the individual needs, children within the care system, nineteen-year-old Jodie found the children's home environment unpleasant, preferring instead to be cared for through foster families: "At least in a foster family I felt loved man, in the children's home I felt hated by all the staff, it was just their job, they didn't care.… It was stupid though, he [pointing to a friend also taking part in the interview] just wanted to be in a children's home and they kept putting him in foster care. I wanted to be in foster care and they kept putting me in a children's home!" Theme 4 The need to explain decision making: Clearly, there are many considerations to be taken into account when placing a vulnerable young person in appropriate care. However, when the constraints on services were rarely explained in an accessible form, the actions of the local authority can be internalised by looked after children as a failing in their role as carer. Young people entering local authority care have already experienced failures in their care needs during their childhood. This rejection and the failure to have their care needs met is a dominant attachment pattern and framework of understanding for many looked after children. For this reason, the young people who took part in this research commonly internalised and interpreted a whole range of actions played out within the care system through their previous experiences of a lack of care. Theme 5 Shared decision making: regardless of government moves towards 'choice' in service provision, these young research participants did not say they wanted a greater choice of services. Rather than a choice of services, the young people simply wanted the services that were being delivered to be good enough services that took into account some aspects of their background, context and need. The hierarchical nature of service delivery often does not allow for the background, context and need of the service user being acknowledged or incorporated into the services provided. As Jodie explained of an experience of violence within a children's home: "If they'd [the children's home staff] sat down and talked to me, asked me how I wanted to deal with it, it would have shown.… I don't know, it would have shown caring, I suppose." This experience fuelled feelings of a lack of care, but it also reconfirmed a hierarchical framework of adult knowledge in the context of child welfare. This young woman increasingly felt that her input into her own welfare was neither valued nor requested. Theme 6 Support through disclosure of information process (being listened to): Disclosing family and personal difficulties is a challenging and often traumatic process. It has personal and emotional implications for the individual and can have significant ramifications within the family. If young people are not supported through their complex disclosures (for example of sexual abuse, physical abuse, neglect and so on) young people can withdraw from further disclosures and thus the support services they require. A number of the young people said that they had struggled to express their personal difficulties to service providers throughout the care system. Their main concern was that they were being ignored, or worse, disbelieved: "I was being abused by my mum's boyfriend, but everyone thought I was making it up (nineteen- year- old Derek)" Theme 7 impact of resource constraints on listening: This feeling of not being believed also tied into the concern that service providers, stretched and under resourced, often failed to understand the complexity and severity of young people's problems. Nineteen-year-old Natasha explained her feelings when she was accessing local authority care: "They don't listen yeah, but even when they do, they have these little tricks. They twist what you're saying. They turn it all round. They make out you're lying, that you're making things up. They do it so well it even makes you think you're making it up! You get me?" "Social Services didn't try to understand where you were coming from. They just didn't listen to what you wanted. (twenty-one-year-old Crystal)" Theme 8 continuity of care: In order for social care provision to have successful outcomes, trust in both institutions and individuals is necessary. Some young people made these links between the perceived lack of care and young people's difficulties in building trusting relationships: "As soon as you were beginning to trust them [social workers] they moved on. Just as you were putting trust in them, if you did put trust in them, they were gone. (twenty-one-year-old Crystal)" Because this young woman came to expect the sequence of being let down, by

	her own admission, she blocked the access of care from her social workers and from other care providers. Through time, she stopped placing any trust in her social workers, thus building what she considered to be a reciprocal relationship of mistrust. Theme 9 Lack of a trusted adult figure impacting on educational results: "People need to have higher expectations for kids in care. If I'd had a really strong person behind me pushing, pushing, I wouldn't be where I am now." Theme 10 Lack of aspirations for looked after children within the educational system: the lack of aspirations for looked after children was felt by many of the young people to be endemic within both the education system and the care system itself: "The head teacher didn't exclude me in the end, he just kept saying, 'do you want to go home'? And I'd go home. (twenty-year-old Tyrone)" "I was in a children's home, there were ten of us, and only two actually went to school. Kids in care just don't go to school. They [the staff in the children's home] woke you up, but that was it. They woke you up if you had a school to go to. If you didn't you were just left to wake up when you wanted." Theme 11 Impact of placement moves on educational performance: For looked after children, frequent moves between care placements can be very destabilising both practically and emotionally. As twenty-year-old Tyrone explained of the practical implications of unstable care placements: "One week you'd be in one place, come Monday you'd be trying to get to school from a different place." Theme 12 Constant moves impacting a child's ability to form attachments and enter crucial relationships with carers, social workers and peers alike. Stability of placement is a crucial aspect of the emotional repairing necessary after early childhood trauma. "I was lucky, I didn't move that much. It's the moving that messes kids up. My brothers and sister have been in the same place the whole time. They were even luckier, they got a foster mum who really wanted them, and they've stayed. (nineteen-year-old Jodie)" Theme 13 lack of continuity in care workers: Many of the young participants expressed their concern that the turnover of social workers was very high and that this impacted upon the effectiveness of the care they received. These feelings were mostly based upon the difficulties they faced in contacting and accessing their social worker when they needed help. This was expressed through their feelings that they required more time in direct contact with their social workers, if care was to be effective. As sixteen-year-old Lucy explained, her attempts to contact her social worker in times of need were restricted: "I kept phoning, writing, leaving my number asking her to call, but she still hasn't. Social workers should call every child one–two times a week. It shouldn't be down to the child to contact the social worker." "I had about six or seven [social workers]. I can't remember all their names, some I only had for a few weeks." "It was no fault of mine that they changed so much. You don't get an explanation. Sometimes you don't even see them and you get a letter saying 'I'm sorry I'm not going to be your social worker anymore', and you think hang on, I've never even seen you!" Theme 14 Positive care by social workers (above and beyond): nearly all the young people who contributed to this research were able to describe at least one social worker or care provider with whom they developed a positive and trusting relationship. These care providers were talked about very positively and were clearly central to young people's experiences of support and personal development. Nineteenyear- old Jodie explained the importance of her positive experiences with service providers: "One of my social workers was great. She took me shopping, she did things she didn't really have to. She looked at me like a daughter. She cried at me, pleading with me to stop with the crack … so they're not all bad!"

	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?	No *(no in-depth discussion about methodology)*
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	No *(unclear why the participants selected were most appropriate, or why/if some participants chose not to take part)*
	Data collection	Was the data collected in a way that addressed the research issue?	No *(Setting is justified however it is not clear how data were collected (e.g. focus group, semi-structured interview etc.). Methods are not explicit for interview technique, in addition the 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 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? How did the researcher respond to events during the study)*

Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	No *(no in-depth description of the thematic analysis used. Sufficient data was not always presented to support the findings. Unclear that 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?	No *(Researcher did not critically examine the credibility of their findings: .g. triangulation, respondent validation, more than one analyst)*
Research value	How valuable is the research?	The research is valuable *(however, generalisability not discussed)*
Overall risk of bias and directness	Overall risk of bias	High
	Directness	Partially applicable *(Very likely that data were collected prior to 2010)*

Griffiths 2012

Intervention	**Letterbox (N = 14)**

	The "Letterbox Club" is an intervention that provides reading, writing and mathematics materials to children in public care with the aim of improving their educational attainment. Materials are sent addressed to the child at their place of residence, for children to use on their own or to share with other family members. In response to concerns expressed by carers that materials addressed to them implied an expectation of them offering educational support, the decision was made to send materials directly to the child. The child would be told they were a member of a club, the "Letterbox Club", to reduce any feeling that they were being given compulsory homework; The materials would be provided in installments, to avoid the child feeling overwhelmed, and to provide an element of novelty and excitement each time the child received a parcel; The parcels would be sent through the post, making distribution relatively simple, including for children whose placements were outside each local authority area.
Study type	Semi structured interviews Evaluation of an intervention Letterbox
Aim of study	To explore participants' views about each aspect of the Letterbox Club in greater detail, including whether the children continued to use any of the items they had received.
Study location	UK
Study setting	Three different UK local authorities
Study methods	Semi-structured interviews six months after the children had receieved their last parcel. parcel, with a sample of four children and four foster carers for Letterbox Red and Blue in 2009, and with six children and their foster carers for Letterbox Green in 2011, selected from three different local authorities. These explored participants' views about each aspect of the Letterbox Club in greater detail, including whether the children continued to use any of the items they had received. Unclear how thematic analysis was performed.
Population	Children in care aged 7 to 11

Study dates	2009-2011
Sources of funding	not reported
Inclusion Criteria	Age aged 7 to 13 Care Situation in foster care
Exclusion criteria	None reported
Sample characteristics	Sample size four children and four foster carers for Letterbox Red and Blue in 2009, and with six children and their foster carers for Letterbox Green in 2011
Relevant themes	Theme 1 Encouragement to learn: "many carers and children did feel that receiving the materials had provided important additional support and encouragement to learn. For example, the carer of a boy aged 8 wrote, “The parcels have played a big part in Hamza becoming more enthusiastic about reading. Even made him keen to bring home school books”. “Mr Quinn [my teacher] done a test on us today and I got twenty out of twenty on it. Because I answered all twenty of them right, because I've been playing the maths games and it's helped me with my adding up”. Theme 2 Receiving personalised packages created the sense of being important and that someone was interested in them: “It may not seem a lot, but when you've not had much attention in your life, it is.” Children clearly felt they could make decisions themselves about what to do with the materials, and were usually keen to share them: “Jake felt rather special as he loved the postman delivering the parcel for himself each month. He enjoyed getting everyone together and playing with his games and reading his books”. The bright envelope was important to many: “Brandon watches the post and can immediately identify ‘his’ package.” Many children told us they kept each envelope, “because it has my name on”. Theme 3 Enthusiasm maintained for the parcels: Children who had been in Letterbox Club before were still very enthusiastic when they were members again. One carer said that her foster daughter had had the Red parcels eighteen months before, and when her first Green parcel came she “just ripped it straight open. Excited and straight into it!” Her foster daughter said, “It's a great thing and it makes you feel a bit happier … To get the parcels, it'll take a lot of money to put together for people, but it makes people happy”. Theme 4 Source of continuity: The fact that the parcels followed placements was important: The fact that the parcel is delivered to the child's home address was particularly important to children who had moved recently or frequently. One boy (aged 9) in the earlier pilot had expressed this very poignantly: “So somebody knows where I live?” The foster mother of a girl aged 10 who had moved three times in a year, said, ”The Letterbox Club was the continuity, something that stayed the same when she moved from A to B. She'd had so many ups and downs and I think something like that, that stays the same, is quite important to children and it was very important to Kelly.” A carer with two foster daughters aged 11

	confirmed this: “They love just getting the parcels and that was important to them, especially when they hadn't been here very long, it was like ‘somebody from the outside knows I'm here’.” Theme 5 Useful for under resourced foster homes: Some foster homes had comparatively few books suitable for the children they cared for, so the Letterbox Club parcels were a valuable resource. Theme 6 Something to call their own: Even where foster families were already well-provided, many carers commented that a critical element in gaining children's interest was that the Letterbox books were their own. For example, the carer of a boy aged 9 said, “We've got a cupboard absolutely full of books, but he never paid them any attention at all, so it was nice that these came just for him.” Similarly, Katie's foster mother wrote: “The books she has received we've often got already, being a ‘bookish’ house, but none the less she enjoys the parcels and it gets her to read old favourites again”. Theme 7 Being part of a club: Lewis, aged 8, told us: “It was good fun because I've never been in a club before”. The aspect of being a member of a club seemed to have encouraged many children to tell their teacher at school about the books and games they had received. Perhaps “I'm a member of a club” provides a simpler, less problematic explanation than the more emotional “I'm getting books and games because I'm in care”. Elements in the parcels that emphasised ‘being in a club’ (all marked with a Letterbox Club logo) were consistently popular, including personalised sticky labels with “This book belongs to…” and the child's name printed on them. Theme 8 Children liked the element of surprise, not knowing what books they might get, and carers, too, commented that this broadened the range of books their children used. Many foster carers said that they looked forward to the parcels arriving as much as the children. For example, the foster mother of Janie, aged 8, wrote, “Everything in the parcels was excellent, but the Diary of a Killer Cat was superb and the CD is used in the car all the time – I love it, too!! Hope we can have more parcels one day.” Theme 9 Relationship building aspect of Letterbox: Children enjoyed Where's Wally? (published as Where's Waldo? in North America) for its social qualities – one carer of a girl aged 8 wrote, ”We all had a go at Where's Wally? – even the teenagers wanted to have a go.” There were many reports of children reading to each other, and asking others (both adults and children) to read to them. For example, Kyle, aged 12, told us he read excerpts from the Guinness Book of World Records to his younger brother: “I'd show him stuff that was a bit weird and stuff. Like the dog with the longest tongue”. The majority of carers (over 80%) indicated that the parcels had helped them do more with the child. Many foster carers commented on the value of the materials in helping them make better attachments with their children. The carer of Marley, aged 10, wrote, “Found it a great way to bond with my daughter”, and the carer of Danny, aged 9, said, “He has had fun, and we have spent a lot of time together because of Letterbox Club.” Cadey was 11, and his foster carer wrote, “He is still a reluctant reader, but the books give us an opportunity to spend time together”. The carer of another 11 year old said, “It's nice to have something to do with Jamie, where he doesn't feel I'm forcing my attentions on him. He finds it very hard to be close to anyone, but he's been keen to be read to and to play the games he's made. It's made me feel more comfortable with him”. Theme 10 New ways of reading (audio): At least one parcel in each age range included a story on CD with its accompanying book. Many carers commented that they had not previously thought of using audio stories with their foster child, but said they were often used at bedtime or on car journeys. The carer of Damon (aged 11) said, “He's of an age where he wouldn't appreciate a bedtime story from me, but he listened to the CD at bedtime” and another, with a foster son aged 8, wrote, “Best gift ever… He never seems to get enough of it”. Theme 11

	Variety in the packages was helpful: Foster carers commented favourably on every genre of books in the parcels – one foster father said, “Poetry, I'd never have thought of that, but it's great!” Non-fiction was similarly praised by foster carers: “I've learnt such a lot”. Classic books, where many foster carers would already know the story, were welcomed: for example, when Danny, aged 10, received The Silver Sword, he said, “my [foster] dad knows this story, he read it when he was at school”. Theme 12 Encouraging education in a non-threatening way: providing educational support in a nonthreatening and enjoyable way could contribute to improving the stability of foster care placements. Certainly, the parcels raised the profile of educational activity amongst children and adults in many of the participating families, and for some children it seemed to have begun a ‘virtuous circle’ of improved engagement at school and improved feelings of well-being in the child, with consequent feelings of relief and positive engagement for the foster carer. As Kezia (aged 12) said, “When you come home [from school], you're not expected to read or write, are you! Cause it's sort of your spare time. But because I got the Letterbox Club, I did sometimes read or write at home, and it helped me at school because I was prepared to do it at school.” Her foster mother's pleasure at the improvement in Kezia's attitude to school was evident when she was interviewed.
Risk of bias	See table below

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?	No *(Authors do not clearly justify the qualitative research design)*
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	No *(Unclear how participants were selected for the qualitative aspect of this mixed methods study, or why these were the most appropriate. Unclear why some participants chose not to take part.)*
Data collection	Was the data collected in a way that addressed the research issue?	No *(Semi-structured interviews were conducted, however it is not explicit what the methods were. Form of data is not clear and the researchers 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 researchers ritically 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?	No *(there was no description of how/if thematic analysis was performed. 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 *(Often unclear what portions of the data were retrieved from the qualitative interviews and which from comments on the questionnaires. No discussion of 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 *(The research focuses on an intervention of interest. No discussion of generalisability of findings.)*
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Partially applicable *(It is likely that some of the data was collected prior to 2010)*

Groak 2011

Study type	Semi structured interviews Subgroup of interest UAS RQ3
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

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>
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<td>Risk of Bias</td>
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<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
<i>(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?)</i></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 Characteristics

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)*
Research value	How valuable is the research?	The research is valuable

Section	Question	Answer
Overall risk of bias and directness	Overall risk of bias	Low
	Directness	Directly applicable

Hingley-Jones 2019

Study Characteristics

Study type	Semi structured interviews
Aim of study	to explore the experiences of grandparents who are SGO carers for one or more of their grandchildren,
Study location	UK
Study setting	our southern, English local authorities
Study methods	Participants were recruited through social work contacts of the research team who invited two members to visit four SGO support groups and discuss the project with potential interviewees. Semi structured interviews were used. A topic guide was produced by the research team, including the circumstances leading to SGOs, relationships with the child's parents and wider family, and the needs (practical, psychological, and social) of the grandparents and their grandchildren. Interview transcripts were analysed using thematic analysis. Summary findings were presented an SGO support group to gather feedback and confirm themes and interpretations of the findings.
Population	Grandparent Special Guardians

Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	Carer situation Grandparent special guardians
Exclusion criteria	None reported
Sample characteristics	Sample size 10 grandparent special guardians
Relevant themes	Theme 1 4.1 | Theme 1: Experiences of becoming a GSG in midlife to later life - 4.1.1 | The assessment process - For most participants, the assessment process felt rushed, with insufficient information being given and requiring them to make large-scale changes to their lives with little notice (e.g., giving up work on the day they were approved as SGO carers). ‘Questions and everything is put on you, they are putting so much onto you, all of a sudden, too fast, too quick, no time to think anything out.’ (Family J) The family crisis that initiated the process came as a shock to some grandparents who had not been aware of the neglect of grandchildren or substance misuse of a parent. ‘… it's a huge family crisis we've got you know with being a guardian. So, you have to be able to deal with all of that and nobody, there is some information like the Grandparent's Association [now Grandparents Plus] are very helpful, and there is some information available online, but it is a minefield’. (Family I) In contrast to some accounts (see Family D, p. 12), some social workers were perceived to have poor skills in building rapport, and there were reports of perceptions of being judged by the assessing social workers as “bad parents” to their own children and incapable of caring for a grandchild and of feeling pressured to say yes to becoming SGO carers. ‘… horrendous- I kind of felt that the independent social worker had her agenda … And you know she kind of laboured the point well basically you're a bad parent and so it was my fault and now you want to look after this child’. (Family F) ‘They just expect grandparents to step in … you are expected you know … they say that's alright, it's your blood, you know you can become kinship carers, you can do it’. (Family I) Fear was a prominent expression in describing the decision-making process to becoming a SGO carer for many participants, fear of their grandchild being brought up in the care system and/or fear of losing all contact with them. ‘… I just couldn't bear the thought of her … she may never have been adopted and she might just have gone from care home to care home, I couldn't deal with that, no way’. (Family A) ‘… I think apart from the fact that he is family, you know the fact that if we didn't, then he would have been out the family, we'd have never seen him and never known anything about him. I think it's just wrong you know and for him, himself, never to actually, to be put outside the family and never actually know his mum or anything, or know anything about her is wrong …’. (Family H). In contrast, other experiences showed social workers, particularly Children's Guardians, expressing compassion and empathy. They seemed more able to stand back and assess thoughtfully, perhaps as they were not employed by the local authorities involved and may have more experience of the rigours of care proceedings deadlines. They showed skills in building rapport and in understanding how the carers might be able to care for their grandchildren, as one GSG described: ‘… so many people said what a horrible experience it was, but it wasn't, I thought she was great. I remember she came in, took her shoes off, put her feet up on the sofa, we drank coffee, we had croissants’. (Family D)

	Theme 2 4.1.2 | Practical and social implications of this - new role. Almost all spoke about the financial difficulties they encountered, often unexpectedly, because taking on guardianship of their grandchildren, as one showed: ‘Because to be honest with you we were of an age that we'd done all that struggling … So we've done that struggling and now we're back struggling even harder’ (Family B) This was exacerbated by delays in receiving payments they were entitled to, a lack of information about how to find financial support and being compelled to give up work at short notice for the SGO to be granted, as one described: ‘For the SGO they do give you … a payment every month, which I never got until last year … I was told I would get it and kept putting in a financial form that they asked me to fill out and I just never got it …’ (Family A) For some grandparents, the change in role from being grandparent to parent was a difficult adjustment to make and left them feeling they were missing out on the more positive aspects of grandparenting, as one reported: ‘… now it's Nanny all the time, you know I've got to do the discipline and everything else all the time … So that's changed and I do feel I miss out sometimes, yeah. I do miss that, just having them for the weekend and making a big fuss of them and then they go home.’ (Family C) Most of the grandparents spoke about how becoming a carer had negatively impacted on their wider social life both now and in the future. ‘I haven't got time for a social life with an 8 year old … We're at the time of life where really we should be out doing whatever we want to do. And all of a sudden we've got to roll back the years and go right back to the beginning again …’ (Family H) ‘So that's it, I'm only 54, I'm not dead from the neck downwards … .I don't hold out much hope of a relationship with anyone in the future and also I think once C reaches a certain age that will be it and then it will be just me and then what?’ (Family I) Mixed with the difficulties, aspects of the grandparents' accounts were much more positive as they reflected on the opportunity to parent in a different and better way with the benefit of experience, as two describe: ‘… you parented very differently in those days [as a parent for the first time] … I was very grateful that I had a second chance in life.’ (Family I) ‘I've enjoyed it, because I had taken a year off work when I first had her. So that was really quite lovely, because I mean I love babies and so it was one way of having a baby in your life without actually having a baby! (Laughs.) I suppose kind of for me it's like all the things that you think to yourself, oh I could have done that a bit better.’ (Family F) Theme 3 4.2 | Theme 2: Contact and managing relationships - All the children in this study came to be living under SGO arrangements stemming from child protection concerns, usually involving court proceedings, and there are many examples of GSGs describing challenging behaviour in relation to contact with the children's parents, including abusive and punitive language, threats, and actual physical violence. Six of the 10 grandparent carers describe feeling intimidated at times, facing abusive language from birth parents (their own children and/or their partners). One grandmother described having been physically attacked by her daughter, the birth parent. Many families described having to assert themselves strongly with the birth parents around contact arrangements, and two mentioned calling the police on at least one occasion. Domestic abuse in the birth parent relationships is described in some accounts as spilling over into the caring families, exemplified by coercive attempts to control grandparents' behaviour around contact arrangements in two examples and an ex-partner (birth mother) arranging for a birth father to be assaulted in another. Other concerns include resentful attitudes and letting children down around contact arrangements; one birth father refused to acknowledge his parentage of a child cared for by his own mother, the GSG, despite a positive DNA test; an example of stealing from a GSG and a child; and withholding passports, child benefit, and/or permission to make reasonable changes to care arrangements (schooling and medical care). Four families described birth parents as having mental health issues, learning disabilities, or ADHD with each condition impacting on the birth parents' presenting behaviour. In a further four families, substance use or alcohol problems were referred to. Two families described one of the birth parents as spending time in prison. Theme 4 Containing-flexible contact/relationship management - The accounts of this subgroup of GSGs are characterized by a high degree of reflection on the situation they are in as carers but also the position facing the SG children, the birth parents, and the wider extended families. They may be thought of as good “mentalizers” as they narrate the stories and issues facing each party in the families involved, with great empathy. They also appear to be managing contact in often difficult circumstances, with little support from professionals described. In one family, a 6-year-old girl (“Jane”) has very severe learning and physical disabilities. The GSG takes time to set out all the elements of Jane's special needs and the care she requires, also empathizing with the birth mother (her son's ex-partner), encouraging her to visit and to be involved. ‘… the mum at first didn't want her to come to me; she wanted to have Jane and couldn't understand why they wouldn't let her have Jane. All I got from her was like you just want to be her mum. I said I brought up three kids of my own, I said I'll never be her mum and I don't want to be her mum, I'm her Nan and I will never, ever take that away from you.’ (Family A) In another family, the GSGs also demonstrate empathy for the different parties involved, despite their own son refusing to accept paternity for “Alison” and disappointment that the maternal extended family have not visited. ‘I had a text on my phone when Alison was three to say ‘wish her happy birthday, when can we meet up’, and I said ‘oh that's fine we can do it next week’ … .. um, so that was due for the following Sunday at three; at one o'clock on that Sunday she text and said she can't make it and she'll be in touch and I've never heard anything since.‘(Family B). A third family describe an exceptional ability to manage complex family dynamics and often competing, angry relationships. Despite a high level of demand on them, they speak warmly about the different parties involved. These paternal grandparents

are caring for a grandson “John,” but also a step-grandson “Ian” (brother to their grandson) who they described as resentful and testing of them as carers when he first came to them. They host not only their own son's contact, the birth mother and her family, but also the step-grandson's family, including family lunches and even facilitating a holiday for extended family. There have been many instances of abuse, threats, and resentment expressed while managing contact and relationships, according to their account, but they remain in touch with all, expressing empathy for the position of each party. ‘Yes, because they are strong people and they've all got their massive problems and you want them to be able to still have a relationship with them, but in a safe environment and that has been very difficult for us to do. We are not used to dealing with people who have got mental health problems, dealing with people who are in and out of prison and family that can get quite aggressive has been quite difficult for us and for me to keep on … with them. Actually, it's a miracle that I'm still on good terms with everyone. I'm sure it's only because I'm quite good with people that um that's happened, anybody else it would have gone down the pan.’ (Family E)

Theme 5

Containing-controlled contact/relationship management - In this subgroup, GSGs also show how they work to facilitate relationships, though the degree to which their accounts include a highly reflective, empathic element appears less than the first group, above. This may be due to the extent of the challenges and difficulties: some parents described as angry and aggressive, variously experiencing mental health issues, substance use, alcohol problems, and learning difficulties. Sophisticated relationship-building skills are required to build trust and maintain contact in these circumstances, beyond the ordinary skills required of grandparents, and in most cases, carers are doing this alone without support from professionals. For some families, it appears that the relationships between grandparents and birth parents are enmeshed and unresolved, old disputes and resentments surfacing in several cases. In these examples, GSGs describe attempting to take control of contact arrangements quite firmly. One GSG describes a birth father's attempts to coercively control her by trying to persuade her to allow overnight contact with the children, even though his abusive behaviour towards the birth mother has continued. The GSG describes taking an assertive stance, controlling contact firmly in this case with the help of a social worker. From the account, the grandmother carer and her daughter/birth mother of the child appear unable to communicate with each other, and by that, the grandmother was feeling betrayed by her daughter. ‘Yeah, sometimes I've had to say no. She, sometimes they want to come, I said not every week, not really every fortnight, you know let's stick to the plan, because the children, it's nice for them to have contact with the children, it sort of eases their guilt, but it's the children who have got to adapt to it, isn't it? ‘(Family C) The GSG in another family is caring for a child “Angela,” who has serious, chronic health problems, and she describes a difficult, volatile relationship between the three generations. The GSG's way of managing the situation is for contact to take place at another relative's home, to avoid confrontations between them. Relationships between grandmother and birth mother/daughter are tricky. ‘And she'll do horrendous things like if she does come here, she'll do things like, she's stolen Angela's pocket money. She wrote some quite abusive thing on the bathroom door. So I don't like her in my house …’ (Family D) Other GSGs describe parental mental health difficulties, substance use, and learning difficulties impacting on relationships, with birth parents acting in verbally abusive and intimidating ways, sometimes leading to the police being called. As GSGs, they describe taking control of contact arrangements assertively, as one illustrated: ‘In a way my daughter is all appreciative for what I'm doing when she's okay. But when she's … been drinking, you tell her … don't come home; she becomes a bit intimidating: oh, I want to see my son and all that. So that's when … certain times, I've called the police to take her back home because I don't want Paul [grandson] seeing what's going on.’ (Family G)

Theme 6

Noncontaining-defeated contact/relationship management - One final subgroup that emerged during the interviews is illustrated by just one GSG who describes a chaotic history with her daughter (the birth mother), struggling with her, the courts and Social Services over who should care for the two children. There is an intense narrative of their history, with the children moving from birth mother to grandmother's care at different stages. ‘But it's very difficult to give of yourself for somebody else, it does take a mental discipline, a really steel mental discipline and to not take it … as I said I used to be a very shouty, smacky, reactionary parent, I've had to change …’ (Family I) The birth mother/daughter has been involved with substance use and has spent time in prison; grandmother herself describes her own struggle with mental health difficulties. There is an account of the GSG's efforts to support her grandchildren, helping them to manage difficult behaviour. In the end, however, she describes how the older boy returned to live with his birth mother when he reached 18 years old and the younger boy now visits his birth mother most days. Left alone with this difficult situation, she has, in effect, stopped trying to control or to manage contact. ‘So, she's not sticking to the contact … I'm the only one, it only works if we all work to it … he doesn't stay over at mum's, he's not allowed to. I could enforce the contact and go to the police and say you know blah, blah, blah, but I just don't want to you know, so it's you know, basically she's fit enough to have unsupervised contact.’ (Family I)

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 *(Although no discussion of study setting or 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 *(Respondent validation 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

Hooley 2016

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
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

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 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)"

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.

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 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 2015

Study type	Semi structured interviews RQ2 Contact Evaluation of an intervention a national evaluation of Social Work Practice pilots
Aim of study	To explore children's, young people's, and parents' persepctives on birth family contact from interviews conducted across eleven local authorities in England as part of a national evaluation of Social Work Practice pilots
Study location	England
Study setting	Eleven local authorities in England. Part of a national evaluation of Social Work Practice pilots: independent organisations providing social work support for looked after children and care leavers
Study methods	Semi structured interviews with children, young people and parents lasted between twenty minutes and two hours. These included specific questions on contact, such as ‘Who do you see from your birth family and how often do you see them?’, ‘Does anyone help you to keep in contact?’ and ‘Are there any things you find difficult or would like to see changed about contact?’. Interviews were recorded and transcribed with participants’ permission. Transcripts were coded using themes emerging from the data as well as those identified from the literature that informed the interview schedules. NVivo software was used. Quantitisation of qualitative findings was used.
Population	Looked after children, young people, and birth parents perspectives
Study dates	between 2009 and 2012
Sources of funding	the Department for Education, UK

Inclusion Criteria	Criteria 1 Part of a national evaluation of Social Work Practice pilots: independent organisations providing social work support for looked after children and care leavers Involvement in an intervention Taking part in a national evaluation of Social Work Practice pilots: independent organisations providing social work support for looked after children and care leavers
Exclusion criteria	None reported
Sample characteristics	Time in care 90 per cent of all interviewees had been in care for two or more years, many of these (24 per cent pilots; 28 per cent comparisons) for over five years Special educational needs or learning disability Afifth were known to have special educational needs, health conditions and/or disabilities. non-white ethnicity Themajority were white; eleven were mixed heritage; seven were from BME backgrounds; and two were asylum seekers/refugees Gender There were slightly more boys (55 per cent) than girls (45 per cent) interviewed Other recruitment considerations Participants were selected to reflect the profile of the pilots' populations with additional purposive sampling of disabled and Black and Ethnic Minority (BME) children and young people. Age Ages ranged from seven to twenty-three years
Relevant themes	Theme 1 contact the most frequently mentioned support: When asked 'What kind of help have you had from your worker (social workers, leaving care workers and personal advisers) in the past year?', contact with birth familieswasthe most frequently mentioned support (46 per cent of all respondents), followed by support with placement or accommodation (42 per cent of all respondents). Young people over sixteen, however, mentioned support with practical matters such as accommodation (57 per cent) and finance (50 per cent) more frequently than contact (42 per cent). Theme 2 Satisfaction with contact arrangements: Sixty-nine per cent of children and young people were satisfied with their contact arrangements—that is, they had the 'right' amount of contact (frequency and duration) with the 'right' people and were content with the activities undertaken. Young people aged sixteen years and above were more likely to feel satisfied with contact (76 per cent) than those under sixteen years (63 per cent). Eight parents were satisfied with the amount and type of contact but five parents were not happy with current arrangements: "I phoned [social worker] or text her. And said that I want to see my mum, . . . and then she came out the next day and they [worker and carer] were talking to me about it, like thinking why I want to see her and stuff . . .. So then I told her [social worker] why and then she made the arrangements . . .. And then I was quite nervous and like

	thinking ‘God I’m going to see my mum’ . . . she, [socialworker] sat in the roomwithme, because I felt like dead uncomfortable at first.Andthenfor the second[contact]shewasn’t therewithmebecause I felt like alright (Sixteen-to-eighteen-year-old female care leaver, SWP)." Theme 3 Unsatisfied with contact arrangements: Of the thirty-five people who were not satisfied with their contact arrangements, twenty-four said this was because they did not see certain family members often enough. There were two instances where children’s contact with adopted siblings had been curtailed. Parents did not always attend arranged contact meetings or did not maintain contact with children’s services. In other situations, the sources of dissatisfaction were review decisions or worker inaction; in Case B, for example, contact with the wider family had been agreed at review: "Nowand again I give . . . mySocial Worker, a letter to givemyMumbut it gets delayed a lot and she doesn’t take it out . . . I’ve been askingmySocial Worker for about five years now, see if I can see my Mum and she always says ‘oh I’ll arrange it’ . . .. And after about another two years I asked her again and it hasn’thappened . . . she said she’s going to arrange it for the sixweeks holidays but she didn’t, so that was like a bit of a shock. . . . so I asked [social worker] to see if I could like, like seemybrothermoreoften . . .she always says‘OhI’ll see about it, I’ll try and get it sorted for you’ and things like that, like. Like I said, it goes in one ear, it comes out the other. I know she’s got her own kids, she has to look after them, but she could at least try when she’s in work (Twelve-to-fourteen-year-old looked after boy, comparison site)." Theme 4 Contact decision making over a continuum: This continuum encompasses making independent decisions about the frequency and length of their contact with every family member; making decisions about some family members but not others; and asking reviewing officers to make changes which were sometimes granted and sometimes implemented. Care leavers tended to need relatively little support to influence the amount of contact they had; they were able to initiate and end contact independently: "don’t really talk to anyone about like, about who I see in my family, just on the sole basis that I don’t need it, like I sort it out myself type thing (Sixteen-to-eighteen-year-old male care leaver, SWP)." Theme 5 Opportunities to review and revise contact decisions: As in Case A, where there had been no contact for some years, young people valued opportunities to review and revise their decisions. Satisfaction was associated with allocated workers, and sometimes IROs, facilitating children’s and young people’s influence over contact by repeatedly checking whether they had changed their minds, by reminding them contact was their decision and by supporting children’s choices about the nature and amount of contact: "She’s [IRO] always . . . ‘If you want me to help you get in contact with your family . . .?’ She always will, but I, I don’t want to anyway, so. It’s always there if I want it like (Sixteen-to-eighteen-year-old male care leaver, SWP)." Theme 6 Birth parents could influence levels of contact. As with children and young people, parents could influence levels of contact through their own actions, sometimes assisted by workers, IROs or carers, such as asking for changes at reviews, being flexible about timing and committing to following written agreements: "At the last meeting . . . the Reviewing Officer turned round and said ‘well you and the carers talk amongst yourself work out the contact and then let Social Services know afterwards’, right in front of them (Parent)." Theme 7 reasons for exclusion for contact decision making: When children and young people felt they had no choice at all about the frequency of contact, parental unavailability and court decisions were cited. Parents referred to exclusion from decision-making processes subsequent to court hearings. For example, when asked about decision making regarding recent changes in contact, one parent replied: "No . . . the decision in court was for more than six times a year, but . . . now [my ex-wife] is getting my sons every fortnight and getting a phone call every weekend (Parent)." Theme 8 How to avoid delays in contact: As in Case A, children, young people and parents reported how worker responsiveness and flexibility had helped avoid delays. One young person described how her social worker picked up on an implicitly conveyed wish for contact: "I was only saying that I missed [my friend] and [my social worker] said ‘Right, wouldyoulikemeto sort something out?’Andthen she wentandsorted it out, about two weeks later and then she got back to me and then she asked my mum if it’d be alright for me to see her and she asked [foster mum] if that would be alright and then now she’s just got to get in touch with [my friend’s] mum (Eight-to-ten-year-old looked after girl, comparison site)."

Theme 9

Above and beyond (cutting red tape): Parents describedstaffwhocut the ‘red tape’,whowould work overweekends to facilitate contact and who were flexible and relaxed. Children and young people also described their workers as working at weekends and standing in at the last moment when a contact worker was not available. Parents who were unhappy with some of the conditions imposed by courts or review meetings, such as limited or supervised contact, were nonetheless appreciative of those aspects of support designed to lessen the impact of such restrictions. One parent described the involvement of staff in the supervision of contact in the following way: "She joins in when we’re, when we’re out, . . . she just makes the visits a lot easier because she’s a lot more relaxed and . . . so I can, you know, I can have a laugh and a joke with her (Parent)."

Theme 10

Dissatisfaction with social worker inaction/delays: In marked contrast, dissatisfaction with social workers inaction arose, as in Case B, when there were significant delays between requests for assistance with contact and action by workers. One young woman had requested supervision during contact; two months later, at the time of the interview, the worker had still not got back to her to say when or whether this would be possible. Another girl reported having repeatedly asked for over six months to see her brother but that ‘it feels like [social worker] is not sorting it out’. Longer delays were also reported: "It took him over, just over a year to organise contact with my dad, and I asked at every LAC review, everything and in the end I took it upon myself to go and meet my dad. And then he [worker] said ‘Oh how did it go . . .. Now you can have unsupervised contact and sort it out yourself’ (Fourteen-to-sixteen-year- old looked after girl, SWP)."

Theme 11

Practical support for contact helpful: Where children, young people and parents were satisfied with current contact arrangements, practical support was provided. Young people described the value of help with travel for themselves and their families: "Money for travelling and just help really, just sorting it out, arranging it and all that sort of stuff, paying for accommodation when Dad comes down, so pay for him to stay in a B and B (Fourteen-to-sixteen-year-old looked after boy, comparison site)." Parents also described payment of travel costs to contact sessions or being transported by workers. Practical assistance could include funding for contact activities. Parents were given cards which allowed them to use the local sports centre on contact trips or received funding for meals and activities with their children on birthdays. One parent had received financial support from the SWP to take her children on holiday. Some SWP premises had been used as a family-friendly environment for contact.

Theme 12

Dissatisfaction in relation to practical issues: Dissatisfaction with contact arrangements could arise from practical issues such as a lack of transport or the location and timing of contact. Transport was a concern particularly for parents, who sometimes had many miles to travel to visit children in out-of-area placements. Care leavers also noted a lack of funds to pay for transport to see family members as an issue for them, and practice regarding payment of this appeared to vary between different sites. Dissatisfaction with the settings for contact could be cited by both young people and parents, who described wanting a more relaxed environment, more privacy or more variety in venues. Parents highlighted difficulties in accessing support for contact at weekends.

Theme 13

information and emotional support for contact: Good practice in supporting children and young people in relation to contact was not simply related to obtaining the amount of contact a child or family initially wanted; it was also about getting answers, and being supported to come to terms with these. In such cases, information and emotional support from allocated workers were crucial: "He’s [social worker] helped us with trying not to make us upset because we’re seeing Mummy less (Eight-to-ten-year-old looked after girl, comparison site)."

Theme 14

Emotional support: Emotional support could involve encouragement to continue contact with parents, to find birth parents or to deal with difficult situations when they arose, face to face or online: "[My worker gave mehelp withmy sibling] on Facebook putting a load of stuff that wasn’t true. And it gets me mad! And [my social worker’s] like ‘Don’t go to her standards, don’t lower yourself’ . . . so I rang [my worker] and she were like ‘Get it all out’. [My worker] would rather me have a go at her (Sixteen-to-eighteen-year-old female care leaver, SWP)."

Theme 15

	Emotional support outside office hours: Emotional support outside office hours also enabled positive experiences of contact: "[Social worker] says 'I'll keep my work's mobile phone on for, for a couple of hours after contact then if you need to speak, if it starts going wrong and you need me to speak to him or you need some advice over the phone' (Parent)." Theme 16 Emotional support for birth parents: This highlights a way in which the relationships that workers establish with parents can enhance child safety (Howe, 2010), but also enable understanding and respect for children's choices.One parent had had no contact with her child for two years, but, over that time, the social worker had supported her in coming to terms with her child's decision in this matter and continued to keep her informed until her child said he was ready to see her again: "[The social worker] has been on the phone to me numerous times when [my son] . . . broke his arm, various things, like if there's an incident at school and . . . he's on the phone straight away telling me about this and sometimes after hours . . . and it must have been about half past six that he phoned me when he was on his way driving back to [from out of county specialist placement] to say . . . [my son] has asked to see me (Parent)." Theme 17 Dissatisfaction with contact could arise from a lack of information: Dissatisfaction with contact could arise from a lack of information and emotional distress, such as when children, young people and family members felt uninformed about the reasons why their contact was restricted. One young person who asked for more contact was simply refused without explanation, while another lacked wider information about why she was in care: "We've never actually got . . . a proper explanation why they did it anyway or a proper explanation why we are actually in care . . . and my LAC Reviewing Officer told my nan in, at my older sister's meeting, he don't even know why we're in care (Fourteen-to-sixteen-year-old looked after girl, SWP). Theme 18 Importance of positive relationships with social worker for contact - Long-term, supportive relationships with workers could enable children, young people and families to influence decisions about contact and resources, and to come to terms with obstacles. Such positive relationships, where they arose, demonstrated key aspects of 'care' as identified by Holland's (2010) research with looked after young people, including longevity, partiality and reliability. As in Case A, this young person, who had been looked after for more than five years, said that he felt his worker cared about him and described how, over the years they had known one another, his social worker had supported changes in the pattern of contact: "[My social worker] used to like come, . . . well we used to have supervised contacts and . . . and, when I see her, like, which is whenever I need her basically . . . she always asks me, have I seen my mum and stuff, and how is she going? And stuff like that and if there's any problems . . . (Fourteen-to-sixteen-year-old looked after boy, SWP)." Theme 19 Disruption in continuity of social worker affecting contact - Where young people encountered a change in a longstanding relationship with a social worker that had enabled greater amounts of contact, this could be disrupted: "[My last worker] managed to make [contact] it unsupervised, so she's the only one that managed to sort that out. But she left half way through, so there was a big problem, they were like, oh we can't do it. . . . She [my last worker] liked taking me because we had good conversations on the way [to contact], it was normally quite a fun trip (Fourteen-to-sixteen-year-old looked after boy, SWP)." Theme 20 Change in social worker could be positive if the relationship with the worker was poor - However, continuity of social worker was not always beneficial, as, in some cases, a change of worker was productive for parents, and young people where the relationship with the worker was poor. This echoes other research findings (Schofield and Stevenson, 2009) and Case B above, where a change of worker might have been useful Theme 21 Social workers relationships with birth parents - Workers' relationships with parents could also demonstrate aspects of recognition, as described by Turney (2012)—that is, workers showed respect, rather than judgemental attitudes, and engaged in reciprocal communication by honestly sharing information which built mutual understanding. This parent described being understood: "I think she understands [my relationship with the children] . . . she's asked us appropriate questions over the time and she's witnessed our relationship. And she's, she's listened, and that's been the key ingredient, I think that because she's listened she can understand (Parent)."

<table>
<tr><td></td><td>Theme 22
Benefits of positive relationships between the primary carer and birth parents - Parents also appreciated carers who ‘gave them leeway’ and were not ‘sitting on your shoulder listening to every word you’re saying during contact’. One parent described her relationship with her child’s foster-carer as ‘just like an extended family’. Another valued the frequent telephone contact and flow of information that residential unit staff proactively maintained. Looked after children also described their carer’s role in facilitating contact, saying, for instance: ‘I ask my carer when I want to see my mum, she sorts it out.’</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</td></tr>
<tr><td>Data collection</td><td>Was the data collected in a way that addressed the research issue?</td><td>Yes
<i>(however setting was not justified and saturation of data was not discussed)</i></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
<i>(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)</i></td></tr>
<tr><td>Ethical Issues</td><td>Have ethical issues been taken into consideration?</td><td>Yes</td></tr>
</table>
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	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(The study does not go into great depth about how thematic analysis was performed. 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 adequate discussion of credibility of findings. unclear if triangulation, respondent validation, or more than one analyst were 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

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	<u>Relationships and contact</u> Theme 1 Positive relationships and contact arrangements (including BAME, NWC, SEND and OOA) are facilitated where workers and carers value the importance of chosen family members and friends. This requires recognition of emotional bonds (with wider family members, adopted family and friends) and of the consequences of disruption. Theme 2

<table>
<tr>
<td></td>
<td>Involvement in decision making ensures that contact is with chosen important people. Involvement requires consultation, safe space to name contact wishes, information about what is possible, emotional support to process this, social worker acceptance that their judgement might be wrong and willingness to support and follow children and young people’s changing and divergent wishes.

Theme 3
Coordinated action (including CSEM and parents) is needed in order to put contact plans into place, once they have been decided upon. This involves social workers contacting family members, sharing information between professionals, plus communication, accountability and challenge about any lack of progress.

Theme 4
Young people (including with SEND) enjoyed contact that involved more than just a meeting such as doing an activity or sharing a meal together. This requires funding (for travel, outings and holidays) as well as passports. Encouragement and trust are also required, particularly when meeting with friends. ‘And they [cousins] go on holiday with us. They go on holiday with us. We're going, we're going!’

Theme 5
Contact is not just about face to face meetings and exchanges of gifts; some young people valued ongoing parental involvement in their day to day lives. This requires social worker understanding of the difference between different parents and the emotional weight of certain attachments. Support with necessary communication skills is needed in some instances, and this could be provided through combined efforts from carers and specialists.

Theme 6
Research participants preferred unsupervised contact in many cases, but supervision was necessary in some situations. Supervision can be as supportive as possible by realising when it is no longer needed; balancing friendliness and silence during supervision; having a friendly space in prisons; and ensuring contact centres are appropriate for all ages.</td>
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<td>Risk of bias</td>
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<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</td></tr>
<tr><td>Data collection</td><td>Was the data collected in a way that addressed the research issue?</td><td>Yes</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</td></tr>
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	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

Littlechild 2011

Intervention	**Restorative Justice Methods in residential care (N = 41)** Restorative justice has been described as: A process whereby all the parties with a stake in a particular offence come together to resolve collectively how to deal with the aftermath of the offence and its implications for the future and a set of principles that may orientate the general practice of any agency or group in relation to crime (Marshall, 1999: 5). Marshall describes these principles as: Making space for the personal involvement of those involved, particularly the offender and victim, and potentially the relevant families and community representatives; Seeing crime problems within their social context; Utilising a preventative or forward-looking problem solving orientation. Restorative justice focuses on the relationship between the offender and the victim, providing an important means to take into account the views, experiences and wishes of the victim. One of the main aims of restorative justice is to facilitate the healing and restoring the effects of conflicts, arguments and rifts between those involved. The victim can explain to the offender the effects of the perpetrator's behaviour and actions, ask for an apology, and ⁄ or ask the perpetrator to undertake some form of reparation. In this way, restorative justice claims to put the rights and interests of victims at the heart of its aims for the criminal justice system, which the English and Welsh adversarial criminal justice systems has historically excluded. Restorative justice attempts to deal with the situation of conflict closest to where it has taken place and caused harm. It sets out to repair the fractured relationships arising from the hurt and damage caused by the perpetrator's actions. This is achieved, advocates of restorative justice contend, by ensuring the offender is aware of the effects of their actions, and starting to make some recompense or reparation for the damaging behaviour. Restorative

	justice normally requires the setting of formal meetings. Such formal processes were used by staff in the units, but informal methods were also developed by them in an extension and revision of the formal justice based approaches included in their training. To be effective, restorative principles normally require that the victim should be able to talk about the incident in a safe forum, where she/he feels emotionally and physically protected in the preparation for the process and during the meeting when the matters are discussed, and also subsequently. However, there are issues to be aware of where abuse and intimidation of the victim may be taking place, especially in relation to bullying.
Study type	Focus Groups Semi structured interviews Subgroup of interest Residential care RQ2 Evaluation of an intervention Restorative justice principles and techniques
Aim of study	Unclear: to explore how the staff in the residential units studied modified restorative justice approaches to take into account the specific relationships within group care settings
Study location	UK
Study setting	Four residential young people's units in a local authority. Only one of the two residential units for young people with disabilities was included in the evaluation, at the request of the local authority.
Study methods	Semi-structured interviews and focus groups. Focus groups were conducted with staff from each of the 4 units. Eight young people were prepared to be interviewed, and semi-structured interviews were conducted with them in three of the four units. Unclear how analysis of qualitative data was performed.
Population	Unit managers, senior managers, staff and residents

Study dates	Not reported
Sources of funding	The National Society for the Prevention of Cruelty to Children
Inclusion Criteria	None reported
Exclusion criteria	None reported
Sample characteristics	Sample size Focus groups were conducted with staff from each of the 4 units 33 staff in total. Eight young people aged between 13 and 17 years were prepared to be interviewed, and semi-structured interviews were conducted with them in three of the four units.
Relevant themes	Theme 1 restorative justice model improving relationships between staff and residents - Staff members stated that restorative justice had helped them learn more about themselves and their work. Before the introduction of restorative justice, staff would often utilise punitive measures, whereas afterwards they tended to use concepts which involved understanding damaging behaviour and its effects, and how this can be dealt with restoratively. The majority thought that a better relationship between staff and young people had developed as a result of the introduction of restorative justice. Theme 2 staff used restorative justice to demonstrate concern and caring for the young people in practical and acceptable ways - One senior manager in the agency believed that one benefit was that staff used restorative justice to demonstrate concern and caring for the young people in practical and acceptable ways, which had a positive impact on the culture of the units. Staff also stated that restorative justice allows a full discussion of the incident to occur concerning what a young person who acted in a criminal ⁄ antisocial way had done and how it had affected other people. Theme 3 Advantages for young people that working restoratively had included: Learning to manage their anger; d Developing empathy with other people and building relationships; d Developing mutual respect; Giving a sense of responsibility and appropriate levels of guilt ⁄ remorse; Learning to be able to behave in a more mature and adult way; Short and long-term positive impact on young people’s behaviour; Acknowledging the feelings of victims and giving them a voice; Making young people- victims and perpetrators feel they are cared about, and part of the process of resolving conflicts; Developing young people’s understanding of the consequences of their behaviour, and learning more positive ways of resolving difficulties, conflicts, and problems. Theme 4 A chance to reflect and find out what others felt: One of the main benefits young people spoke of was that it allows people to talk about how they felt and reacted to a situation, and also gave them the chance to find out what the staff members think about situations. "Kids feel better after they have done it. Whoever the victim was, they can see they are sorry." Theme 5

	A chance to say sorry: Several talked of how it helps to say ‘sorry’, to sit down to talk about problems, and listen to each other. In the main, the young people experienced the meetings as helpful in resolving problems. Theme 6 Behaviour change: One resident believed restorative justice had helped her change her behaviour in positive ways in dealing with arguments and conflict. Other young people also believed that restorative justice can help positively change the young person who had harmed others in some way. Theme 7 Reparation: In terms of reparation, young people agreed, for example, to carry out repairs to damage physical damage they had caused, for example helping staff to repair damage to the building. Staff found that the young people generally responded well to this kind of initiative. Theme 8 Advantages to restorative justice identified by young people: Restorative justice is a beneficial way of dealing with conflicts. In particular, they believed that restorative justice encouraged them to talk about and understand their feelings; It provided them with the opportunity to understand the perspective of others their behaviour affected; For most young people, for the majority of situations, the young people believed that a mix of formal and informal restorative justice meetings was helpful in resolving difficulties. Theme 9 Difficulty setting up formal conferences: One main disadvantage of using restorative justice within residential units is the problem of trying to organise formal conferences. Many of the staff stated that it can take a relatively long period of time to set up a formal meeting with an independent facilitator; they believed that there needs to be a more rapid response in order to deal with conflict in residential settings satisfactorily. Staff often set up informal meetings with a facilitator from within the staff group rather than wait for a formal process during which time there could be a build-up and/or hardening of the problems. In response to this, the agency reviewed its training package for staff on restorative justice, and the formal conference model subsequently only formed part of the overall training. The majority of the training for staff in the units was refocused to concentrate on the day-to-day issues, both criminal and non-criminal, which arise within the units. Theme 10 Danger of power imbalance between staff and young people: Several of the staff highlighted that careful consideration needs to be given to the ‘huge’ power imbalance between the staff and the young people when conducting restorative justice, with the same consideration needing to be given in cases of power imbalances and fear between young people when dealing with bullying. Some unit managers and senior managers stated that sometimes staff find it difficult to work in a restorative way which requires objectivity; for example where they had been experiencing constant abuse from young people. Theme 11 Dependence on voluntary participation: Several young people and most of the staff highlighted that the main disadvantage of restorative justice is that it is dependent on whether the parties involved are willing to participate voluntarily. Residents can, the young people thought, sometimes be ‘pushed’ to do restorative justice when they do not really want to. Some staff and young people stated that there needed to be care taken to ensure that some young people might just pay ‘lip service’ to the process in order to avoid being subject to any other sanction, and not really engage with important elements of restorative justice. Theme 12 Majority of restorative justice is informal: The evaluation found that the majority of the restorative justice conducted in the units is informal, which allowed staff to look into the reasons behind someone’s behaviour, and to encourage positive social development and means of conflict resolution. Theme 13 Among young people with additional needs - Within the unit for children with disabilities the general consensus of staff members was that restorative justice is useful in some situations but not in others for a small proportion of young people within their unit. This was due to certain young people’s communication difficulties and/or developmental disability;

young people with developmental disabilities, for example, can have a very short attention span. Some of the participants were also of the view that restorative justice may not be fully understood by children and young people with a certain level of learning difficulties, or those with autism.

Theme 14

Issue of bullying in residential care was prevalent - In relation to issues of bullying, the majority of the young people interviewed in the study stated that they had been bullied at some point whilst in residential care. Some of them also stated that they had bullied others. In addition, all the staff in the units stated that covert⁄overt bullying occurred in their units. Levels of awareness of this problem were high. Staff tried to deal with bullying through the use of a variety of different anti-bullying strategies. They found that whilst the restorative justice approach often worked well with a number of young people and situations, such as theft and criminal damage, particular issues presented themselves in attempting to deal with bullying. The experiences of young people and staff were that bullying was the most difficult form of antisocial behaviour for them to deal with. Young people subject to bullying often feared negative repercussions from the bully if they raise the issue with staff. It can be very difficult for young people who have been bullied to report incidents, and trust that they will be protected from further bullying if any action is taken; victims and staff may not be sure how the bullies are going to react during and after a restorative justice meeting.

Theme 15

Need to prevent further victimization following restorative justice for bullying - The power⁄control relationship between bully and victim needs to be fully understood and used proactively by those implementing a restorative justice approach to ensure that the further victimisation of the victim does not occur. Introducing restorative justice and mediation measures without a full appreciation of the causes and effects of the bullying in the first instance, and then the repercussions of trying to confront it, can have very damaging effects. Thirteen-year-old Laura Rhodes was encouraged to take part in a ‘circle time’ meeting (not in Hertfordshire) with her alleged bullies at her school as part of a ‘no-blame’ strategy, as reported in The Observer (2005). Laura took her life after the meeting, amidst concerns from some that discussing the effects of the bullying had given more power to the bullies. Claude Knights of KIDSCAPE (quoted in the Observer article cited above) stated that some ‘socially skilled’ bullies managed to convey a false sense that they understood the harm they were doing, whilst using information from the meeting to fuel fresh aggression, leaving the victim to feel the system had failed them; they were therefore less likely to report further bullying. This is commensurate with the experiences of some staff, that some young people can pay ‘lip service’ to restorative justice, but then continue to act in abusive ways. Any restorative justice approaches used in residential group care need to be informed by knowledge of the nature and effects of such pervasive and damaging dynamics in order to ensure victims feel safe to report bullying and harassment, and feel protected within any subsequent processes.

Theme 16

Young people had a variety of views on the best ways of responding to bullying within their units. Whilst most thought that RJ can work well for this type of behaviour, a majority also thought that if the perpetrator continued to bully, she⁄he should be moved out of the unit for the good of the victim, if the restorative process did not protect them.

Risk of Bias

Section	**Question**	**Answer**
Aims of the research	Was there a clear statement of the aims of the research?	No
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 *(the aims were not clear and the authors did not justify the research design)*

	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	No *(no discussion of how participants were selected or why these 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 setting for data collection. No justification of methods used. Researcher has not made the methods explicit. Form of the data is unclear .)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	No *(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?	No *(No in-depth description of the analysis process)*
	Findings	Is there a clear statement of findings?	Can't tell *(no discussion of redibility of their 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 transferability, results relate to a specific model of care)*
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Directly applicable

Mannay 2017

Study type	Focus Groups Semi structured interviews
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)"

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)"

	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, 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)*
	Data collection	Was the data collected in a way that addressed the research issue?	Yes *(Setting for data collection not justified, no discussion of 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 *(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)"

	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 *(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)*

Majumder 2019

Study type	Semi structured interviews Subgroup of interest UAS
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."

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<td>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."</td>
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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 discussion 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, unclear if a topic guide was used.)*
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

McLeod 2010

Study type	Semi structured interviews RQ2
Aim of study	To elicit views of young people in care on the role of the social worker To investigate how effectively social workers listened to children looked after in one local authority in the north of England
Study location	UK
Study setting	One local authority in the North of England
Study methods	Semi-structured interviews carried out by a single social worker. The interviews sought to elicit the children's experiences of being in care; they were asked how they had been consulted and involved in planning and also about the response they had got to any complaints or grievances. Interviews were tape-recorded and transcribed interviews were analysed qualitatively by "post-coded theme". Questions about what makes a good social worker and about the nature of the relationship these looked after young people had with their individual social workers were not explicitly part of the plan for the interviews, but data on these themes emerged in response to the other questions.
Population	Looked after young people and social workers
Study dates	Not reported
Sources of funding	Local authority funded
Inclusion Criteria	None reported

Exclusion criteria	None reported
Sample characteristics	Sample size eleven young people and eleven social workers Time in care all had been looked after for at least six months and two for more than ten years Type of care "living in the full range of placement types" non-white ethnicity all were white British Gender seven of the eleven were male Age ged between nine and eighteen years
Relevant themes	Theme 1 DIssatisfaction with care - The view of these young people about being looked after was that it was not, in the main, a happy experience, that the quality of care was often inadequate, and that they were marked out as different and as troublemakers just because they were in public care. Theme 2 Key importance of the "good" social worker - Their social worker was seen as a key ally to help them survive in a hostile environment. According to one eleven-year-old, the social worker's task was 'to make sure you're all right when you are in foster care, to stop people bullying you, and to get you home as soon as possible'. Good social workers were seen as sorting things out, making a difference. Those who spoke highly of their social workers, on the other hand, felt they had provided practical assistance when needed, as in the case of this seventeen-year-old living independently: "[If I had a problem I'd] go to me social worker and ask her. Well I went to see her yesterday to get some food vouchers because when we came back home the electric had gone and we had to put all our money in it." Theme 3 Negative view of social workers = delay and unreliability - Those young people who had the most negative view of social workers saw them as never doing anything: 'They just say "Oh yeah, we'll do it", and then two years later they won't have.' Theme 4 A good social worker is like a friend - Repeatedly in the children's testimony, the word 'friend' came up: a good social worker is 'like a friend'. being a 'friend' was seen to combine elements of sociability and emotional support: "[Good social workers] take time out to come and see [you] and take you out and talk to you really down to earth and when you're in a bad mood they cheer you up and that, and if you're upset they comfort you, you know— all the ordinary things that you'd tell a good friend from a bad friend."

	Theme 5 Time and a comfortable environment is required to develop the "friend" relationship - It takes time to develop a relationship in which a child feels ready to confide and relaxed, non-threatening ‘friendly’ times assist in this process: "Most young people treat their social worker like a bit of dog muck, like something you’d walk in and wipe off your feet on the mat . . . . But it’s probably because they’re in the social worker’s office, or a kids’ home, or a meeting or something like that. If they took them out, like to [a] cafe, or they just walked round town or sat in the park it might relax the kid more. Like, they’ve got to find out about the child . . . . Just get to know them, ask about their friends and what music they like and that, and make sure you understand them so you know what questions to ask without upsetting them." Theme 6 Contractual relationship - Being a ‘friend’meant treating the child as a person, according them respect as an individual: ‘The social workers never used to treat you like you were a friend, you were just someone who came with the job.’ Theme 7 Straight talking, which comes through trust, which comes through reliability - A ‘friend’ is honest, even when honesty is uncomfortable: ‘[My dad]’s like a friend. Like when you’ve got a friend who tells you when you look horrible in a skirt or something. He’s like that. He’s honest.’ Such straight talking requires trust, and trust can be nurtured through reliability—another characteristic that was mentioned repeatedly: a good social worker is reliable. Social workers should visit regularly; they should arrive on time; they should deliver on promises. Many of the young people complained about lack of reliability: ‘She said she was going to [get me a passport], but she keeps forgetting.’ Theme 8 Importance of availability - Those who spoke most warmly about their social workers said they were reliable and available: "[Social worker] supports everything I want to do . . . . She’s always there. She’s brilliant." Theme 9 A good social worker listens - "Just sitting down with [the young person] and not filling them with questions but just letting them talk." Theme 10 Genuine relationship, being prepared to share - "Like whether they’re married, if they’ve got kids, whether they’ve been in care, when they were a child whether they had a hard time with their mum and dad, what they watch, what music they like—just general things. Nothing that’s really really private." This sharing is based on a belief in reciprocity, or fairness, which is closely related to the other recurring theme: equality. Theme 11 Treated like an equal - The second theme that arose repeatedly when the young people talked about a good social worker was that they treated you ‘like an equal’. When I asked if they had any advice for social workers, one young woman said: ‘Always remember that the young person’s your equal.’ The advice of one of the boys was: ‘Try to be their equal, not their master.’ Some young people felt alienated by the social worker’s class and preferred workers from a background closer to their own. One said she found it easier to relate to her leaving care worker (a young woman formerly in the care system herself) than to her social worker because ‘I think she knows what you’re going through’. It was not just a question of comparable life experiences, however; it was more often a matter of attitude when young people spoke of ‘equality’. The young people did not want to be lectured: social workers should be ‘Treating children as an equal, not just telling them off’. They wanted respect: ‘I don’t like people that look down their noses at me’. Above all, they did not want to be patronized: "If they treat you like a kid you resent telling them something, so you don’t bother, but if you’re treat like an equal then you want to share things." It seems that when they talked about ‘equality’, they meant not so much that they wanted to be seen as the same as their social workers, but that they wanted to feel equally valued as a human being. Theme 12 Awareness of power imbalance - These young people were acutely aware of what they perceived as the power of the social worker: "They are a big part of your life, social workers, because they’re the ones that make the decisions of your life. They help decide what you’re gonna be and where you’re gonna go."

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Theme 13
Low expectations - "I think children are treated very much in this society, but particularly by Social Services, as incapable, the same way mentally ill or elderly people are treated."

Theme 14
The right to be listened to - The young people believed their views deserved to be heard—'I think everyone's got a right to a say in their future!'—and that this applied whatever their age: "The older you get, the more likely they are to take note of what you say. Though actually I think a five year old knows just as well what they want as a fifteen year old."

Theme 15
Support for autonomy - A good social worker was seen as someone who supported the young person's autonomy. Some young people complained they had little or no say in what happened to them: 'It's them [social workers] that has the final yes or no, and that's what bugs me.' Others complained about specific issues, such as not being able to buy their own clothes or visitwhomthey chose: "I can look after myself. I know if someone's abusing me. I'm fourteen and I feel strongly I'm old enough to understand the risks I'm taking and make my own mind up . . . . It seems I have to ring up the Social to see if I can go to the toilet!" Even the most disaffected, however, accepted the need for some limits: "It's just being given freedom to do what you want, really. As long as you don't get stupid and start messing around then you're all right."

Theme 16
Power imbalance - power is central to the young people's wish to be treated as 'equals': while fully aware of the power differential due to the social workers' social status as well as their real or imagined authority, they valued any efforts made by individual workers to narrow the gap, whether by supporting the young person's autonomy, by speaking in language that was at their level, or simply by treating them with respect.

Theme 17
Feeling of abandonment after the loss of a social worker - He was deeply hostile towards his social worker—he told me she was 'pathetic' and a 'waste of space'—yet, one of his chief complaints was that she did not come to see him often enough! His anger at this worker seemed fuelled by his sense of betrayal that his previous social worker had left. The loss appeared for him to be akin to a bereavement. This young man was not alone in valuing a sustained relationship with a social worker and grieving one that was lost: most of the young people interviewed had had more than one social worker and several expressed acute distress, even long after the event, at workers who had moved on and, as they saw it, abandoned them: "My last [social worker] I had her for a lot of years and we were really great together and had a good laugh and that, but the new one I don't hardly know her."
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<td>Risk of Bias</td>
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<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
<i>(Specific aims of the study were unclear)</i></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
<i>(No indepth discussion of how the researcher chose the methods they used)</i></td></tr>
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	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	No *(This appeared to be a convenience sample, and the researcher was already known to some of the participants who took part)*
	Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(no justification of study setting; interview methods have not been made explicit; no discussion of saturation of data)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes *(However, the relationship may be problematic - "as an employee researching practice in the agency in which I worked, I had no difficulty accessing young people to interview, though the fact that they were put forward by their social workers, and that I was already known to some of them, may have influenced their responses and thus introduced some bias")*
	Ethical Issues	Have ethical issues been taken into consideration?	No *(Ethics not considered to sufficient standards: "The authority at that time had no research ethics committee; permission to undertake the research was given by a senior manager. Consent to take part in the research was negotiated in advance by the social worker and I renegotiated it verbally with child and, where appropriate, carer (or, in two cases, parent) before the start of the interview.")*
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(no in-depth description of thematic analysis; unclear if sufficient data; unclear if contradictory data taken into account; 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 clear discussion of credibility of findings)*

	Research value	How valuable is the research?	The research is valuable *(However author states some issues of generalisability)*
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Partially applicable *(It is likely that data were collected prior to 2010)*

Medforth 2019

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."

	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?	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

Morison 2019*

Study Characteristics

Study type	Semi structured interviews

Study location	UK
Study setting	Eight residential childcare services in Scotland
Study methods	Purposive sampling, whereby participants were selected on the basis of employment as a residential childcare worker. A semi-structured interview was used. A semi-structured interview schedule with open-ended questions on core topics was constructed and piloted with one participant, who provided feedback on her experience of the interview process. All interviews were audio-recorded and conducted one-on-one by the first author in a private space at the participants' place of work. During interviews, the researcher used the interview schedule as a flexible tool for exploration while also taking the participants' lead and asking follow-up questions to clarify meanings and obtain further detail. Interview content evolved in line with emerging ideas, using transcripts and relistening to guide initial theory development that could be explored in later interviews. Interview audio-recordings were transcribed verbatim. constructivist grounded theory, an iterative process of data collection and analysis is used for constructing theory, data analysis was supported by the use of Dedoose software. 50% of transcripts were read by the second and third authors and then discussed. Respondent validation was also used.
Population	Residential childcare workers
Study dates	between December 2016 and March 2017
Inclusion Criteria	Carer situation For inclusion, participants had to be employed either part-time or full-time as a residential childcare worker for a minimum duration of six months.
Exclusion criteria	None reported
Sample characteristics	Sample size 20 residential carers

	Mean age (SD) ages 24–63 (M 45.8, SD ± 11.7) Gender Participants were 14 women and 6 men Ethnicity all Scottish Carer characteristics All participants were employed full-time. Length of experience within residential childcare ranged from 1 to 32 years (M 14.6, SD ± 8.9), with 95% detailing previous training on attachment theory through NHS Child and Adolescent Mental Health Services (CAMHS), local authority, or previous qualifications. Eight participants detailed their highest qualification as the university degree level, followed by 11 at the college level (e.g., Higher National Certificate), and one with Secondary School exam qualifications. Fourteen participants had parenting experience aside from their residential childcare role, including two participants as foster carers.
Relevant themes	Theme 1 Doing it naturally with theory in the background - All staff described their practice with young people as a natural process rather than explicitly theory driven. Staff often referred to building relationships and parenting as being “natural,” “automatic,” or “common sense”: I believe it’s just a natural thing to do…but I never think ’I’m doing this because of the attachment’, never, it’s an automatic… (P07). Within this natural process, many staff described using themselves — their personality and experiences — more than theory: …our practice isn’t done from reading a journal, it comes from a wee bit kinda deeper inside… (P10). Throughout all interviews, staff had a general awareness of attachment theory and often reflected gaining a “loose” understanding from it. They often recognized its value but described it as not being at the forefront of their practice, for example, it not being “up there” in priorities, not remembering or thinking about theory, or believing they could use it more: …it’s like, it’s there, it’s on the back-burner, you are aware of it, you know about it, emm… (P14). Some staff could articulate themselves more clearly when discussing concrete concepts they may use in practice, such as playfulness, acceptance, curiosity, and empathy (PACE). Interestingly, others described using elements of attachment theory but finding it hard to explain how. Some staff also outlined exceptions where theory comes to the forefront, for example, to consolidate their practice or when the natural process is not working: … if we are doing something wrong and it’s not working, then that’s when you would need to dig in and look at the theories… (P08). Moreover, staff describe connecting with theory more and seeing its relevance when it can be linked to particular young people. This appeared to help staff translate theory into practice: …but if it is relevant and you can relate to it, it has that kinda same effect where you go “Oh, do you know what actually” and you start thinking about maybe individual young people that you’re working with just now or maybe even somebody that you worked with in the past and you think “Oh, right, ok.” (P18) Theme 2

	Building relationships - It was evident staff rarely spoke about attachment theory unless prompted, yet they had a strong narrative about a core, natural process of building relationships. Occasionally, they used the terms “relationship” and “attachment” interchangeably. Building relationships was often associated with getting to know the young people, both in terms of their current presentation and history: …and it really is about building relationships full-time. I believe that relationships, and I have said it for a long time, is the crux of everything that you do… (P20). These relationships were often described as being varied with young people, whereby some are closer than others and some young people will often seek out a particular staff member. Staff often attributed varied relationships to different characteristics and personalities, including use of themselves in relationship formation: …my relationships with the young people are all kinda different given their personality and their experiences, how just young people get on with you and your personality because it, it can be quite a natural thing…relationships take a lot of work and stuff like that but there is definitely young people that you come across that it is more natural with because of you know maybe similar experiences or personalities, sense of humor, morals or whatever…but I would like to think that I have got…good relationships, stronger ones with certain individuals than others but that’s just human nature really… (P19). Therefore, staff acknowledged there is not one, prescriptive way of “being” with young people: …you are using who you are as well as, you know, whatever skills might be around in your colleagues…so, it’s a collective effort, it’s not about everybody having to be bound by the job description of a residential [staff member]… (P15). Theme 3 Alongside varied relationships, the majority of staff said relationships are not always easy. They did not explicitly mention young people’s attachment strategies being activated; however, they described young people presenting in conflicting ways with them, whereby every moment and day can be different, even if they have a close relationship with a young person. Staff often described being pushed away and not allowed close to young people yet also being pulled and tested: …she’ll kinda push people away if they start getting too close, so, emmm even if you have got a good relationship wae [with] her, doesnae [doesn’t] mean it’s always going to be a good day [Laughs]… (P02). Staff often made sense of relationships not being easy through using their knowledge of the young persons’ backgrounds, particularly placement moves, adults being in and out of their lives, and the associated feelings of rejection, abandonment, and loss. Throughout interviews, there was a salient recognition and understanding of the mistrust young people may have: …they are wary of people because of their experiences in the past but ehh, they cannae [cannot] really get close to people or trust people because they will go away and leave them and they will go and see somebody else or whoever it might and they will be left to start off, you know, all over again… (P11). In response to making sense of mistrust, staff described being there “no matter what” in their relationships with young people. This included being there regardless of a young person’s presentation and a need to continue being there, despite challenges. This often had a purpose of the staff proving they could be trusted, whereby they were not going to be another adult to leave or reject the young persons: …because often they will maybe push you to see how far they can push you, to see how far, how much you will take emm, so it’s just about “Naw, I’ll be here for you.” (P01) Theme 4 Working in a live space - Throughout all interviews, staff provided multiple examples of two parallel, overlapping processes, which occur in practice, more specifically, using awareness of their own experience and that of young people to then work in a “live space”: …but we do work in a live space and it’s that space between where the child is at and the practitioner is at and the working space is in between and that’s the space where the work gets done… (P05). To see behind young people’s behaviour, staff identified the individuals’ thoughts, feelings, needs, and triggers. These often co-occurred in the data and functioned to try and make sense of the young people’s behaviour. As highlighted by one staff member, “…it’s about meeting the young person at where they are at” (P04). To enable this, many staff spoke about needing to first “take a step back”: …so if you can ascertain what it is they are wanting because behaviour comes from feelings and needs so you’ll maybe be seeing behaviour but you’ll have to take the step back and go right, what are they really wanting here? They are behaving this way but that’s because of what’s underneath… (P01). It was common for staff to recognize inconsistency between a young person’s behaviour and the emotion underneath: …right in your face, grabbing your clothes, [laughs] right up close to you, shouting and bawling, swearing at you, threatening you with, you know, “I’m going to do this, I’m going to do that” but again, they weren’t, they were just totally and utterly fearful… (P05). One staff member explicitly highlighted how seeing behind a young person’s behaviour can support the process of building relationships: …so, what you see is not always what it is and down below, so, that’s what you have kinda got to, walk through the door and think “…there is something happened,” not just that they are shouting and bawling for no apparent reason, and once you do that, it kinda helps your relationships more and more…. (P12). However, several staff members talked about sometimes finding it difficult to see behind behaviour and make sense of it: They would go into tantrums for no reason whatsoever and they always say there is a trigger but sometimes there is nae [no] trigger, there is nothing… (P07). In a parallel process to seeing behind young people’s behaviour, some staff described the value of self-awareness, whilst others evidenced this implicitly in their reflections upon incidents with young people. Through self-awareness, staff identified their own feelings, often labeled as “being human”: You’re tired, you’re a wee bit burnt out yourself, you get a bit crabbit [grumpy], more crabbit than you would normally be, that sort of thing, you know. End of the day, we’re human beings just the same as anybody else…. (P03). Staff subsequently spoke about the importance of trying to not take behaviour personally. This was a common strategy for regulating their own emotions, and it helped to both facilitate and respond to seeing behind behaviour: I think, what you have always gotta try to remember, it might sound some of the most personal, it might feel

personal some of the behaviour that they display but it's no really aimed at you, it's aimed at the world, it's aimed at "Why, why, why is this? Why am I here? Why has this happened to me?"(P01).

Theme 5

Steering young people toward independence - Throughout interviews, staff showed a range of actions toward young people, all of which had a temporal component of trying to move them forward and encourage their development. Using relationships often helped facilitate this process. Staff frequently spoke about the future and young people moving on, therefore needing the skills to become independent. Two staff members used the word "steer" to describe this process, which appeared to encapsulate a mixture of direction and movement, toward moving on: …and it's just about trying to steer him in the right way and get the right supports in place before he moves on from here… (P11). The process of steering young people was largely underpinned by meeting young people "where they are at," particularly identifying their needs and subsequently responding to them. Needs were often related to knowledge of individual young people's backgrounds, including gaps in their development. This resulted in a variety of staff actions, including but not limited to teaching new skills (e.g., managing emotions, social skills); offering new experiences; and providing safety, nurture, structure, routine, and boundaries. Staff recognized every young person is different and there is not one approach that works for all. All interviews reflected an element of staff explaining and reasoning with young people to aid their learning. Moreover, all interviews reflected a core process of identifying and responding to a need to help advance development: "…what it is I'm trying to achieve for them as part of their, their care plan to support their safety, their development and eh, their individual needs… (P05)" In many interviews, staff discussed trying to steer young people while also balancing it with their current development stage. More than three-fourths of staff acknowledged a young person's developmental stage in terms of functioning, not their actual chronological age: …when [young person] started crying, it's because she's only 2 or 3 and you have said no to her and she is really disappointed and you know, it's things like that that you have to, you have to give cognizance to but at the same point, you have to equip children for being 15 years old out in the community and so, I think, I think that getting that balance is probably one of the most difficult tasks that we have got… (P15). Similarly, staff often recognized a tension between steering young people within a protective environment and the realities of a bigger world: …you are there to protect them…it's for their protection and guidance because they will be moving on and it's a big, bad world out there… (P07)

Theme 6

…But it's different (The role of context) - Alongside evidence that staff are engaged in natural processes of parenting and building relationships, they also highlighted many differences due to the residential context. This category was constructed from a range of different tensions, with staff re-iterating the difficulties and dilemmas of their role in their feedback from participant reflections. The following quotation illustrates this sense of difference: We try and install that same…. upbringing for our young people that's in care, as a young person that's not in care emm…you try and make it a similar upbringing but it's also very different… (P04). Staff often discussed the tension of trying to establish their role. Staff varied both within and between transcripts in terms of how they conceptualized their role, although they all moved back and forth along a continuum of being paid but it not being a "normal" job; being different from real-life family; and sometimes being like family (e.g., "big sister or auntieish kinda role," "daft dad"). Some staff speculated whether young people may also experience this tension: …you might see them wanting or looking for a mother or father and wanting you to be that person but knowing that you are not that person 'cos you work here and that can be really, really difficult for them to manage, knowing that you go home and this is where they are left… (P16). Staff also recognized the complexity of trying to parent individual young people in a group-living situation, for example, often having to "divide" themselves between young people and manage group dynamics. In particular, staff articulated efforts to address individual needs while also being aware of the wider group. They also described incidents where young people may influence each other, resulting in heightened anxiety and agitation across the group: It can be difficult because we have [number] young people, we are not having one young person and we could have [number] of those young people really annoyed at one time or you could have one or you could have the whole house up in arms and feeding off each other… (P19). Many staff referred to "chipping away" and making small steps yet not knowing if change will happen due to the difficulties young people have experienced. On this basis, they recognized needing to do things differently. At times, noticing small steps of progress appeared to give staff a sense of accomplishment. However, chipping away occurred alongside a sense of hopelessness, whereby staff expressed concern they may not be able to fix or change everything and may not be able to make an impact: …and her issues are so deep rooted I don't know if we will ever see any kinda outcome or whether it will be, if she does have a positive outcome, it will be a lot further down the line when she's not with us anymore [sigh]… (P02). Indeed, staff often reflected on varied outcomes for young people, often with an underlying sense of frustration: …emm, that's what we try to do here with them, the youngsters. Some buy in, some don't buy in, for whatever reason it is, and if we had a magic formula, you know, we would be successful… (P11). Closely linked to chipping away with young people was the difficulty of it taking time. More than three-fourths of staff reflected on everything taking more time with young people. However, this appears to create a particular tension in a system where time can be uncertain or limited: …as I say, their time here is short and we have got to try and cram a lot in if they stay until they're 16, 17, 18… (P11). Certainly, others reflected on the differential impact of having either limited or more time to facilitate building relationships: …this is like a long-term unit that we are working in, which is quite good because you have that opportunity to build relationships. You can work with some

	children for many years… (P17). I have never really had too many problems with the kinda building a bit of a relationship with most kids…apart from, at times, you maybe have some kids that come in and they are just a wee bit more short-term and you don't get that time to really kinda build on it… (P18). Theme 7 In a final but predominant tension, many staff talked about the difficulty of creating belonging and claiming young people, along with the tension of what happens when they need to leave residential care. Many tried to ease this tension by keeping in touch and reminiscing with young people or, as illustrated in the following quotation, creating a gradual separation: …but it's been very important as well for the young person to hear that even though you will move out to there, you will still come back for dinners and that could be quite frequently at the beginning and then eventually, you know, as he starts to adapt then he can, that can be less and less but you'll still be welcome to come here and visit, you know, like you would if you were moving on from the family home… (P04). However, in other instances, staff spoke about the separation being more difficult and conflicting with other core, natural processes, such as building relationships: …they don't get to come back to you, they don't get to come up and visit you, they don't get to come back in. So, you teach them that this becomes their home and I am a safe person to be with, and there is a lot of automatic bonding, natural bonding happens, within some of the really good relationships, because some of the kids open up and when they open up to you personally and work through a lot of deep things then that bonding automatically happens and then they are told "Right, off you go but you know, you need to phone and you can't visit" and it's awful, awful… (P20).

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?	Yes *(Questions were adapted as interviews proceeded)*
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes

Section	Question	Answer
Findings	Is there a clear statement of findings?	Yes *(respondent validation and multiple researchers for analysis 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

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

<table>
<tr><td></td><td>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)"</td></tr>
<tr><td>Risk of Bias</td><td>
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<tr><th>Section</th><th>Question</th><th>Answer</th></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?	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

Nixon 2019

Study type	Semi structured interviews 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

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 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)"

	Section	Question	Answer
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?	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)*

November 2020

Study Characteristics

Study type	Focus Groups Semi structured interviews
Aim of study	to understand the experiences of both parents and carers in order to inform the development of accessible and appropriate online learning resources, which could be accessed by anyone working in the field, and to explore options for better peer support amongst carers.

Study location	UK
Study setting	Parent-and-child foster placements across England
Study methods	Ten focus groups with 32 carers who had parent-and-child experience within the previous two years, eight semi-structured interviews with mothers with experience of parent-and-child placements, and nine semi-structured interviews with supervising social workers. Participants were recruited initially using the social media network of the first author and those of the project's advisory group, drawn from prominent fostering, midwifery, health visiting, and third-sector organizations. Snowball sampling was used to recruit subsequent participants. Focus groups were widely spread across England, including carers from both LAs and independent fostering providers (IFPs). Interviews and focus groups were conducted in foster carers' homes, mothers' homes, and in private rooms within organizations and were recorded and transcribed with participants' written consent. Mothers were asked about their experiences, both positive and negative, of being in a foster home with their child. Foster carers were asked about their experiences, how well supported and trained they felt, and what content areas of additional training they felt they would benefit from. Focus group and interview data were transcribed by the first author and transferred to NVivo version 12 to assist with thematic analysis. Recordings were listened to and read twice by the first author before coding, and major themes and subthemes were identified and discussed with the second author. The number and geographical range in location of carers was such that there was evidence of data saturation, with no new themes emerging.
Population	Carers who had parent-and-child experience, mothers with experience of parent-and-child placements, and supervising social workers
Study dates	March to July 2018
Sources of funding	This study was funded by the Sir Halley Stewart Trust. Jane Sandall is a National Institute for Health Research (NIHR) Senior Investigator and is supported by the National Institute for Health Research (NIHR) Applied Research Collaboration South London (NIHR ARC South London) at King's College Hospital NHS Foundation Trust.

Inclusion Criteria	Carer situation Carers who had parent-and-child experience and supervising social workers Parent mothers with experience of parent-and-child placements
Exclusion criteria	None reported
Sample characteristics	Sample size 32 carers who had parent-and-child experience, eight mothers with experience of parent-and-child placements,nine supervising social workers. Parents in care 100% non-white ethnicity Mothers 62.5% Gender Mothers 100% female Carer characteristics 40% independent foster carers, 60% from the local authority
Relevant themes	Theme 1 Differences in priorities between mothers, carers, and social workers - When asked about their experiences, mothers focussed almost exclusively on the attitudes of carers; how they were made to feel and how much the carer built or eroded their self-esteem. Carer and social work data were more directly related to training and support needs, with an additional strong element being the unique stresses of the parent-and-child role. Theme 2

	Main issues identified by the mother - 1) Not meeting the carer before moving in 2) How she made me feel/the importance of empowering communication 3) “She writes about me and I don't know what she says” Theme 3 Current support and unmet support needs of foster carers - 1) Unique stresses of parent-and-child role/need for therapeutic input 2) Isolation and need for peer support 3) Social media peer support networks Theme 4 Current training and unmet training needs of foster carers - 1) Assumed knowledge/focus on skills for assessment 2) Topics identified as important and currently lacking 3) Training solutions; online and face-to-face Theme 5 Not meeting the carer before moving in - All mothers except one had not met the carer until they moved into the placement, a huge source of stress. In defence, social workers explained that placements often had to be found straight from the family court, but this did not account for all examples, many simply being transfers between placements. "They told me to pack my things into boxes as I was moving out of borough to a foster carer I'd never met. I was already in labour and my mum was supposed to be my birth partner. Later, cos the new carer couldn't drive, I had to go by ambulance to a different hospital and my mum couldn't get there on time. She (the carer)'s seen me naked and I don't even like the woman. I wanted my mum there.4 (M8, 18-year-old mother, first child). Theme 6 How she made me feel: The importance of empowering communication - Mothers had a variety of experiences. For some, foster care was their first opportunity for a stable relationship with a caring adult, and they had flourished; for others, the experience was overwhelmingly negative. This was largely related to how intrusive the mother perceived the carer to be and her sensitivity in communication: "The first one was wanting to know everything about my childhood, digging into it. The other one was interested but wasn't pushing it and I felt a lot more comfortable to tell her. And she was always there to support me. (M7, 34-year-old mother with fourth child. First three children removed. Left with child)." Regarding supervision and advice, mothers recounted mixed experiences, feeling either criticized and undermined or engaged and encouraged: "And when I'm doing stuff like bathing C, she's always watching me, saying … “What's wrong with you? How are you not knowing this? You know not to do that.”… I can't deal with that. It's too much for me. I feel too much under pressure, like she's criticises me. (M5, 16-year-old looked-after child). If she had a problem with the way I was doing anything she would just come across in a nice way like “Darling when you're holding the baby just bring him closer”— just little tips like that. She never came across full-on which is what I loved. (M3, 20-year-old, in care with first baby who she kept. Had second baby in the community). There were also examples communication, which were overtly abusive: "I actually got discharged on the Saturday … and she started shouting at me saying “you've just got out of hospital, you need to pick yourself up, get back on track. Don't you dare put a cup on my couch, it's worth a fortune more than you.” So she was just really horrible." (Mother, 17-year-old previously looked-after child). Or where a lack of knowledge, compassion, and sensitivity were a toxic combination: "Once when I was pregnant, the baby wasn't moving so I asked her to take me to hospital. The baby was fine, but then the next day she was saying “ah, I was really angry cos I couldn't go to my son's first parent's evening, and it was a waste of time going to the hospital when there was nothing wrong with the baby.” (Mother, 16-year-old looked-after child). For several mothers, although they valued support and practical help, there was a fine line between this and feeling that the carer was too intrusive. This mother's perception was that the carer wanted her to fail so that she could keep the baby and described her efforts to present herself in a way that would not disadvantage her: "She wanted to do a lot of the feeds, dressing my child, taking my child out without me being around … she wanted my daughter without me. And her family were saying how they'd love to have her. Like “you can go home” sort of thing. They were trying to have that jokey element … and I had to (respond) jokingly as well because I didn't want to come across as passive aggressive or argumentative. (Mother, 34-year-old mother, fourth child. First three children removed. Left with child) Theme 7 Surveillance - “She writes about me and I don't know what she says” - All carers are used to keeping daily logs; with parent-and-child foster care, these are frequently used as evidence within the family court arena. Although sharing logs with mothers is widely considered best practice (Adams & Dibben, 2011), for several carers, there was no expectation of sharing their logs with the mother, and this was echoed in interviews with mothers: "The only time I saw some of the logs was when I was in court. Other than that I didn't get to see them. (Mother, 34-

year-old mother, fourth child. First three children removed. Left with child). In summary, mothers found the idea of a parent-and-child foster placement very stressful, a place where they would be watched and criticized and where they had to prove they were able to look after their babies with little of the normal help that new mothers need. This stress was reduced when the mother moved into the placement before birth or where she had met the carer prior to the move. Mothers felt easily criticized but described some compassionate sensitive communication, where advice was more likely to be taken on board. Mothers feared the consequences of negative written reports about their parenting but rarely challenged policies where this personal data was not shared with them.

Theme 8

Current and unmet support needs of parent-and-child carers - Unique stresses of parent-and-child role/need for therapeutic input - Carers described unique stressors over and above those experienced by generalist foster carers and highly valued the opportunity to talk about them: "I asked as well for specific parent-and-child support groups, because parent-and-child is completely different— different worries, different concerns. And if you don't talk to other parent-and-child carers, you're out on a limb. My supervising social worker, the last two, have been very newly qualified. Very young. And I'm not knocking that, but I feel like I'm supporting them in their development and they're not there for me. And sometimes when everybody shuts down at the weekend, that's it! So if something occurs at the weekend who you do talk to you? I've had that several times and it's been absolutely dreadful. (Foster Carer, Female, 50s). Most of these stresses were associated with the tension inherent in the role, between nurturing a vulnerable mother and contributing to the assessment which decides whether she will leave with her child: "Very very different, very specialist … sometimes they will say "we don't want you doing this for the mum. They are to do it themselves and you are to record everything" … I think that's quite off-putting for someone who's nurturing by nature." (Foster Carer, Female, 40s). "We've had times when our carers have been accused of "colluding with the mother!" Such negative language—what does that even mean? Aren't we all colluding with the mother?" (Social Worker, CEO of an IFP). Every carer and social worker cited times when, either implicitly or explicitly, the outcome of assessments had been decided by the LA before placing the mother-and-child, with the placement merely satisfying court proceedings. The desire to advocate for a mother whom the carer felt needed additional time and therapeutic input to develop "good enough parenting" skills was a huge source of stress, and the feelings of powerlessness that accompanied this were problematic: "I had a very disturbed mum when she first arrived, and for the first three days couldn't go into the kitchen to make the bottles, cos she was just so overwhelmed … there was a massive history of DV, so she didn't want to go into the kitchen if K (carer's husband) was in there. And that was really difficult to overcome. I had to work really hard with her initially, and all you've got is a social worker coming and saying "So, you're refusing to feed the baby." You just think "Back off!" And a few days later, this same social worker just said "Tell me when. Tell me when to pull the plug, and she's out!" And that was his exact words. And I said "No, no, give us some time, we're working on it." And do you know, she went on to do 7 months and went home with the baby. But they were prepared to write her off." (Foster Carer, Female, 60s). Other unique stressors involved having another adult (or two) in the house, the intensity of often 24-hr supervision, and "allowing abuse under your roof," when carers were asked not to step into a parent–child interaction in order to provide evidence for separation: "This child, I just felt so sorry for her. You just thought "How long? How long can I leave it?" Cos you know they want the evidence for emotional abuse cos it's very hard to get." (FC 14, Female, 30s). For other carers, very deep issues were raised by their involvement with such troubled families; one couple talked about their 18-year-old son having a breakdown a year after a baby left the family for adoption. Another older carer talked about the pain she experienced when a baby moved on to adoption at 4 months: "When I was with my first husband, we had a little boy and we lost him (to SIDS) at four-and-a-half months. And that was the same age as when the baby was taken away. So I was sort of reliving what had happened all those years ago." (Foster Carer, Female, 60s). Despite the enormous emotional burden clearly being carried by carers in this role, there were no examples of professional therapeutic input or counselling being available as a standard part of parent-and child carers' support package.

Theme 9

Isolation and lack of face-to-face peer support - With some notable exceptions, there was a dearth of opportunities for peer support amongst parent-and-child carers. Most LAs and IFPs had only a handful in post and the constraints of the role meant that peer support opportunities were difficult to organize; several carers attending focus groups had never met another parent-and-child carer. However, where good peer support was in place, this was used as a first port of call, rather than using their organizational support systems.

Theme 10

Social media-based peer support - During the research process, the first author became familiar with various social media groups for foster carers. They vary in size, emphasis, and joining criteria. For some carers, these groups were important for instant advice, avoiding the delay involved in using the more established channels: "You post on there … sometimes it's a really practical thing, like about benefits. It's really helpful. Much more than ringing up your agency or LA and waiting four weeks to get an answer to something." (Foster Carer, Female, 40s). However, there were several instances described of peer support groups, whether in a physical or remote format, becoming overly negative: "We had a Whatsapp group that was really really negative and detrimental. It was really a bitching group." (Social Worker, Female, IFP) "I sometimes wouldn't ask them to look after my dog, let alone a child. Some of the language

	on the blogs!"(Foster Carer, Female, 40s). There was a feeling that these groups were too much about "normal" fostering, with little understanding of the specialized role with its unique challenges; discussion of a specialist-closed Facebook group was met with enthusiasm. In summary, parent-and-child carers experience some unique stresses and highly value the support of others with mutual experience. There is currently little recognition of the need for additional therapeutic support, despite the huge emotional burden these carers carry. Many are isolated, having fewer opportunities to meet with peers, mostly for logistical reasons; they are often widely spread geographically, and the levels of supervision required for some placements mean that they cannot take time away without respite, which they prefer to use for time with family. Social media is a popular form of peer support, but groups differ in quality of moderation and are all generic, with no specialist forum currently operating. Theme 11 Current training and unmet training needs - Although a minority of participants reported being given high-quality specialist training, the overriding view was that training specific for the parent-and-child role was either absent, ad hoc, or run by generalist trainers without appropriate knowledge: "I've asked for 3 years now for specific parent-and-child training, and it just doesn't happen. There isn't any. "X" is the only place that does any, and its rubbish." (FC 14. Female, 30s) "It's like the blind leading the blind because they haven't got the experience." (FC 16, Female, 50s). They could identify topics within generic training that were relevant but with little or no application to the parent-and-child setting. For example, training on infant attachment was aimed at understanding children who have been separated from a parent rather than promoting attachment between a parent and their infant. Theme 12 Assumed knowledge/focus on skills for assessment - When asked how parent-and-child carers were selected and trained, there was a strong reliance on "previous knowledge" acquired through their own parenting or through experience of "normal" foster care. Carers saw this as insufficient for the role, citing examples of where advice had changed: "I was just using my personal way and experience but that was 35 years out of date" (FC 5, Female, 60s) "I think they think if you're a parent, you can do all these things. It doesn't matter what comes up, they think we know it all. We don't know it all." (Foster Carer, Female, 40s). Theme 13 Topics identified as important and currently lacking - Carers completed a questionnaire where they were asked to rate a number of topics for importance for the parent-and-child role and to identify other areas not currently covered in training. The following areas were identified: 1) Encouraging a healthy pregnancy, birth preparation, and being a birth companion 2) Parent/baby attachment, breastfeeding, and co-sleeping 3) Maternal mental health, the complexity of women with serial removals, maternal drug use, and the effect of alcohol/drugs in newborns 4) Domestic abuse. In discussions around these topics, as well as the need for information, the need for understanding the advocacy role came out strongly: "I would say "It's her human right, and that baby's human right to be fed by its mother. But it caused trouble (when baby was taken to contact with father) and the social workers tried to stop her feeding … that made me mad." (FC 18, Female, 40s). "The obstetrician had massive hands and she (the mother) took one look at him and had a complete and utter freak. I had to literally take him outside and say, "What are you doing?" … I had to explain to him that she had a learning difficulty and had been horrifically sexually abused … and that he needed to change his attitude and come with a much more gentle approach … to deal with the uniqueness of who she is. (Foster Carer, Female, 50s) Theme 14 How to manage endings—when a baby is removed - "I've had no training on how to remove. That was a really hard thing. I came home (from court) and helped her pack. We spent the day in the park, feeding the swans, taking loads of pictures. And then I had to drop her home with her baby in my car, to her mum. And then her mum went mental cos she didn't want to lose her grandchild. No training! (Foster Carer, Female, 40s) Theme 15 Sharing logs with mothers in a positive way: "(Referring to logs) I always talk through concerns and usually at the end of the day there will be a time where it's like "You did this really well," talking about the positives first. And then saying, "You need a bit of work on this side of things." It's a vital piece of work. You're talking lives!" (Foster Carer, Female, 50s) Theme 16

	Working with mothers with learning disabilities and autism: "They allow carers with disabilities to foster, or they're working with children with disabilities, but they'll not train you to work with mums with disabilities." (Foster Carer, 40s) Theme 17 Training solutions: Online and face-to-face - As would be expected, a mixed picture emerged about the relative benefits of face-to-face training versus online learning. A commonly voiced issue with face-to-face training related to the difficulty of being able to attend when the mother-and-child needed 24-hr supervision. Other objections were that the trainer was unlikely to be an expert on the topic and sessions were often boring. However, where carers had attended face-to-face training delivered by an expert trainer, this was very highly valued. Several social workers proposed a blended learning approach so that sessions could be planned around an online module, with activities for group supervision incorporated into the package. In summary, current parent-and-child training lacks content on supporting the mother's and child's mental and physical health and attachment relationship or on advocacy. Although expertly delivered - face-to-face training is highly valued, it is scarce and localized. Online learning is seen as an acceptable alternative, especially if it covers specialist areas not commonly available. Participants believed that there would be added value and richness if online learning content could also be used in group supervision sessions.

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
Research value	How valuable is the research?	The research is valuable

Section	Question	Answer
Overall risk of bias and directness	Overall risk of bias	Low
	Directness	Directly applicable

Oke 2013

Study type	Semi structured interviews
Aim of study	To explore Foster carers' perceptions of family, commitment and belonging in successful placements
Study location	UK
Study setting	Foster carers from a single local authority
Study methods	The interview was divided into five main sections as follows: 1. Reflections on the experience of being a foster carer: motivations, rewards and challenges. 2. How childhood experiences might have affected the respondent, as a foster carer now. 3. Reflections on the meanings of 'family' and an examination of the degree to which the fostered child is experienced as 'belonging' in their family. 4. The carer's experience of their relationship with the target child/young person. 5. Reflections on the carer's ideas about the young person's future, and what the carer has learned in retrospect about 'family' through looking after the target child/young person. The interviews were digitally recorded and subsequently transcribed. The interviews were undertaken at the carer's convenience at a venue of their choice and were of between an hour and a half and two hours in duration. The carers' transcribed accounts were analysed in line with IPA practice, moving from individual descriptive detail to interpretive general pattern (Smith, Flowers, & Larkin,

	2009). The first author made detailed initial codings of the seven transcripts; themes were subsequently developed by the three authors together.
Population	Foster carers looking after a young person in the age range 12 to 17 years old
Study dates	2007
Sources of funding	Not reported
Inclusion Criteria	Care Situation Scrutiny of the Looked After Child (LAC) Statutory Review forms for each child showed social worker appraisal of the placement as 'stable'. The target group of foster carers consisted of those who appeared to be offering a setting that was functioning effectively for the child, despite previous expectations, Time in care The 'Looked After' child in question had been in placement with the carer for at least two years, and had been 'looked after' for four or more years. Education The LAC Review form showed evidence from educational professionals of current satisfactory educational attendance and progress relative to the child's abilities and needs. Carer situation foster carers in a single Local Authority, looking after a young person in the age range 12 to 17 years old. The research endeavour focused on the person defined as the present main foster carer, the status of 'principal carer' being agreed upon by the couple, where there were two foster carers in the household. Number of previous placements The history of the child's previous placement/s showed at least one disruption, and difficulties in at least one of the following areas: education; mental health; offending behaviour; relationships with peers. Contact There was evidence of ongoing satisfactory contact between the child and members of his or her original family, as rated by the LAC Review group (which may have included the child and parent/s themselves).
Exclusion criteria	None reported
Sample characteristics	Sample size seven foster carers

	Number of previous placements range 3 to 7 years Time in current placement range 2 to 5 years Age 14 - 17 years Ethnicity All the carers were white and British, as were the seven young people cared for.
Relevant themes	Theme 1 'My' child—'clicking', belonging in the family and parental regard. What emerges from all respondents is a sense of parental commitment to the children they cared for. This was claimed as particularly strong in relation to the target child of the investigation and was manifest in the carers' accounts of viewing themselves going beyond the call of duty and reasonable foster care for these children. There is a common feature of the respondents having 'fallen for' the child at an early stage in the placement. This is presented as a special liking or love for the child, who appears to have called forth a parental dedication or selflessness in the carer. The quote below from Jess is included in its entirety as it usefully sets the tone for all the findings, across the themes. "We had a placement for a young teen. Karl was the 'bad boy' of the choice we were offered. We met him and we really liked him and he moved in here. For Karl this really is his home now. I think that does impact a lot really umm [pause] you do feel a lot more sort of responsible for him and umm you just know that umm [pause] it's funny with Karl because I think he has sort of touched us more than what a lot of children have. With Karl it's almost as if I don't think even / I could let go of him if you know what I mean. I think he would always be part of this family. I suppose it / it's [pause] he's made me aware that you can actually have quite powerful feelings for somebody like Karl that has come into the family quite late but has this / umm power over you to say that he's changed your feelings and that you can actually feel that strongly for somebody that isn't part of your own flesh and blood. I suppose because I must admit / I suppose we've liked lots of children but I don't / I don't think any of them have had the impact that Karl has had on us [pause] how you think about that umm somebody else if you see what I mean. Umm / I don't know whether it's his vulnerability or whether it's what he gives back to the family I don't know but it / it is quite a powerful thing with him …" Theme 2 A compelling and instantaneous connection - As Jess made a quick preference for Karl, so each respondent indicated a compelling and sometimes almost instantaneous connection with the target young person. Their descriptions were imbued with a sense of inevitability and even passivity, in a process of what seemed to be experienced as a particular kind of 'falling in love'. This appeared to sustain setbacks and challenges presented by the child as the placement proceeded: "It is very difficult when they first come in because you don't know them and they don't know you / the whole house not just the child. It's the foster carer as well / it's a whole different routine because we don't know the person and they don't know us. But the click thing is a special liking for them I think, taking to them as soon as they come in [pause] like the one we're thinking about today. Umm I love Sim to bits and he drives me crackers." Theme 3 Clicking that carries the carer over the initial adaption period - Thus the 'click thing' appears to carry the carer through the initial adaption period in the household. At the same time the participants reported their perception of the development of a reciprocal sense of commitment to the carer and foster family from the young person, which also appeared to be linked with an emotional distancing from birth parents, or a definite decision on the child's part to put all, or most, of their eggs in the foster care basket for the time being. Children were reported as wanting to 'belong' and the carers wanted to offer that. What Yvonne reports is a good example: "Well Ricky said it / he said it to us: he is perfectly happy / he sees us as his mum and dad. He doesn't want anybody to know otherwise / it is nobody else's business umm [pause] and that's it. What more can he say / he sees us as his mum and dad and he says he belongs here."

Theme 4

Understanding that the commitment may not be forever - These carers also gave evidence of understanding that the commitment from the child may not be forever. They appeared to be able to accommodate a ‘provisional’ arrangement and hold on to uncertainty about future relations, including the young person revisiting their relationship with birth family. This is illustrated well in this quote from Natalie: "Um well Louise quite often says ‘this is my life and this is my home and this is my family’. She says she doesn’t want to keep being reminded of her history / I think at some time in her life she probably will want to go back over that. Perhaps it won’t come till she has children of her own / I don’t know but right now she seems to have committed herself to being here in this family."

Theme 5

Claiming of the child - Given the growth of the emotional bond, all respondents referred to the target children as ‘theirs’. This claiming of the child was also described as an illicit process that created tensions with social workers, who, from the carers’ perspective, were presented as uneasy about the use of the possessive pronoun in this way. The following is typical: "We love them unconditionally. I think that is the thing isn’t it? My only / my only hope for anybody but particularly for the kids I bring up is that they will be reasonably happy [pause] whatever they do and I think that’s what most parents who care about their kids will say. I do see them as my kids and social workers sometimes pull a bit of a face when I say ‘my kids’ but they are."

Theme 6

Stepping into the parent role - A corollary of this parental ‘claiming’ was that the fostered children were construed as ‘family’ while in the household. Each respondent made claims eliding differences between genetic and fostering relationships. This was particularly so in connection with the young people targeted in this research. Again, the child being part of the foster family was an idea that carers experienced as subversive in relation to what they imagined social workers might want from them in looking after other people’s children. These strands are combined well in this quote from Aileen: "The fact is that [pause] we don’t think about ourselves a lot of the time as foster carers. Social Services would probably die if we said that because you have to be aware of this, have to be aware of that for the Department, but day-to-day I don’t feel aware of being a carer. I feel like we are parents. We are a family aren’t we / a big family? The family is everyone in the household we are looking after, our own and fostered."

Theme 7

Claiming a grandparental role - This inclusive sense of family also appeared to apply to future projections of relationship. All seven respondents, in thinking forward to a time when the young person might have children of their own, claimed an expected grandparental position. Diane’s comment is to the point and typical: "My foster children related to my mother as nanny / she was nanny to all of my kids. They all still call her nanny. Becky’s children would be my grandchildren."

Theme 8

Consideration to the birth family - At the same time, the participants were equally emphatic about promoting and maintaining the target child’s links with birth family members. Helen, in the following excerpt gives an account that encapsulates a theme presented across the study by all the carers: "We try very hard not / to let them forget that they do have family and that we are substitutes. We talk about their family and we listen to what they have to say but we don’t accept absolute criticism / of their family because all children are placed in care for whatever reason and it may well be that their family are good people but they just can’t deal with that person at that stage in life and therefore you shouldn’t / be / tunnel-visioned." Helen was as insistent as the other carers about the foster children being ‘hers’. At the same time she speaks for all participants in claiming the necessity of accepting the whole child, their history and birth family included. As carers they appeared to be able to tolerate the ambiguity of the child belonging in two families at once, without this diminishing their own sense of emotional commitment to the child.

Theme 9

Foster carers are independent practitioners, paid an allowance by the Local Authority to care for children who ‘belong’ in another family and whose birth family members may be unsupportive or suspicious. The Local Authority sets guidelines and limits to a carer’s involvement and shares the legal responsibility for the child with birth parents. A major set of themes reflected the ‘compromised’ situation of foster carers in relation to their own judgments and decisions about children, which Helen described as being like ‘the jam in the sandwich’. In the case of the targeted young people in this study, it was clear that part of the carers’ commitment involved them in advocacy for the child over aspects like education and schooling, friendships, limits and rewards. All respondents spoke of acting on behalf of the child as an autonomous parent would. In this respect, they saw their success with a difficult child in placement as requiring some ‘disobedience’ towards Social Services. This appears to have applied as a generality over the course of their fostering history but especially so in connection with the young people who were the focus of our study.

Theme 10

Critical empathy for the birth parents - In their relations with birth parents and family members, carers’ accounts were marked by what could be described as ‘critical empathy’. Here for example is Diane, who can identify with Becky’s mother’s emotional pain, while having previously indicated that she is well aware of her lapses of parental responsibility for her daughter: "I would imagine she [birth mother] felt very, very rejected umm because her children didn’t want her and they openly told her so / that you know she / they told her they were going to a family that did want them. Imagining how Becky’s mum feels helps me understand what Becky goes through when she sees her mother." The carers had managed to hold on to positive attitudes about the young person’s birth family, or had established a working relationship with birth parent/s that was largely independent of Social Services’ brokerage. The carers indicated that if necessary they were willing to put the young person’s well-being to the fore, at the expense of their own needs. While this was not expressed in any of their accounts as a complaint—it appeared to be a task voluntarily undertaken for the sake of the child—there were nevertheless indications of the extra burden, unacknowledged by the professional network, which this entailed.

Theme 11

independent working from social workers - The trust of social workers in allowing carers to ’get on with the job’ was claimed as very important. Social workers who were perceived by carers to be ‘solid’ emotionally, knowledgeable in practical terms, and veteran in the sense of being ‘an old hand’, were highly valued: "We had [name of social worker] for years and when she left it wasn’t the same and Chris had known her for 10 years. There was something about the fact that she kept going for him / with him that was important. I think when she went / and Chris’s mum especially when [social worker] went, mum couldn’t cope because / [name of social worker] was a bit like me / one of the old school. She would really put herself out for mum / would go and fetch her to bring her to meetings which the newer ones don’t seem to / because the relationship had grown up I think over the years, you get that you know. Chris’s mum couldn’t get used to it when she left and Chris himself really felt the loss."

Theme 12

Support and peer support - Given the intensity and complexity of the fostering task, support and practical help and guidance were understandably claimed as vital. The contributions of partners and spouses as well as the support provided by birth children and other, older, foster children were experienced as at least as important as input from social workers. Five of the seven respondents cited another carer with whom the foster carer had a personal friendship as a valued buttress and source of routine and emergency emotional sustenance. At the same time, the descriptions of asking for help were nuanced by a claim of self-sufficiency, which may reflect these carers’ idea of themselves as principal welfare providers.

Theme 13

Rebuilding and repair - A striking feature of the carers’ accounts was their interest in communicating how they do the job. This was presented through the metaphor of ‘rebuilding’ and ‘repair’. There was a common theme of ‘starting where the child is’, with a recognition of the damage that the children’s previous care experiences had brought about. Natalie described this as ‘having open eyes’ in terms of the level of expectation of the child’s ‘recovery’. There was an understanding of starting a job with compromised materials or of repairing a building with shaky foundations: "But you have to think that they are quite damaged children and if they weren’t they wouldn’t be here with you [pause] and the longer times go on you think / you can forget about the problems that they’ve got until / they have an up or down in their life and you have to keep remembering that they do find it difficult to cope with certain situations. Sometimes / some of the basic building blocks are just not there."

Theme 14

High aspirations - The rebuilding metaphor seems to suggest that their task as they experienced it was quite different from ordinary parenting. In the light of their accounts it would be better described as ‘re-parenting’. They seemed to be able to use the ‘possessive’ stance (‘my child’) as a position for undertaking their craft, which they understood as salvage and reconstruction, while they have the chance. As part of this, the carers identified the fact that they maintained high educational and social aspirations for the young person in the ‘rebuilding’ process. In the next excerpt, Yvonne exemplifies this in relation to educational opportunity for Ricky: Yes I’ve really encouraged them even though it means them going beyond what they might have done if they’d stayed with their family, which is hard for them. Ricky wants to go and do a degree. At least he is thinking about it which is great because I don’t think / you know, certainly in the natural family, he would never have got as far as he has now / so he is happy that he’s got that option there." As in Yvonne’s interview, the carers seemed mindful that in applying their own blueprint for the young person’s development, they were also promoting potential access to opportunities that the young person would not have gained had they remained within their original family. This was presented as making the best of a compromised start and, while remembering and respecting the child's origins, their attitude was of not letting a child's earlier life circumstances hold them back.

Theme 15

Proactive skills - In terms of the work of looking after and parenting the young person, the foster carers identified and described 'proactive skills' like limit setting, rewarding, and teaching children new ways of behaving and responding. Natalie's comments about Louise's behaviour are a good example of the recognition shared across the seven respondents of how the children in their care seek to reproduce old established patterns of parent—child relationships: "When Louise came to us we were told she would try and break the placement down because / they explained that she had been let down by so many people she would want to try and be in control of things and she would expect it to break down. She went to great lengths to break it down. So that was a real challenge for us / we had to respond to her positively and firmly and differently to how she wanted us to. It was saying to ourselves 'right lets start again as we do / keep sticking with it'."

Theme 16

Listening - While the 'proactive' aspects of parenting were claimed as important, they were in fact less often mentioned than the 'receptive skills' of listening and understanding, observing and tolerating behaviour, and accepting the sometimes unpleasant aspects of the child or their experiences. Yvonne speaks for all the respondents in noting this aspect of their job, which sometimes entails hearing about things that are almost unbearable: "Some of the things that Ricky could tell you, things that he's told us about his abuse, would make your blood curdle but you have to listen to that and take it for them, no matter how uncomfortable it makes you feel." Diane emphasizes a common theme expressed across the carers' interviews of their crucial role in facilitating a young person's trust in them. In this context, Diane emphasizes the need to think before saying or doing anything in response to what is communicated: "She tells me everything [pause] good and bad. We sit and we talk / again I've learnt through Becky not to be judgmental umm in some cases but just to listen and rather than umm sparking up when you think something needs correcting oh you know umm [pause] to sit and listen and take it on board and then analyze what you are going to say rather than getting in there with two feet."

Theme 17

Perseverence - All respondents spoke of stubbornness, determination, or of a strong desire not to be beaten, in a way that conveyed the foster care task as a struggle, a battle or a long and arduous journey that had to be completed to the satisfaction of the carer for each target child: "We stick at things don't we? We stick at things and see them through. We don't like to give up either of us and I think I'm a little bit worse than Frank (partner) because I don't want to give up on Chris. I don't like [pause] I don't like giving up; I don't like being beaten. I like to keep going and yeh in a way it's sort of big-headedness perhaps it / you think that you will get there eventually / you will. You know 'I can do this; it will work' [pause] Obviously it doesn't always but you don't give up." "Yeh the challenges is I think just living day to day and remaining in place even if you can't do anything about changing / changing their lives too much. We see it's important to just keep going for children. That's one of the best things you can do for them." "Yes no matter how muddled their lives are, if you look at them long and hard you will see there are / there's this specific goodness / and that is what you latch into and when you feel like going in your bedroom and screaming to the top of your lungs because yet again they've done something really bad / you latch on to that one bit left and it brings you back to sanity [pause] it's like a circle isn't it?"

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 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 saturation of data)*
	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?	Can't tell *(Unclear if sufficient data was presented to support the findings, unclear if contradictory data was taken into account.)*
	Findings	Is there a clear statement of findings?	Yes *(Credibility was taken into account)*
	Research value	How valuable is the research?	The research has some value *(limitations were not discussed in great detail. Population is well defined.)*

	Overall risk of bias and directness	Overall risk of bias	Low
		Directness	Partially applicable *(Participant data was likely collected prior to 2010)*

O'Toole 2017

Study type	Subgroup of interest Unaccompanied asylum seekers RQ1 RQ2 RQ3
Aim of study	to determine ways in which positive postmigration development and integration could be achieved for this group
Study location	UK
Study setting	Unaccompanied asylum seekers arriving in England
Study methods	The working tool chosen to explore participants' experiences of their social world was based on George Kelly's Personal Construct Theory. In phase one, participants took part in an individual assessment involving the PCT method. In phase two, all of the individuals participated in group sessions with a qualified therapist over four consecutive days. These sessions, each 2 h long, were aimed at discussing individual challenges and providing peer support. Having completed these group sessions, the participants took part in a final individual PCT assessment (phase three).One researcher carried out all of the PCT assessments and took part in the four group sessions. Two additional researchers were involved in the data analysis

	process, to increase the trustworthiness of the findings and for triangulation purposes, as well in preparation of the manuscript. In order to assess participants' personal constructs, relating to their meaning-making about their social world, the individual assessments and group sessions were audio-recorded in full with participants' consent and agreement. The audio-recordings were later transcribed verbatim and analysed by conducting a thematic analysis. the three authors discussed themes in the data set as part of an investigator triangulation process.
Population	Asylum-seeking and refugee individuals from sub-Saharan Africa, who had arrived in England as unaccompanied minors
Study dates	Not reported
Sources of funding	City, University of London
Inclusion Criteria	Care Situation Asylum-seeking and refugee individuals from sub-Saharan Africa, who had arrived in England as unaccompanied minors
Exclusion criteria	None reported
Sample characteristics	Sample size six unaccompanied asylum seekers Mental health problems Participants were recruited from an organisation that provides therapeutic care to asylumseeking and refugee individuals. Unaccompanied asylum seekers Age Current age: aged between eighteen and 28 years
Relevant themes	Theme 1 Super-ordinate theme: social support as a means for hope Theme 2

	Sub-ordinate theme - relationships that resemble family bonds P1 (male): I trust her as well. Yes, I've known her since I was 15, as a young refugee in the country, so she's been like a mother. Oh, she, she's done a lot. When you are new in the country, and you can't find your way - she kind of - that's why I call her like a mother - because she kind of showed me the way. And she tried to make it happen, you know. If it wasn't for people like her, maybe I wouldn't go to University, or maybe I was just going to forget about my dreams and forget about my goals and - cause I've been through a lot - that's why I call her like a mother. P5 (male): If I think about my partner, I would say that even though we are encountering some kind of problems now, she has also played a very significant role in my life, because she gave a son to me, who I love very much, and whenever I'm with my son I feel very comfortable, I feel good about myself, and that has helped me to be able to put my past aside, and to put my past away, and that gives me courage; that gives me more courage for the future. And because of that, my partner is really a very important person to me. This makes her a very, very important person to me. P6 (female): They make me feel safe and welcome all the time and I get to understand like, if I had had a mum, what it would have felt like. Because I just see her, like, what she does for my friend and how she is with my friend and I just feel like maybe that would be what I would have, if I had my mum as well… and it's good for me to understand what it would feel like to have a family. So when I see them, I know it makes me sad but then I learn… Theme 3 In addition to relationships that either resembled bonds to lost family members or new families in the asylum-country, such as partners and children, the participants spoke about the importance of friends, and how friends provided a positive distraction from their difficulties: Sub-ordinate theme - friendships as an escape from distress P2 (male): This friend is like, we do something together; do something – happy and whatever - he doesn't get angry or upset. He likes to play with young people, and to make them happy, you know, and to do something different with them and to try to help them. You can laugh, you can tickle him or whatever – it doesn't mind – he doesn't get angry or something like that. These two people are more about help; family, mum, dad, brother, sister… and this one is more like doing something, playing football or doing something – and it makes me remember when I was back home, and I would normally do something with my friends, like we would be riding bicycles or playing football or playing together or doing something together, you know… that was nice. P1 (male): Yes, someone who understands you and you understand him as well, because a friendship is about you two people helping each other, you know, nobody is selfish – so that's why we're friends. Because before choosing a friend, we need to go through somehow, then I can learn if that's a good friend or not – because you can't just take anyone in your life and say "that's my friend" because you need to know if you're in need, if that friend will be there. A friendship always needs to go through a road; a long road, a long road that we have been through and that's why I can call him a friend. Theme 4 In addition to extracts that illustrate social support, there were also examples of lack of social support and of feeling labelled and stigmatised. These extracts illustrate the importance of facilitating social relationships to develop, as unaccompanied minors may feel marginalised and stigmatised. P3 (male): Like people on the street, people who are going to work, youngsters or people who form friendships. You see them in bars, the park or in even in the cafe. We cannot associate with them. They even try to justify it, to behave differently - to behave like that. Even the way they speak to us or when they're talking about us, it will not be friendship. (…) So if you have asylum issues, or you only have a part-time job instead of full-time, or you're not achieving your goal because you're looking after your siblings. They look at you like – people don't have time for you. P1 (male): I think it's a part of you, it's a part of you all the way. A part of you that people outside don't like, that society doesn't like. Society doesn't like that part of you, they think different about that part of you. It doesn't matter how much you explain yourself, it will always be there. Like the Somali runner Mo Farah. You're different when you're a refugee. Even when you win a medal in the Olympics. They'll say he came when he was 2 or 3. How old is he now? And it's still coming to him! They will not mention it directly to you…As soon as he won the medal they said he was a refugee. Theme 5 Living a double life; social vulnerability and fear of rejection. "P1 (male): Like at college, after hearing everything what they've been saying about asylum-seekers, "they are here to get our jobs", blah, blah, blah, and then you're just like, "oh yes, and I'm one of them"… Yes, like, because I have been in relationships with British girls and sometimes you can't… sometimes they just want to know so much about you, and in my head I'm just like, maybe after telling them my problem they might switch – they might change - our relationship might change and stuff like that. So you're just trying to keep everything in you, it's not easy; it's not an easy situation. P6 (female): Like me, at college, when I started, I don't want them to do me any favours. I don't want them to give me a course because I come from wherever, I want them to take me because of me. I don't want anyone to write above, like a reference - Oh, she has been in this country for three years. I don't want it. I want them to take me for me. They will categorise you and put you in that frame or thing, like your name will be in bold letters. I don't want that, I want me, take me for me."; "P5 (male): At this moment I prefer to leave it like that because I don't want to face another obstacle again. Now the relationship has reached a point that if I lose her then it might affect me, if I bring it back again maybe just to square one. Because now I would say I have no family here but they are my family now, right, so if I happen to lose them again - I lost my family once and I found another family again. So I cannot afford to lose this family again. If I happen to lose again this family for the second time then I don't know what my situation will be." "P1 (male): (…) I even feel scared when I go for a job interview and I take my refugee passport to

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<tr><td></td><td>present. And I'm just thinking; the manager will already put me in another group. And then they always see, oh, he has a background of coming from war; he is from a dangerous country. Why do you have to mention that? It's just your background. You want to establish yourself but I don't think it's possible. Even in 100 years, you will never escape it. Are you going to pretend for the rest of your life? It's like the theatre. While you are at the theatre, you know there is a real world outside, there is something else there, like a door at the back of the theatre: which is just normal for us. In the theatre, they just play a role, but at the back there is someone else as well, the real me. There is a real world. In the theatre I play something else, that's how I feel. I feel like an actor. I'm playing this movie but there is also a real me. People just see the actor, but there is also a real me. P4 (male): Some people expect you to just trust them straight away, like they are your mum or dad or your blood – they expect you to trust them right away. It's not possible."

Theme 6
Looking ahead – hope versus despair. Despite the adversities faced by participants at young ages, they expressed a strong desire to develop, to create a better future and to make the most of their lives. Creating a new family was a priority for several participants, and perhaps this was seen as a way to create stability in their lives, and a sign that they had integrated in the asylumcountry. Participants also focused on education, and as the extracts below illustrate, there was a remarkable amount of hope in the expressions of some, though not all, participants. "P5 (male): I want to be able to look after my family and look after myself and achieve my goals. I can live like anyone; I can do this or that. Yes, you can't automatically say that everything will be fine, but you will find a way of minimising it, you will find a solution for how to get rid of it. Find a way of living a better way. Because there will be a barrier between you and your monster, a big barrier. And there will be a point when your children grow up, that you can sit them down and explain yourself to them, it's another way of getting rid of it. You'll feel good about yourself, you will feel like you have achieved. Yes, you will feel like a man. Yes, you came from a long way, I was there and I thought I couldn't make it. But I made it. P4 (male): I learnt from the situation with the person from the group and his partner and their baby, about arguing and listening to each other. I learnt a lot from that – and from that explanation. Because I could be in that situation as well, and now, already before I'm in that situation, I know how I have to handle it, and what I have to do. Because I know I'm going to be in that situation one day." "P5 (male): But if you get fed up because of your problems, you cannot focus, you will not get an education, you will not make a family. Daytime - my problem, night-time - my problem, daytime - my problem. There comes a time that your problem will never go, or even if you find a solution to let it go. It will go and come back again, because you have no way of getting rid of it. If you really work hard – you will get rid of it! Now we are finding it hard, but in the next five to ten years – there will be big changes. If we focus, if we work hard, if we are determined, trust me; we will see big changes in our lives."</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
<i>(unclear why the participants selected were the most appropriate to the study. No discussions around why/if some participants chose not to take part)</i></td></tr>
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	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?	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
	Research value	How valuable is the research?	The research is valuable *(However: "One of the limitations of this study is the fact that the participants were recruited from an organisation where they had been offered therapy, which may have influenced their perception of the social world. Participants, therefore, may not be representative of other young asylum-seeking individuals in England in different contexts, or those who have not been offered such support. A related matter is the possibility that refugee individuals who suffer the most may be less likely to participate in research, thereby leaving the distress of the most vulnerable individuals undocumented")*
	Overall risk of bias and directness	Overall risk of bias	Low
		Directness	Directly applicable

Pert 2017

Study type	Semi structured interviews RQ2 RQ3
Aim of study	To explore how well children understand and take part in looked after children reviews, and what factors impede this.
Study location	UK
Study setting	One local authority in England
Study methods	In-depth interviews (likely semi-structured). Topics covered included 1. How far do looked-after children understand the process and purpose of LAC reviews? 2. How do looked-after children feel about their meetings, and how far do they believe that their wishes and feelings are taken into consideration within LAC reviews? 3. What are the barriers to looked-after children participating in and engaging with the review process? Using a purposive sampling method, children and young people were recruited who had attended at least one LAC review within the LA. Interviews were audiorecorded (with participant permission), transcribed and analysed (along with drawings and pictures which children produced or used in interviews).
Population	looked after children and young people in one local authority and foster carers
Study dates	Not reported
Sources of funding	Not reported

Inclusion Criteria	Age The target age range was 8–17 years Care Situation Looked after children from one local authority
Exclusion criteria	None reported
Sample characteristics	Sample size Twenty-five children and young people; Sixteen foster carers were also interviewed Time in care The average length of time looked after was 3 years (range 8 months to 9 years). non-white ethnicity 5 from a minority ethnic background; Gender 13 girls and 12 boys; Other recruitment considerations authors aimed to include roughly equal numbers of boys and girls, some sibling groups and a mix of ethnicities representative of the local area. Age 11 children (8–12 years) and 14 young people (13–17);
Relevant themes	Theme 1 children's feelings and understandings of reviews - Almost all children and young people (23) knew that they had review meetings regularly. However, their understanding of the purpose of reviews varied widely: "They are to check up on me. (Young woman aged 14) I think it's to do with school. (Boy aged 8) They are to see how things are going. (Boy aged 10)" None of the children and young people interviewed suggested that meetings were to review care plans or make decisions, although one child did suggest that review meetings were to look forward to the next 6 months. Theme 2 Feelings about the reviews - participants had mixed feelings about their reviews - eight children said that they felt 'OK' about their meetings, but nine found them too long and boring. Just two felt that meetings were positive: "I like the meetings, I like to have a chat and it's nice to talk about me, (Boy aged 10)" Of the young people, none reported enjoying their meetings. Some young people reported stronger feelings of embarrassment or anger: "The meetings themselves are a bit scary, they are a bit daunting really, so then I'm not in the right frame of mind to talk about anything and it's just . . . embarrassing. (Young man aged 15)" Young people were also more vocal in expressing wishes not to attend, with specific reasons for not doing so.

	Theme 3 Meetings boring and repetitive, lacking individuality - For the majority of children and young people, the content of the meetings was repetitive, boring and generalized – lacking in individuality: "It’s just tell us about school, how’s school?Tell me about your health, are you happy? Tell me about this . . . (Young woman aged 13)" Theme 4 Resignation about attending meetings - While children and young people were clear that they did not enjoy their meetings, all 25 attended their reviews. They spoke with a sense of resignation about doing so: "They are OK because . . . well they happen. Everything is boring but they have to be done. (Young woman aged 16)" Theme 5 Disengaging with reviews - Participants reported using strategies to ensure that reviews ended more quickly. Some simply agreed with everything that was said; some disengaged, physically leaving the room, and others spoke as little as possible: "I just sit, I don’t say anything. It’s weird, I just want them out of the way. (Young man aged 13)" Theme 6 Benefits of understanding the purpose of reviews - How useful children and young people found their LAC reviews was linked to their understanding of the purpose of reviews, even when this understanding was limited. For example, adolescents made comments about the value of LAC reviews when they had a specific practical task or issue they wished to resolve: "They are helpful in a way because you can put your point across about anything you might want to change. If you didn’t have them then you wouldn’t know who to see or what to do and nothing would be changed. (Young woman aged 16)" Conversely, adolescents who had some knowledge of the purpose of reviews often saw little value in them. Specifically, this was linked to how settled they felt they were in placement and how long they had been ‘in care’: "I’ve been with X and Y (foster carers) for 8 years so it’s not really like I need all of that. I don’t really need anything. The sooner it comes, the sooner it’s over. (Young man aged 16)" Theme 7 Detached from any tangible benefit of the reviews - In terms of the long-term benefits of LAC reviews, children and young people felt largely detached from any tangible positive or negative effect upon their lives. Only two participants could remember any action points or goals. Adolescents particularly felt disassociated from the outcomes of their LAC review, with high levels of either dissatisfaction or apathy: "What’s the point? Nothing ever changes so there is no point. (Young woman aged 16)" Theme 8 Foster carers found review meetings useful. Many commented that they welcomed a forum to raise action points and ensure that the professionals acted on them. Foster carers were clear, however, that the children they cared for appeared to gain nothing from the meetings themselves: "Personally I don’t think the children get a lot out of the reviews, I think they do in the sense that I make sure what we agree actually happens and the goals are then met. (Foster carer of boy aged 11 and young woman aged 17)" Theme 9 Superficial and routine questions - Many foster carers felt that the review meetings were superficial, focusing on routine questions about health or education. Foster carers noted that action points around therapeutic intervention were subject to drift and that this was unchallenged by IROs. Significantly, there was little mention of the purpose of meetings in relation to updating care plans in preventing drift and meeting the child’s long-term needs: "I’ve been to probably 20–30 LAC reviews and nobody has ever turned and said, ‘Have you got a copy of the care plan? Has the care plan been updated? (Foster carer of young women aged 13 and 16)" Theme 10 Meetings make the children feel different - Foster carers also queried the possible long-term negative effects of attending reviews, suggesting that having the meetings made children feel different: "They don’t attend; they don’t like meetings at all.Their feeling is why should we have meetings?We want to be normal kids, why do we have all this paperwork, why do we have to talk to all these people? (Foster carer of girl aged 8 and young women aged 14 and 17)"

	Theme 11 Meetings lacking preparation of the input of LACYP - Only two younger children reported that their social worker visited them before the review to ask them what they would like to talk about. None of the children interviewed made mention of their IRO visiting them between reviews. A small number of children and young people recalled being asked to contribute to the agenda via a form sent in the post. Adolescents particularly disliked these forms, commenting that they were repetitive with little consideration of age or maturity. Aside from the use of forms, none of the children and young people interviewed could remember being asked what they would like to talk about at their review. Similarly, none of the children or young people interviewed could recall being offered, on a regular basis, choice in where and when to hold the review: "It’s always after school when I’m tired and everyone else is going to the shops and hanging out and that and I’m like oh, I’ve got to go home . . . but they stop work at 5 so it has to be then, doesn’t it? I’d have it on Sunday morning at 9am and make them get up early! (Young man aged 16)" Theme 12 Preferred venues - When where they would like to hold their review meetings, 15 suggested alternative venues, including McDonalds, asked Alton Towers and a bowling alley. Theme 13 Lack of choice who attended reviews, too many people - Lack of choice and control in who attended reviews was the most emotive topic for children and young people. One child counted nine adults at her last review, and when asked whom she would like at her next review, she removed four people. This was not unusual; only eight felt comfortable with who attended their LAC reviews: " At my last review random people starting turning up and I was like, who are you? I didn’t know who they were, it was crap. (Young man aged 16)" Many children and young people felt confused about who attended their review meetings. In particular, this was raised in relation to foster carers’ social workers.Younger children often could not remember these people’s names and suggested that they would not have them at the meeting if they had the choice. One group of siblings thought that the foster carer’s social worker was their foster carer’s friend. Theme 14 Presence of birth parents at reviews of huge importance - The presence of birth parents at review meetings was of huge importance to both children and young people and foster carers. Children and young people whose parents attended LAC reviews felt much more positively about them. Meanwhile, foster carers felt less positive about the attendance of parents, with a feeling that the child was distracted or less engaged because of their presence: "Sometimes I think the IRO misses important stuff because their mother is there, she adds nothing and makes it all about her. If she wasn’t there then we could actually make the meetings about the kids. (Foster carer of boy aged 11 and young woman aged 16)" Theme 15 Foster carers as advocates - The role of foster carers within reviews was highlighted as of importance to children and young people. Children and young people reported that they did feel listened to by the IROin meetings.However, only three participants said they asked questions or initiated discussion in the LAC reviews; the majority reported that the IRO led the discussion and that the child or young person’s agreement (or disagreement) was then sought. Children and young people suggested that their foster carer was key to their voices being heard: "She helps me to say things because . . . well, it’s difficult . . . he [IRO] . . . speaks lots and then asks, do you want that? She (foster carer) will push me to speak up. (Young woman aged 17)" Theme 16 Overly professional, contractual feel to the meetings - Foster carers also reported feeling responsible for ensuring their foster child’s wishes were heard and considered. This is not a simple task: foster carers noted that children could present as quiet and ‘difficult’ to engage within their LAC reviews; many suggested that their foster child might engage more if meetings were less professional-centred: "Honestly I’m not sure what they (IROs) could do, it’s hard, but they could invest more time planning things instead of going through the motions.There has got to be a better way of doing it. (Foster carer of boy aged 9)" Theme 17 space for challenge and change - While many foster carers recognized that as a forum of ‘participation’, the review meetings were lacking, as a ‘professionals’ meeting they were considered to be imperative. The foster carers interviewed clearly valued a forum in which to discuss areas for change or challenge with social workers, and felt responsibility for

	ensuring that their foster child's needs were accurately considered: "It's always me pushing and pushing. I know they think I'm difficult, so it's hard – because I'm left with [foster child] at the end of the day, so I need to make sure we all get it right. (Foster carer of boy aged 9)" Theme 18 Relational IROs, continuity of staff - Children and young people were largely positive about their IROs (see Note 1). Younger children spoke of IROs playing games with them or taking them out for milkshakes as being memorable. However, six children and young people did not know who their IRO was or what their role was other than to chair the meetings. It is possible that this could be due to multiple staff changes during the interview period. The starkest example was of a child who reported having had eight social workers in three years, with extremely sporadic visits. The foster carer felt that this had not been challenged and the child reported feeling 'forgotten'. Theme 19 no promotion of complaints procedure - other children and young people were dissatisfied with the social work service they had received and with the IRO response. None had considered making formal complaints; foster carers felt that there was little evidence of the IRO promoting this. Theme 20 Delay in completing actions - Examples were given of cases where there had been extensive drift, with actions carried over multiple review meetings.Foster carers felt that not enough was done between reviews to ensure that progress was made. Theme 21 Lack of availability - Similar examples of social workers visiting children at 3-month intervals were commonplace, alongside those who would only visit children at contact sessions: "She [social worker] comes when she feels like it! [When foster child] brought it up with her they had a big row . . . it's been an action point on the agenda for what feels like years now and it's really not fair. (Foster carer of girl aged 8 and young women aged 15 and 17)" Theme 22 Importance of having a positive relationship with the social worker - Some children reported having positive relationships with their social workers. Where children felt that they had got to know their social worker as a 'real person' and not just a professional, they felt much more positively about them and the social work team generally: "Child: She is quite funny really! It's just normal, I don't know like, ummm . . . like when she comes and we do Xbox or Wii . . . Interviewer: So you like it that she comes and plays computer games Child: Yeah, I do . . . it's a good thing that she comes really because things are better now, better than before.' (Boy aged 9)" Those children who reported having positive relationships with their social worker also reported less negative feelings about review meetings, suggesting that the social worker–child relationship is important in how the child engages with the review process.The converse also applies: one foster carer reported that her foster children disliked their social worker so much that they hid from her. This would certainly impede the social worker's ability to prepare these children for reviews, and possibly affect the children's attendance at their LAC reviews. Theme 23 Use of advocacy service - The use of the advocacy service was limited (three children and young people), although many did report being offered an advocate and choosing not to use this service. Those who did reported some difficulties in sharing information between social care, the IRO and the advocate: "She [advocate] came, talked to the children and I thought great, that's done but then she didn't come to the review so I thought well where are the children's views?We've lost them. She [IRO] said nothing. (Foster carer of girl aged 8, boy aged 8 and girl aged 10)"
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/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 *(The researcher has not made the methods explicit; setting for data collection is 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 *(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?	Can't tell *(Unclear how thematic analysis was performed; unclear that sufficient data presented to support the findings; unclear that researchers take into account contradictory data; 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?	No *(No discussion of credibility of findings)*

	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

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)."

<table>
<tr><td></td><td>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)."</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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<tr><td>Appropriateness of methodology</td><td>Is a qualitative methodology appropriate?</td><td>Yes</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 *(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)*

Roberts 2019

Study Characteristics

Study type	Semi structured interviews
Aim of study	To provide a snapshot of the parenting population in and leaving care in Wales. The paper aims to provide a contextualised understanding of outcomes through analysis of interviews with social care professionals. These interviews were designed to explore professionals' experience of supporting parents in and leaving care, as well as their reflections on factors which they believe support or inhibit parenting.
Study location	UK
Study setting	parents in and leaving care in Wales
Study methods	Semi-structured interviews were conducted with representatives from leaving care services within each local authority in Wales (n=22). The interviews explored professionals' experiences of supporting parents in and leaving care, including perceptions of needs, barriers and facilitators, as well as local support availability. All local authorities were approached via Children's Services Directors, who were provided with information about the study and asked to nominate an individual/s to take part in an interview. A total of twenty-two face-to-face interviews were conducted within respective local authority offices during, 2016 and ranged from forty-five to ninety minutes duration. Eighteen of the interviews were conducted with

	one respondent, three were conducted with two respondents and one with three respondents. Each interview was transcribed verbatim and an inductive thematic approach to analysis was adopted.
Population	Nominated respondents largely consisted of team managers, but also included a senior manager, senior practitioners, social workers, personal advisors and a 'Looked after Children's' nurse. Data collection concerned young parents leaving care who were entitled to statutory support.
Study dates	2016
Sources of funding	Health and Care Research Wales
Inclusion Criteria	Age up to the age of 21 Care Situation young parents leaving care who were entitled to statutory support. Parent
Exclusion criteria	None reported
Sample characteristics	Sample size representatives from leaving care services within each local authority in Wales (n=22). Nominated respondents largely consisted of team managers, but also included a senior manager, senior practitioners, social workers, personal advisors and a 'Looked after Children's' nurse.
Relevant themes	Theme 1 Whatever it takes: determination, engagement and responsibility - Data from professionals frequently emphasised the importance of individual factors in determining outcomes for parents in and leaving care. This included the choices made by young people, their level of responsibility and commitment to meeting their child's needs. Whilst recognising that parenting a child was challenging, it was nevertheless seen as achievable for young people if they 'wanted it enough' and were prepared to do whatever was required. For example, several professionals

referred to young people who had transformed during pregnancy. Often described as troubled and/or troublesome young people, the prospect of being a parent had induced a ‘lightbulb moment’ and prompted them to radically change their behaviours. For example, the Team Manager in Local Authority (LA) 1 stated: "I am thinking particularly of two very challenged young women …. who were leading extremely chaotic lives. … substance misuse … mental health, … self-harm, suicide attempts, offending, you know that sort of quite high level behaviour. But literally as soon as they found out they were pregnant that was it, everything stopped. Like literally it was like a switch went off." In contrast, when discussing a parent who had experienced the permanent and compulsory removal of her child, the social worker (LA 19) attributed the outcome to the young person's priorities and decision making in respect of her partner: "It's sad, really sad in her case because I think we could have tried to get a mother and baby placement together for her, she would have stood a chance of keeping that child but with a partner who…, they're quite abusive together in the sense there's a lot of alcohol dependency, a lot of fighting, police called, there was no way while he was on the scene she was going to keep that child. So in that case it's really sad because yes I think perhaps she might have kept her baby on her own, but she didn't want to be on her own." As well as being committed to positive and responsible lifestyles, professionals also referred to the importance of young people being concerned not to replicate previous family dysfunction, to be aware of short comings in the parenting they had experienced and to be determined to do better or be better for their children: "…when you've got a young person who is really strongly against not wanting the same experiences that they've had themselves …[who] you can see are going that extra mile because they want to break that cycle. And it's that sort of like, that fierce will then to break that cycle and to prove to everyone that I am not like my family, I'm not like mum, I'm not like my dad. That makes it happen for them, I have found that to be really important (Senior Practitioner LA 13)." The Senior Practitioner's reference to young people proving themselves to others resonated across the data. In this way, it was seen as important for young people to engage with professionals and be willing to do whatever was asked of them in order to demonstrate their wish to be ‘good’ parents and/or their parenting ability. For example, Senior Practitioner in LA 14 stated she was often “brutally honest” and advised parents in and leaving care to “play the game, jump through the hoops, do whatever is asked of you by the social worker you know be honest with them, tell them if you've got any anxieties or fears, do all that”. Reflecting on a positive example of such engagement, the Team Manager in LA 12 stated the mother had responded to professional concerns with: “sheer determination, like ‘you're not having this baby off me, he is mine and I'm going to have it and I'm going to love it and you tell me what to do, I'll do it and I will prove you all wrong’”. Similarly, the Team Manager in LA 4 stated: "… she was a very stubborn young person and I think she just thought do you know what I am going to prove myself to you and she absolutely did, she engaged with everything in terms of health services, she went to college, she maintained all of her appointments, she went to parenting classes, she did absolutely everything … and in the end even like the police were saying there's literally no more we can ask this girl to do." The comments above suggest that outcomes in parenthood for young people in and leaving care is heavily located within the individual; influenced by understandings and commitment to ‘good’ parenting. Considered against the range of needs identified above, young people must demonstrate their willingness and ability to address or overcome professionals' concerns.

Theme 2

The state as parent: uncertain support and dual responsibilities - Despite the emphasis on individual choice and determinism, the vast majority of professional respondents made reference to the obligations and responsibilities of the state as parent. Professionals repeatedly highlighted deficiencies in the support available to parents. Two key areas of disadvantage and difference highlighted by respondents are presented; accommodation and informal support. Considerations about where parents will live and who they can turn to for advice and support are arguably fundamental concerns for all parents, regardless of care-experience. Yet it would appear that for parents in and leaving state care, the availability and influence over such factors is limited and uncertain. For example, whilst the option of staying at home with their child may be available to non-care-experienced young parents, such an option is likely to be less available to young people in care. As such, securing appropriate housing was often described as both a pressing and problematic issue: "You know it's out of a young person's control basically the accommodation they're provided with yeah. Yeah some of the places are pretty grim (Team Manager LA 6). Accommodation is a big issue. I think you know getting somebody into safe and secure permanent accommodation is huge, that provides the stability. … Like having a pushchair and then living in a house that's got about a hundred steps up the front of it you know it's difficult isn't it? And that's when things start to go wrong and so it's making sure that they've not only got accommodation but it's accommodation that suits them and enables them (Team Manager LA 16). For young people needing supported rather than independent accommodation, placements were repeatedly described as scarce and outside of the local area, as well as expensive: "We have got mother and baby provision but it's less available. I think it's, its more available if we're into serious concerns about the child [rather than] to just give that additional bit of support (Team Manager LA 5). The difficulty with [parent and child placements] is that they're so far away and so you're taking young people out of everything they know (Team Manager LA 10). The comments from professionals highlight the extent to which young people are reliant upon the state as parent in respect of housing. Whilst the importance of home was accepted by respondents, the accommodation provided was frequently acknowledged as undesirable in terms of location and standard, impractical, unaffordable and/or temporary. In addition to housing, a young person's support network was referenced by each of the professionals. Respondents repeatedly recognised the stressors and challenges associated with parenting and as such believed that the availability of reliable, consistent, nurturing support was a key factor in determining outcomes. For example, the Senior Practitioner from LA 9 stated: it's having that person isn't it, that is literally by your side because [being a new parent] is the hardest thing you'll ever know isn't it? Similarly, the Team Manager of LA 6 stated: "Well it's support, it's the support that you'd get provided by a family and some of our looked after young people or care leavers still have that family network, it might not be the most appropriate but it's still there … they've always got somebody. I do worry about our young people that have got no family … they have nobody but us … and that to

	me is a real worry because you know we aren't here all the time." Also reflecting on instances where young people lacked informal supportive relationships, Team Manager in LA 17 stated it was hard to witness: “the lack of moral support. Having kind of no trustworthy adult about to kind of guide them through things and to, to be a crutch or a shoulder to cry on. They're alone, which is a crap thing to see”. Professionals also made reference to dual responsibilities and divided loyalties (Rutman, Strega, Callahan, & Dominelli, 2002) which inhibited the extent to which they could be supportive to young people. Reflecting on a relationship with one mother, Senior Practitioner (LA 18) stated: "I saw some stuff that was not good and I had to report her … our relationship after that went, that was the end of it really, she didn't want to engage at all after that, and I had known her for [many years], I had a great relationship with her, but I saw some stuff that was concerning and it was game over then … it was horrible for her I'm sure but it was horrible for me that this relationship had gone." Similarly, the Team Manager of LA 1 stated: "we do have occasions when people run out of food or run out of electricity and you know and that is problematic because not only are they not meeting their own and their child's needs but they know that by coming to us, … coming to us and asking us for help in that situation would trigger us to think about are there other things to be looking into?" The comments emphasise the vulnerability of young parents in and leaving care. The availability of informal support is recognised as highly important, yet the extent to which the state as parent substitutes or replicates such support appears limited. In part this may reflect finite resources and structural constraints. However, the comments also emphasise professionals' role as agents of the state, with obligations in respect of safeguarding. Such obligations have the potential to impact and sometimes override the role of state as parent.

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 if)*
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 *(no apparent method of validation used)*
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

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

<table>
<tr><td></td><td>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."</td></tr>
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<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
<i>(However, no discussion regarding why some participants chose not to take part)</i></td></tr>
<tr><td>Data collection</td><td>Was the data collected in a way that addressed the research issue?</td><td>Yes
<i>(However no justification of the setting or saturation of data)</i></td></tr>
<tr><td>Researcher and participant relationship</td><td>Has the relationship between researcher and participants been adequately considered?</td><td>Yes</td></tr>
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</table>

	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

Roesch-Marsh 2017

Study type	Focus Groups Semi structured interviews
Aim of study	to investigate the role of Independent Reviewing Officers in encouraging children's participation in reviews.
Study location	UK
Study setting	Scotland.

Study methods	Mixed methods. Survey questionnaires and "qualitative interviews" were used. These included invidivual interviews with young people and a focus group with the independent reviewing officers. Qualitative data was analysed using a thematic approach, with the support of Nvivo software. There were a small number of qualitative interviews and each of these sought to capture the young person's unique participation journey, looking at barriers and enablers to participation and how these changed over time. Barriers and enablers were compared across respondents and notes on each child's journey were compared to understand similarities and differences over time and map intersecting factors such as placement stability, family conflict, etc. Data from the survey and the children's interviews was discussed at the focus group with ROs in order to enhance reflection and explore emerging interpretations.
Population	Looked after young people and independent review officers
Study dates	March 2015 to June 2015
Sources of funding	funded by the ESRC, in collaboration with the local authority
Inclusion Criteria	Age Over 10 years of age Care Situation Looked after and attending reviews in the study period
Exclusion criteria	None reported
Sample characteristics	Gender four female, six male Age between 12 and 18 years old
Relevant themes	Theme 1 Relationships are central to participation - ROs and young people both felt that positive relationships were central to achieving any level of participation in reviews. Relationships were found to be important at every stage of the review cycle including: preparation for the review, the review meeting itself, debriefing from the review and

implementing plans. "If they don't have a good relationship with at least one worker, whether the social worker or key worker, that is very difficult and they are less likely to come to the meeting. (RO3, Focus Group) It [the LAAC review] just feels normal. I go into the room with X and Y and can talk about anything. (YP1, Interview)"

Theme 2

Preparation for reviews - In the qualitative interviews we asked young people about who had prepared them for their review and why this was important. They told us that the level of preparation varied, and this often depended on how settled things were for them at the time and the nature of decisions to be made at the meeting. Sometimes preparations were limited to simple reminders about the upcoming meeting and encouragement to review reports and fill in the 'Have Your Say' forms. Most of the young people we spoke to were sent reports by their social workers before their review but few read these reports; some said this was because they were 'too long', 'hard to understand' and 'upsetting'. At other times preparations were much more detailed, involving multiple meetings and discussions with social workers and carers and creative activities to help young people think about and express their views. Some young people gave examples of how they were helped to prepare emotionally for meetings which often entailed contact with a parent or other family members or difficult decisions, such as those about contact.

Theme 3

First interview the hardest - Most of the young people spoke about their first reviews as the hardest, this was when they needed themost support to understand what was going on and needed more help to prepare. As one young person explained: "It's pretty like scary to obviously go [to a review for the first time] . . . like they are questioning you about your life and how it's going and all that stuff…I think I first went when I was about 5 and for a 5-year old to have to explain what's going on…you don't know how to…so it's kinda scary. (YP9, Interview)" Young people said it was scary because they were not familiar with the purpose and format of reviews and it was hard to be asked lots of questions by adults. For some it was also hard because they did not know everyone who was there and had not had time to build up the relationships that could support them to participate meaningfully.

Theme 4

Feelings about reviews impacted by current life situations - Several young people spoke about how their feelings about reviews varied depending on how well other things in their life were going. Sometimes it was easy to go and talk about things and sometimes it was awful. This meant that what they needed from people to prepare them for reviews changed over time. ROs also highlighted how the stability of the young person's placement and how they were feeling around the time of the review could impact on their ability and/or willingness to prepare for and participate in the review. As one reviewing officer explained: "I think sometimes it is just about how things are going for the young person. For example, one young man who used to go to his reviews stopped coming. Things were just really difficult for him and I knew he just couldn't face sitting in a room with everyone going on about everything. And now it's come back and he is coming again and you can hand it [the meeting] over to him. He will decide what we are going to discuss and has control over his plan. (RO2, FG)"

Theme 5

continuity of relationships - ROs felt reliability and continuity of relationships were important for young people; it meant that people could see them through these difficult times and help themto re-engage with their review meetings,when they were ready. Although this connection between relationships and participation has been highlighted elsewhere, this finding also emphasizes the inter-relationship between factors such as placement stability and other challenges faced by the young person and their engagement with reviews.

Theme 6

Ability to opt out - findings also suggest that sometimes the supportive thing to do is to allow young people to opt out of formal processes, if this is what they really need and want. So long as the relationships endure, the young person's views can still be shared and the door to more active participation remains open.

Theme 7

Preparation for reviews - ROs highlighted that a lack of pre-meeting work by social workers, carers and keyworkers was a barrier to the young person's participation in the review. They felt that preparationwork with the young person, on the part of these workers, should include: discussing the meeting with the young person in advance; taking time to understand their views and using creative approaches to enhance communication; discussing with them how they wished to participate and if they wanted to come to some or all of the meeting or have their views represented in some other way; giving them a choice about venue and timing, where possible; discussing the invite list and,

	where possible, ensuring it reflected their preferences; preparing them to deal with the emotional impact of the meeting and planning strategies they might adopt if things got difficult during the meeting. Theme 8 Need for information sharing - ROs also highlighted how important it was that social workers provided them with information about family and professional dynamics that might impact on the review. Knowledge of these things could help them to prepare a strategy to manage these dynamics and ensure that the young person's views were not drowned out by other things going on in the meeting. Theme 9 Preparation for reviews - ROs also discussed the importance of their own preparation for the review and felt that taking part in the action research had encouraged them to give further consideration to the young person's participationduring their preparations for the review. Preparation and support to participate in reviews were not seen by ROs as a one off event, but rather something that should be part of the culture of the organization and the responsibility of everyone working with the child. As one RO explained: "If participation, planning and listening to the child's views are integral to their experience of services, then the review is only one part of that, it's not going to shift all that, so it has got to fit into the culture. (RO1, FG)" Theme 10 Number of persons at reviews - Social workers and ROs were asked to comment on what impact they felt the mix of people at the review had on the child's participation. They highlighted that: having a small number of participants worked well for the young person and their willingness/ability to participate in the review; the young person participated well when they knew everyone in the room; having all those who attended engaged in the process helped the child; difficult family relationships inhibited the young person from participating in the review; the child found new people and strangers unsettling. In reflecting on these findings the ROs said in the focus group that they were concerned about the large number of professionals at many reviews, which they felt could be intimidating for young people. Young people also commented on how difficult it was to have large numbers of adults at their review. As one young woman explained: "There are people there and they are all trying to help you and they are all important people but there are still too many people. Like for a ten year old let's say going to a LAAC review having all these tall adults towering over you, there's maybe like six of them, that's really intimidating, that's really hard, even for my age that's tough.(YP10, Interview)" Theme 11 The right mix of people (problem with family members) - The other crucial issue with attendance was getting the right mix of people there, particularly in relation to the attendance of family members. Although family were most often missing, the attendance of family members could also be problematic for young people's participation. As one young person explained: "Everyone was arguing and shouting basically and your sitting there like….a wee 11-year-old isn't going to say anything…like I didn't feel like I had anything that was gonna help, even though it was about me. They just had so many views and opinions about what was going on in my life I didn't feel like I could say anything because they were all so strong. (YP9, Interview)" This young person went on to explain how excluding particular familymembers fromher review hadmade all the difference to her participation and that her RO had been central to making this happen. Theme 12 Choice about location - The young people we interviewed all said they preferred to have a choice about where and when their review was held and most said they were given a choice. Some felt very strongly that if a review was held in a particular location, such as their school, they would not want to attend and would feel more embarrassed. Theme 13 Understanding of the role of the review officer - All of the young people we interviewed had at least a partial understanding of the role of the RO and most of themfelt it was an important role, as the quotes above suggest. Most of them identified that one of the core tasks for the RO was to hear their views, two thirds of them also identified that it included leadership or making sure that things got done: "[It's the Reviewing Officer's job] To make sure I've been safe, staying ok and I'mhappy with the placement, they're supporting me as well. (YP2, Interview) It's kinda like leadership about what your life's gonna be and they choose what's going to happen about your life I think. (YP5, Interview)"

Theme 14

Benefits of reviews according to LACYP - According to the young people we interviewed, there were four principle benefits of reviews: 1. They were a place to get information so you knew what was happening; this was reassuring 2. They could make you feel people really cared and were there to support you 3. They were a place to get your views heard 4. They were a place where you could get things done or changed Several of the young people said they went to their reviews because they did not want to miss out on important information. Surprisingly, several young people also said they felt it was easier to say some things at a review then to say it directly to their carer. Three young people gave examples of really important changes to their care plans that had been initiated through the review meetings and for this reason they felt reviews were a place they could get things done or changed. Finally, half of the young people spoke about how the reviews made them feel cared for.

Theme 15

Length/complexity of reviews a problem to participation - On the down side, young people felt that reviews were often too long and boring and several said the discussions were confusing for them and they did not always understand what was being said. As one young man said: "When therewere bigwords then I switched off cos I don't likebig words, it makes me feel like, like I don't understand so I just switch off until they ask me and then I just say yes… (YP5, Interview)" This quote suggests that young people may sometimes seem to be participating, when in fact they are 'switched off' and that it can be difficult for young people to admit that they do not understand the discussion or ask for clarification. As this young person explained, it was easier to agree when he was unsure. This finding also highlights how easy it might be to mistake compliance for participation in situations of unequal power, adding strength to the argument that we need inclusion of children in decisionmaking, rather than integration; this means involving children at a much earlier stage and asking 'how do you want to participate?' instead of saying 'this is how we want you to participate'.

Theme 16

Creating the space for participation - ROs highlighted that, even when the young person was well prepared and ready to share their views, it could still be a significant challenge to create a space for them to share their views in meetings. There were many reasons for this including: carers and other professionals being overly keen to discuss key problem areas and challenges from their perspective; family dynamics and family conflict; carers or professionals who were too eager to speak for the young person; the needs and difficulties presented by parents.

Theme 17

Strategies to improve participation - ROs were most likely to use verbal strategies to encourage participation in reviews. Verbal strategies included things like: directly asking a young person a question; summarizing key issues and checking out that they had understood what was important to the young person; returning to issues that were important to the young person when the discussion became sidetracked by other professionals or family; asking particular group members to wait a moment to allow the young person the space to speak.

Theme 18

Structure of meeting to improve participation - The structure of the meeting and the agenda was the other most commonly used strategy. As agreed at the outset of the action research project, ROs would discuss the agenda with the young person before the meeting and would ensure their views and 'Have Your Say' forms were at the top of the agenda. ROs also used seating arrangements to make the young person feel more comfortable.

Theme 19

Use of advocates - In most meetings ROs made use of other professionals or advocates to enhance the voice of the young person and encourage participation. They did this by speaking to professionals who knew the young person before the meeting to identify who might be best placed to do this in the meeting. In some cases they would also actively encourage the social worker or key worker to find an independent advocate to support the young person to participate.

Theme 20

Someone to talk to after review meetings - All of the young people we interviewed said they had someone to talk to about their review afterwards. Often this was the social worker, other times it was the carer. They said this was important, it allowed them to ask questions and clarify what had been decided. It also helped them deal with any

	worries they had about the decisions that had been made. Several young people really appreciated how their social workers made a special effort to come and see them shortly after the review to talk about things. Theme 21 "getting things done" most appreciated about reviews - As we have already noted, getting things done or changed was one of the things some young people appreciated most about their reviews. One young woman also spoke about her ongoing disappointment with the lack of action following her reviews. ROs highlighted how important follow-through and action were to ensuring young people's ongoing participation in the planning and review cycle. They saw it as one of their key responsibilities to avoid drift in care planning.
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 clearly explain how participants were selected or why those selected were the most appropriate to provide access to the knowledge sought by the study. Unclear if/why some people chose not to take part)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Interview method was not made explicit. Form of data was not clear. 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 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 that sufficient data presented to support the findings. 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?	Can't tell *(Unclear that credibility of findings was discussed in terms of the use of triangulation, respondent validation, more than one analyst)*
	Research value	How valuable is the research?	The research is valuable *(however no discussion RE transferability)*
	Overall risk of bias and directness	Overall risk of bias	Low
		Directness	Directly applicable

Rice 2020

Study Characteristics

Study type	Semi structured interviews

Aim of study	The aim of the study was to gather first-hand accounts from young people to explore how the actions, attitudes and behaviours of residential care staff impacted on their experience.
Study location	UK
Study setting	one Northern Ireland residential facility
Study methods	The researcher met with each young person individually and facilitated the completion of a self-characterisation. The process took approximately two hours. Personal Construct Theory, therefore, is an explanation as to how people make sense of themselves and the world around them. In this study the participants were encouraged to complete a self-characterisation based on their own experience of the residential unit. Young people were encouraged to reflect on their written or verbal accounts. One to one interviews were completed with the participants to further explore their self-characterisation. Particular note was made of constructs relating to the young person’s experiences of the staff-child relationship. Thematic analysis was performed.
Population	Previous residents of the residential unit
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	Age 18 years + Care Situation The target population were young people who had left the residential unit since 2010 having spent at least 6 months living there.

Exclusion criteria	Time in care Those who had stayed less than six months and those currently serving a custodial sentence were excluded from the target group.
Sample characteristics	Sample size 5 care leavers Time in care Their stay in the residential unit had lasted between 6 months and 2 years and it had been between 1 and 5 years since they left. Gender all female Age age from 18 to 24 years
Relevant themes	Theme 1 Sharing time and space - The participants' expectation of the staff-child relationship was similar to that of a parent–child relationship. Their responses highlighted fond memories of trips away, spending time together, learning from each other and continuing the relationship into the future. The participants appreciated staff who shared common interests including fishing, going to the gym and cooking. The sharing of these experiences gave a basis from which to build a relationship. Spending time was noted by all participants as a way to develop a trusting and reciprocal relationship with the staff in the home. This was differentiated from activities that avoided staff-child contact. Bi-polar constructs were elicited such as "Spending time vs. Rarely saw staff"; "Spending time one to one vs. Didn't say 'I'm in the office'"; "Spend time vs. Not just paperwork". Although the bigger trips away with staff were memorable, the participants enjoyed the small everyday things that staff did to build the relationship including making cups of tea, watching TV, going out for drives, doing nails and shopping. Staff were described as providing direction, positive role models, showing us what way to behave (Isabella) and support they helped me prepare for the big bad world (Charlotte). One participant recounted phoning the staff even after she had left the unit because she was worried about a mouse in her house. Night staff visited her home to assist. Some young people experienced their first holiday during their stay in residential care. "Trip away with staff. Just me and 2 staff, loved that. Big shopping centre spending clothing money. (Isabella)" Interestingly, the participant who had spent the least amount of time in the home found the staff friendly on admission and connected with them instantly. She elaborated that the positive relationship with staff was down to them spending time getting to know her and didn't say 'I'm in the office'. Furthermore, she recommended that staff need to be relaxed around young people, spend time and have a laugh, not just paperwork (Charlotte). Young people recognised some staff were avoiding contact and some respondents linked this to fearfulness "Some staff tiptoe around kids…scared of kids" (Julie). Surprisingly the actual word trust appeared in only one of the participant's self-characterisations. However, there were examples that link "spending time" to the development of safe and trusting relationships. Building trust is a challenge when past experiences have taught young people that adults cannot be trusted. Being honest and keeping appropriate information confidential was important with participants describing how they knew that they could trust staff.

	Theme 2 Honesty - open communication - The participants were able to recall times of openness, She started getting on with staff when she was taken to a wee house in the country. She started talking to staff and giving them a chance (Sharon). This demonstrates that the participants were willing and able to start building a trusting relationship with staff who were perceived as honest they got to know you, didn't beat around the bush, were honest (Charlotte). Honesty was linked to staff's ability to take young people seriously, take things seriously, wouldn't laugh it off (Julie). One young woman differentiated the open and honest communication with residential staff from that of other professionals who she found frustrating: "Social Services left her in the dark as to when and where she would be moving, it was the home's staff who fought her corner and helped at meetings. (Charlotte)". Furthermore, it was the home's staff that helped her when she moved into a new flat. "“When it came to her moving on the homes staff helped her with her move and were still supportive of her and her child and kept in contact” (Charlotte). This young woman perceived staff as caring because they helped her with practical tasks including painting her bedroom in her new house, helping her to settle in and maintaining the link. “When I moved out I had withdrawal symptoms. I was able to phone in when I couldn't sleep. They would call and see me. They have kept in contact still now”. (Charlotte). Other participants were able to identify characteristics of staff that lent themselves towards easily establishing interpersonal relationships. These included staff that were relaxed, used humour, found fun things to do or talk about yet were able to take things seriously when needed and believed them. Theme 3 Acceptance - Non-judgemental and anti-oppressive practice - The acceptance and support available for Julie in the home helped establish this longer-term relationship which she did not experience in previous placements. "She settled into the flat provided in the home and began to work with the staff on improving her life and using the support provided by the staff. (Julie)" For another participant, the acceptance she felt and interactions with staff were positive from the outset. "She felt welcomed into the home and was greatly supported by the staff team which made her feel more at ease and positive. She loved the new environment and instantly gelled with staff members. They always helped and supported her when she needed it. (Charlotte)" She went on to explain how she knew that they cared by helping with practical tasks including ironing and washing and taking her out for a drive when head was melted. "She identified that spending time with staff helped to develop the relationship further they took time to get to know me, making cups of tea Charlotte)." For another participant the relationship with staff took more time to develop. This participant had experienced multiple carers and placements prior to admission to the home. "When she started talking to staff she had a good relationship with her key and co-worker and she started to like the staff (Isabella)" "she knew that she got along with staff when they used to talk, find things out, do stuff together and that her attitude towards the staff members changed to a more positive one (Isabella)". All 5 of the participants were able to say, on reflection, that they can see now, as adults, what staff were trying to do when they lived in the home. Each of the participants were able to recognise that the staff members intentions were to accept, support and care for the young people while living in the home. "She wishes she had used the support she received more and had taken staffs advice sooner" (Julie). “Looking back, it was a good idea to go to school” (Isabella). The ability to identify now what staff were trying to do during her time in the home was outlined by one participant. “She thought they (staff) were her worst enemy but realises now that they cared” they showed this by “checking on her, staff kept talking and asking about her”. (Anna) Staff were seen as instrumental in building, repairing and maintaining relationships with the young people they cared for. The participants identified many roles that the staff members played during their time in the home. Theme 4 Fear - Many of the young people described factors that inhibited staff's ability to show compassion. They distinguished those who seemed comfortable and relaxed in the group home setting from those who were deemed to be anxious, "Some staff tip-toe around kids. Scared of kids" (Julie). This atmosphere of anxiety impacted on the previously discussed factors. Young people recognised that fearful staff struggled to connect with young people, often preferring to avoid shared spaced and experience, "Staff need to be relaxed around young people" (Charlotte).

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 no discussion of interview setting or 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?	Can't tell *(method of thematic analysis was not clear)*
Findings	Is there a clear statement of findings?	Can't tell *(unclear that validation was performed 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	High

Section	Question	Answer
	Directness	Partially applicable *(Study concerned only one residential home, therefore generalisability to other settings may be reduced)*

Ridley 2016

Study type	Semi structured interviews Evaluation of an intervention "Social Work Practices"
Aim of study	Specific questions aimed to gather information about the accessibility and responsiveness of practitioners, continuity of worker, and to assess relationships with practitioners. This included asking about contact with practitioners, whether practitioners listened to them, cared about them, did their best for them, and what help they received and wanted from these practitioners.
Study location	UK
Study setting	Participants in the pilot evaluation of Independent Social Work Practices (SWPs), a new organizational model piloted in some areas of England between 2009 and 2012, were established to enable social workers and other practitioners to spend more time in direct work and thus to improve the practitioner/child/young person relationship.
Study methods	Semi-structured interviews. A Young People's Advisory Group was established to assist in designing research tools and to comment on interpretations of findings. Specific questions aimed to gather information about the accessibility and responsiveness of practitioners, continuity of worker, and to assess relationships with practitioners. The vast majority of interviews with LAC and care leavers were digitally recorded and transcribed in full. Transcripts or notes were coded using a

	thematic framework developed by the team based on the main topic areas that had informed the interview questions, as well as emerging themes. Some quantitisation of closed questions was performed.
Population	Looked after children and care leavers
Study dates	Pilot took place between 2009 and 2012
Sources of funding	the Department for Education
Inclusion Criteria	Care Situation Looked after children or care leavers involved in the pilot sites and a group of comparison children
Exclusion criteria	None reported
Sample characteristics	Sample size 169 LAC and care leavers participated in the study (121 from SWPs and 48 from comparison sites), with 56 of the 121 SWP participants being interviewed twice with an approximate interval of 1 year. Time in care most had been in care for two or more years, with over a quarter having been in care for over 5 years. Type of care 65% of those participating in first stage interviews were LAC and 35% were care leavers. The largest proportion (46%) were living in foster care, with another fifth (21%) in independent houses or flats, a tenth were in supported lodgings and others were living with friends, family, parents or were in residential units. Special educational needs or learning disability At least a fifth had special educational needs and/or self-identified health conditions or disabilities. Parents in care Fourteen interviewees (2 young men and 12 young women) were either parents or were about to become so. non-white ethnicity The majority were of white ethnicity (84% pilots; 79% comparisons). Gender

	Slightly more males (55%) than females (45%) were included in the sample. Other recruitment considerations The sample of LAC and care leavers from the pilot SWPs was selected by applying quotas to the SWPs' population across a range of categories (e.g. individual characteristics, as well as length of time in care, number of moves in last year and placement type). Additionally, black and minority ethnic and young people with disabilities were purposively sampled as they were considered 'hard to reach' groups. The sample from comparison sites was constructed to reflect a similar distribution of key characteristics. Age aged between 7 and 23 years
Relevant themes	Theme 1 continuity of social worker - Achieving greater practitioner continuity was an explicit aim for the SWPs, and LAC and care leavers in SWPs were more likely than those in comparison sites to report having the same practitioner over the last year (either social worker or personal adviser): among SWPs, this ranged from 75% in one pilot to 100% in others, whereas in the comparison sites, as few as 25% had the same practitioner a year later in one site compared with 86% in another. Figures supplied by the pilots confirmed that only one of the five SWPs had experienced high staff turnover, with 43% of its case holding staff leaving in the second year. Theme 2 Relationship building due to continuous care - Children's and young people's evaluation of the quality of their relationships with practitioners is sometimes linked to the length of time they have known this professional (Schofield & Stevenson 2009). In this study, children and young people were slightly more likely to prefer their current practitioner (even if this was a new practitioner) to their previous one, especially in SWPs: 90% preferred their current practitioner compared with 70% in comparison sites. As LAC and care leavers in SWPs were more likely to have retained the same practitioner over the past year, they were therefore likely to be expressing an opinion about a practitioner they had known for at least a year. Continuity of relationship was an important factor but only if the relationship was positive. Theme 3 Increasing direct work - Reducing bureaucracy and increasing practitioners' direct contact with children and young people, thereby increasing the opportunities for quality relationships to develop, was another central theme emerging from service reviews and proposed structural reforms Other children's services pilots in England, notably the CWDC Remodelling SocialWork Project (Baginsky et al. 2011), identified the importance of putting in place adequate administrative support to enable this to happen. During the evaluation period, three SWPs suffered cuts in administrative support, impacting on this capacity. Furthermore, most SWP staff reported that record keeping in relation to statutory responsibilities remained unchanged, although some found it less onerous on account of smaller caseloads. Theme 4 lower case load for more direct work - Analysis of the staff survey responses across the pilot SWPs, their host local authorities and comparison sites, showed that SWP staff were more likely to report spending enough time in direct work with children, families and carers, and this finding was supported by interviews with other professionals, parents and SWP staff themselves. Survey respondents identified an association between lower caseloads and increased capacity for building relationships with young people and families, despite reporting no reduction in time spent on form filling, meetings and reviews: Having a smaller caseload frees me up to work more directly with not only the young person but with foster carers, parents and other professionals to ensure a holistic approach/positive communication. (SWP practitioner) Theme 5 planned, not reactive care - Professionals interviewed for the study remarked that where SWPs' direct work with children and young people was good and often better than in the local authority, it was because work was planned rather than taken up with crisis intervention and was more young person-centred and holistic. SWP success was attributed to the skills and creativity of the team as well as to reduced caseloads (typically 15–18 cases), which were repeatedly mentioned as factors leading to better quality relationships.

	Theme 6 Availability/access - In contrast to other studies that identify a problem with accessibility from young people’s perspectives (e.g. Timms & Thoburn 2003), the vast majority of LAC and care leavers interviewed in both SWPs and comparison sites felt they could access their practitioner when they wanted: over half reported finding it easy to contact their social worker, and 70% reported that it was easy to contact their personal adviser. Some LAC and care leavers in SWPs and comparison sites mentioned that their practitioner had given them his/ her personal mobile number. This young person’s account typifies positive experiences regarding ease of contacting practitioners: "If I ever need her for anything, I just walk over [to the offices]. But like if it’s the weekend or something I’ll text her and she’ll just text me back or ring me back or something . . . never really a problem in getting in touch with her. (16–year-old male care leaver, SWP)" Theme 7 Support outside of working hours (informal care) - Informal, rather than formal, out-of-hours systems commonly operated in both SWPs and comparison sites. Children and young people from three SWPs as well as three comparison sites described instances of receiving support outside working hours: "I ring his personal mobile but that’s something if it’s just, that major, you know something happening . . . helped with housing over the weekend . . . He was willing to come and pick me up and help me find somewhere else to go on that same day . . . (19+ year old male care leaver, comparison site) I got pregnant again so I had to ring her . . . I called her out of hours and out of amazement she rang me back within the next twenty minutes . . . She was helpful yeah because I was confused and there was everything going on through my head and I didn’t know what to do about it . . . (17–19-year-old female care leaver, SWP)" Theme 8 Personal relationships - Although little difference emerged in the pattern of responses regarding ease of contact with practitioners between SWPs and comparison sites, LAC and care leavers in SWPs were more likely to identify key factors such as small staff teams that demonstrated familiarity with young people, accessible young person-friendly offices and ‘friendly staff’. Just over two-thirds of LAC and care leavers in SWPs said they were familiar with, and were known by the other members of the staff team, whilst under half those interviewed in comparison sites reported this. "I know all of them here, I get on with them all. (19+ year old male care leaver, SWP)" Theme 9 Available flexible care - At second stage interviews, a majority (78%) across the whole sample indicated that they saw their practitioner often enough, and a greater proportion (at least 80%) were happy with the length of time their practitioners spent with them. LAC’s and care leavers’ opinions about how often they wanted to see their practitioner were influenced by their current needs, and whether or not they were receiving support from other sources such as foster carers. ‘Enough’ contact could refer to weekly contact or to contact once every 6 months, and ‘enough time’ could be as little as 5 minutes or as long as a whole day. The important factor, as Office for Standards in Education, Children’s Services and Skills (2009) found, was that the practitioner was flexible and adjusted contact to the child’s or young person’s needs. Whilst most children and young people found it relatively easy to contact their practitioner, where this was not the case, a lack of availability or communication could be interpreted as evidence of a lack of care. Theme 10 importance of a positive relationship for satisfaction - Dissatisfaction occurred when contact with a practitioner was perceived to have a solely negative content, such as dealing with problematic behaviour, or the practitioner appeared ‘rushed’ and marginalized their needs by focusing exclusively on the foster carer. Only two young people (both from SWPs) said their practitioner spent ‘too much time’ with them because they did not like the practitioner. Satisfaction with practitioner contact was closely linked to the perceived quality of the relationship, practitioners’ responsiveness to the young person’s needs and wishes, and the perceived usefulness of the type of support they received. Where the quality of the relationship was poor, any contact was viewed negatively. Theme 11 Essential qualities in the relationship - Theme 12

	SWP positive influence on relationships with key practitioners - Overwhelmingly, LAC and care leavers in SWPs were satisfied with the relationship with their key practitioner (social worker or personal adviser). Some compared the commitment and involvement of SWP staff favourably to that of their previous social workers: "She’s been out looking for me at like God knows what time in the morning, you know, trying to look for me, so she, she’s not like other social workers who just like, they don’t . . . really care. (17-year-old male care leaver, SWP)" Theme 13 Going the extra mile - However, LAC and care leavers in both SWPs and comparison sites described practitioners ‘going the extra mile’ and doing their best for them: "Well I went away . . . when I got my flat and by the time I’d come back for three days, my flat was fully decorated and carpeted and everything and she wasn’t even at work, so like she’s, she just, she goes out of her way like for people. (17– 19-year-old male care leaver, comparison site)" Theme 14 Valued quality of the relationships - The positive relationships described by LAC and care leavers in both the pilots and the comparison sites were found to contain all three forms of recognition, as defined by Honneth (1995): love in primary relationships, rights legally acknowledged by the state, and mutual acknowledgement of uniqueness and worth within a community. Theme 15 Love - Although the word love sometimes sits uncomfortably within social work, application of Recognition Theory to social work practice suggests there can be emotional engagement in relationships between practitioners and children (Houston & Dolan 2008), which can be summarized as ‘affective acceptance and encouragement’ (Honneth 2001, p. 48). LAC and care leavers described workers as ‘likeable’, ‘friendly’, ‘kind’ and ‘understanding’, and valued a warm, sensitive approach: "She’s funny because she’s good at like making jokes, and I think she’s quite good like, say you’re upset. I think she’d be quite good at making you happy again . . . she’s just fantastic. (13-year-old looked-after girl, SWP)" Theme 16 Listening - A perception of the practitioner as a ‘friend and an equal’ (McLeod 2010) emerged, particularly from teenagers’ responses. Children and young people related better to, and liked those practitioners most, whom they felt took time to understand their situation, and validated their perspective: "I don’t know how to describe it, we’re not mates, I know we’re not mates because she’s got to be professional. But, but at the same time like, I know I can talk to her about anything . . . she’s always willing to listen, and at the same time she gets in touch with me . . . (16-year-old male care leaver, SWP)" Theme 17 Pro-active contact - Practitioners showed children and young people that they cared through their emotional engagement (Leeson 2010), and by pro-active contact: "Because she’s always there if I need her and stuff, she’s always asking how I am, always making sure I’m okay and how I feel about the placement and stuff, she always makes sure if I’m happy, and if I’m down she’ll speak to me and cheer me up . . . (15-year-old looked-after boy, SWP)" Theme 18 Contractual rather than genuine relationship - A sense of being cared for, of experiencing affectionate care, emerged as a key aspect of positive relationships. Houston & Dolan (2008, p. 460) emphasized positive regard as a key to enhancing children’s resilience and self-confidence. Those children and young people who did not share this sense of their worker caring about them highlighted a number of issues. Some practitioners were perceived to be in the job for the pay rather than their love of work with children. Others described negative personalities or clashes of personality with the practitioner. Theme 19 Reliability - Children and young people were appreciative of practitioners who delivered on tasks they had agreed with them, and around 90% of the LAC and care leavers interviewed in both SWPs and comparison sites said that practitioners did their best. Examples of how practitioners did their best included fast and efficient responses to requests for practical support, such as doing paperwork necessary for passports and birth certificates, getting financial resources for equipment needed for work or training and providing access to choices regarding accommodation: "She [worker] looked at the top two semi-independent living places, places in [town] and then obviously [current supported placement] as well,

<table>
<tr><td></td><td>and she took me to the other two and she took me there, she let me decide where I went. (16-year-oldmale care leaver, SWP)" Approaches of this sort acknowledge children and young people as rights holders with entitlements to a service or to resources, and encapsulate what Houston & Dolan (2008, p. 463) describe as ‘perceived and available concrete, material and advice support’, which contributes to development of self-respect.

Theme 20
The value of being listened to - In common with other studies (Ward et al. 2005; Morgan 2006, 2012), the value of being listened to emerged as a common theme. Both LAC and care leavers emphasized the importance of practitioners relating to them about topics they were interested in and having normal conversations: "She’ll sit there and listen to my hours, hour long ramblings of PaulWesley andVampire Diaries and Glee and everything else I talk about . . . even if she doesn’t watch them and she sits there and listens and if I have anything to say she’ll sit there and listen. (17-year-old female care leaver, comparison site)". Listening also involved paying attention, being prepared to hear difficult things and acknowledging the child’s or young person’s perspective: "He stops what he’s saying and listens to what I have to [say], like if I had a problem and he was talking about something else he, he’d stop and then he’d listen to what I was saying and so he, he obviously cares, he listens. (10-year-old, looked-after boy, SWP)" At least three-quarters of LAC and care leavers from both SWPs and comparison sites felt that their practitioner listened to them and treated them as individuals.</td></tr>
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<tr><td>Data collection</td><td>Was the data collected in a way that addressed the research issue?</td><td>Yes
<i>(however, no discussion of saturation of data)</i></td></tr>
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Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes *(respondent validation 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

Rogers 2017

Study type	Semi structured interviews
Aim of study	to explore how the young people in this study experience and manage stigma in their day-to-day lives
Study location	UK
Study setting	Foster care in one local authority in the UK
Study methods	Each of the participants was interviewed on two separate occasions and task-based visual methods were utilised, alongside a semi-structured interview schedule, which focused the interviews on the young people's relationships and social network. During the first interview, an eco-mapping exercise was undertaken (Hartman, 1978). As the young people drew their social networks on the maps, discussion took place about the people, places and activities that were important to them. Photo elicitation methods were also utilised. At the end of the first interview, the participants were left with a digital

	camera for a period of two weeks, with the brief to take ten photographs of places and things that were important to them. These photographs were then discussed in detail during the second interviews. All interviews were digitally recorded and then transcribed. Interviews were conducted in their foster placements usually at the kitchen table. The data were analysed using thematic analysis. The initial stage of this is a familiarisation with the data, which occurs during the transcription of the interviews. The transcripts were loaded into Nvivo and the analysis develops further with a process of reading the documents line by line and listing codes. The second stage of the process is then to begin to identify themes from the list of codes. These initial themes are then reviewed, and then they are defined and named.
Population	Young people in foster care with plans to remain in foster care
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	Age young people between the ages of twelve and fourteen years old Care Situation living in foster-care for at least six months and their care plans were for them to remain in foster-care long term
Exclusion criteria	None reported
Sample characteristics	Sample size 10 participants Gender Five of the participants were female and five were male. Education all recently undergone the transition to senior school Ethnicity

	Eight of the participants were white British and two described themselves as being dual heritage, white British and Caribbean.
Relevant themes	Theme 1 Feeling of being different - From the accounts of the young people in this study, it was clear that they experienced stigma in their everyday social interactions. The quotation above from Jade encapsulates how these participants had the feeling of being different, which is a key element of stigmatisation (Bos et al., 2013). In these young people's accounts, this was often expressed through their use of the term 'normal'. Dean was thirteen years old at the time of the interview and was in a long-term placement with his older brother. Dean used the word 'normal' on a number of occasions across the two interviews and he did this in such a way as to suggest that he perceived normal to be something to aspire to. For example, when I asked him what he wanted to do once he left school, he replied 'I just want a normal job like a lorry driver or something like that'. In the excerpt below, Dean uses the term 'normal' again to describe his girlfriend: "Int: Are you still seeing your girlfriend, who you told me about last time? Dean: No. Int: Oh dear, what happened there? Dean: We kind of had an argument. We weren't speaking to each other. So now we are just friends. Int: I remember you saying that you used to spend time, a lot of time together at school. Dean: Yeah, in the library. She does her homework on the computer and I mostly just sit there on the computer next to her and play games. Int: Remember I asked you what you liked about her? What was it you said? Dean: Yeah. She is just a normal girl, not in care or nothing, but now I sometimes think she's a bit mad. But then that's normal at my school!" Theme 2 Being treated differently by peers - Nicola was twelve years old and she was another participant who described how being in care led to her being treated differently by her peers: "Nicola: Yeah, some people are like scared to mention my family at school because some of them know about it. But it's kind of weird because like when they are all talking about their family but when I walk over, they won't talk about their family. It's like they're really scared to talk about family in front of me. So it's kind of a bit strange. . . . Even if I know they're talking about their family when I come around they stop. Even my best friends do it. . . . Like they think I'm going to get upset or offended by something. They kind of don't talk about it. . . . I have told them I don't really mind if they talk about family around me. It's not going to upset me but they still kind of don't do it. Sometimes you have occasions like Jackie says 'Oh I fell out with my Mum.' and I just talk normally to her like it's a normal everyday thing because it is, but she gets quite touchy about it" "Int: No. Do all your mates know about being in foster care? Anna: I think they know but they just don't talk about it. Int: Right. Why's that, why don't they talk about it? Anna: I think they think it upsets me." "Int: Tell me about Tom, what do you like about him? Anna: He's got a really nice personality. He's like, I don't know, he'll stick up for you if you need it or something. Int: Right, right. And does he know about foster care and stuff? Anna: Yeah. Int: Do you talk to him about it? Anna: Yeah. But he doesn't like talking to me because he thinks it upsets me." Theme 3 Feeling devalued by peers - Across the interviews, a number of the young people described incidents where their care status had been used against them by their peers. The following examples demonstrate how their 'in-care' status was used by their peers in order to insult and exclude, and in turn the sense of being devalued that Bos et al. (2013) highlight as an aspect of stigmatisation. The following excerpt from Nicola's interview describes one such incident in which her 'in-care' status was used against her at school: "Nicola: Once I was in an argument with a boy called Steve—we get along fine now—it was just because he thought it was me that said something horrible and it was my friend sat next to me. She joked but she didn't really mean it—she's got a different sense of humour to other people, and she said 'At least my mum don't work in the 99p shop', or something like that, because his mum does, and he thought it was me, and because he knows I'm in care, he turned around and said 'At least I live with my mum.' That got me really angry. I sort of screamed and shouted across the class and got myself a detention." Theme 4 Responding to stigma with aggression and violence - The following excerpt from Jack's interview further illustrates how stigmatisation can lead to incidents that can threaten a young person's ability to pass and fit in with the in-group (Goffman, 1963). After a conversation about the reasons why Jack entered care, he went on to describe the following incident in which a boy from his school brought up his 'in-care' status. This was used as an insult and he responded with anger and an outburst of aggression and violence: "Int: What's that like, living with that Jack, you know, all of that in your past? Jack: I just . . . I haven't let it out because if I let it out I'm just going to literally, I admit it, I did hurt someone really badly , like physically because they were saying stuff about my past and I don't like that, and so I let it all out. Int: What happened there then? Do you mind if I ask what they said? Jack: Yeah, they were saying, 'You're in care, your parents didn't love you, they just shipped you into care, they didn't care about you.' And I don't like people mentioning my family like that. So I just lashed out, I threw him to the ground went to punch him in the head he moved and then I hit him again and hurt him bad." The insults that Jack received from his peers assume that his parents do not love or care for him, and that is why he is in care. On this occasion, the consequences were significant, for both Jack and the boy who insulted him. Jack expressed remorse for his actions; however, it resulted in his receiving a reprimand from the police and an exclusion from school. This exclusion meant that, for a period of three

weeks, Jack had to attend a pupil referral unit (PRU). Jack’s exclusion meant that he was removed from his network of relationships at the mainstream school and placed in the smaller setting of the PRU.

Theme 5

Carefully managed disclosure - The young people in this study were adept in the ways they managed and disclosed their care status; they chose the appropriate information to share and carefully selected times to do this. The following excerpt, from an interview with Chrissy, encapsulates this carefully managed disclosure: "Int: When you first came into foster care, can I ask you did you tell your friends about it? Chrissy: Not, first of all. I told my closest friends after I’ve been there for about a week. Int: Right. So who was that? Chrissy: Emily. Int: So you chose to tell to Emily first. . . . Chrissy: Because me and Tara wasn’t that kind of friends then. Then I told Anna, I never freaked out about it at school. I kept it to myself and let people know bit by bit, I didn’t want them knowing my business. Int: Right. So when you first told Emily how did that go? Can you remember it? Chrissy: First she said, ‘It’s fine, it’s fine’ and then she goes, ‘Don’t worry’ and I go, ‘I’m not worrying,’ and then she goes, ‘Ohh, don’t cry,’ and like, ‘I’m not gonna cry’. And then she cries and I goes, ‘Don’t cry’ she then said ‘don’t worry, come and stay in my house,’ and I was like, ‘No, I want to go to my foster home, its fine!’"

Theme 6

Selected disclosure with supportive peers - At times, for these young people, the disclosure of their care status served to strengthen friendships and, when they did this successfully, it enhanced close supportive friendships and this was often with peers who were also in care. For example, Nicola spoke of the first time she disclosed her care status and how this was to another young person in care: "Int: What about when you first sort of came into care? Can you remember telling people for the first time? Nicola: I was a bit scared to start with, but Jade was sort of the first person I met in care. I just came out and said it to her, because my carer I wouldn’t really talk to her. Int: Was you placed near Jade at the time? Nicola: No, I met her as my old carer was best friends with her old carer. They used to do a lot of stuff together so we used to see each other a lot. Int: So was it good to see another person in foster care to tell them about your situation first? Nicola: Yeah, and now she’s is with my old carer."

Theme 7

Closeness of friends in foster care - Nicola went on to describe how her relationship with her friend Jade is so close now that they are ‘like sisters’ and ‘they tell each other everything’ from ‘what colour socks they are wearing to whether they are going to get married’. For another participant, Jack, his closest friends were also in foster-care; they were very much at the centre of his social network. Jack provided the following example of how being friends with other young people ‘in care’ provides a sense of belonging that he and his friends equate to the belonging a family provides: "Jack: There was a girl at school called Jess, she was older than me. And she was in care and me and her, we treat each other like family, so I was her cousin, she’s my cousin. Int: Right. Even though you weren’t cousins, you called each other cousins? Jack: Yeah, yeah. And then she’s related to a girl called Sharon she is in care as well and they’re just down the road, and again we just say, ‘Yeah, we’re family.’ We’re not blood, we just say we are sort of like cousins. We call each other Cuz. . . ."

Theme 8

Foster carers helping to bring supportive relationships together through friendships with other carers- In the young people’s accounts, there was evidence of how foster-carers were helping to support young people with the challenge of stigma, often by bringing young people in foster-care together. It is difficult to judge whether these processes were designed in some way to help negate stigma and give the young people a sense of belonging, or whether this was a happy by-product of social practices and interventions that actually had different intentions. These opportunities generated by the carers for fostered youth to come together were at times arranged on an informal level. For example, fellow carers were often friends who met up socially and this provided opportunities for the young people across the placements to meet. Samuel spoke of how he met his best friend Lee through the friendship between their carers. This enabled Samuel to talk with another fostered young person about their experiences of care. The value in this opportunity is evident, if one considers how carefully a person has to manage their stigmatised identity, being amongst others who understand and in fact share the stigma appears to lessen the pressures of managing a spoiled identity.

Theme 9

Usefulness of other formal events - Another more formal example of fostered youth coming together was the local authority consultation group organised by the youth service. This group primarily aimed to promote the voice of children in care and to demonstrate that children and young people were involved in the design of service provision. However, the young people who attended this group spoke positively about the opportunity to share experiences with their peers, as there appeared to be great value for the members of this group in just being with others in care. The excerpt below from the second interview with Nicola highlights this: "Int: So what’s that like when you meet other young people in foster

	care? Nicola: It’s quite fun. It’s quite good knowing like they’re in care so you’re not the only person. I don’t want to sound like nosey but its good knowing sort of what happened to them too. If they don’t want to tell me, they don’t have to tell me. But it’s quite good knowing that like maybe they had the same situation as me. Int: Have you heard other people’s stories? Nicola: Jade told me her situation. I haven’t really asked anyone else. It’s only because me and Jade are good friends. Int: Is her situation similar to yours would you say? Nicola: No, it’s completely different but now we are both in care. Int: Have you told her about the reasons you come into care? Nicola: I tell her everything, we are like sisters." This formal intervention that was intended primarily as a forum for consultation was for the young people more important for providing a source of peer support, which gave them membership to an in-group and lessened the challenges of stigma, providing a valuable source of social capital.
Risk of Bias	(see table below)

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	No *(Aims were not clearly stated)*
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, there was no discussion regarding how/if certain participants chose not to take part)*
Data collection	Was the data collected in a way that addressed the research issue?	Yes *(However, saturation of data was not discussed)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Unclear that researchers 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 took into account contradictory data or that sufficient data was presented to support the findings; unclear researchers 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)*
	Research value	How valuable is the research?	The research is valuable *(However, no discussion of transferability of findings)*
	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Directly applicable

Roberts 2017

Study type	Semi structured interviews Evaluation of an intervention Letterbox intervention
Aim of study	A qualitative evaluation exploring how and why the letter box intervention did not achieve greater impact
Study location	UK

Study setting	Participants who took part in a randomised controlled trial of the letterbox intervention, a book gifting intervention for children involved in foster care. In England, Wales, and Northern Ireland. This qualitative study took place in Northern Ireland.
Study methods	Semi-structured interviews were conducted. These took place at the foster carers homes. The carers' interview schedule consisted of a series of questions which aimed to look at the use of the parcels in the house and the general literacy environment. interviews were recorded using a smart pen, which recorded audio data and written data. Data was transferred from the recording pen after each interview. Once all the interviews had been transcribed a thematic analysis approach to the analysis was undertaken.
Population	Children in foster care and their foster carers
Study dates	between 2013 and 2014
Sources of funding	Not reported
Inclusion Criteria	Involvement in an intervention Involvement in a randomised controlled trial of the letterbox intervention
Exclusion criteria	None reported
Sample characteristics	Sample size 20 foster children and 11 foster carers Type of care three were in kinship care and 17 in foster care Gender Nine male, 11 female Age

	Ranged from age 4 to 6
Relevant themes	Theme 1 Developing a sense of ownership - In operationalising the concept of ‘ownership’, or, in this case, how the books might create a sense of ownership, the term appears, from the written material, to comprise a number of components: being present when the books arrive at the home; emotions at the time of arrival and opening of the parcels; and a place to store and access the books. "Ian: I love getting mail Researcher: If you were at home what did you do? Ian: I got it straight away because I love getting mail Researcher: Oh do you? Ian: Yes - I always look to see if there's something for me in there" Theme 2 Important role of the carer in explaining what the parcels are - On further exploration, our research revealed that a number of factors might contribute to feelings of excitement as indicated below: "Researcher:Why do you think that you love getting mail? Ian: Because of the excitement that there might be something special for me, like a letter from my mummy or something. Although how shewould get our address I don't know, I don't randomly go around giving my address to people or something." This example alludes to the important role of the carer in explaining what the parcels are,where they come from,who they come from, how the address has been obtained and provision of reassurance that that there are ‘no strings attached’ to the receipt of the free gift. Rather than the sense of ownership spontaneously arising on receipt of a parcel in the post, our research indicated that the emergence and growth of feelings of ownership was more a process over time, growing if sufficiently nurtured by the adult carers. Hence, where carers: showed an active interest in the arrival of the parcel and its contents and encouraged children to choose the best storage space these actions appeared to strengthen, support and legitimize the child's sense of ownership. Particular examples included children keepingmaterials in a designated bookcase or cupboard either in their bedrooms or in a central location, typically with other books, for the whole house to use and enjoy. On the other hand, where these supportive activities around the arrival of the books appear to have been less pronounced or did not take place (often through lack of time and competing demands) some children put the contents back into the envelope after each use and three of the children specifically stated that they kept the books in the envelopes all of the time. When asked why one child expressed worried about the perceived repercussions if they lost the parcel and another that they were not sure if the parcel was a gift or a loan. We also heard from children who handed to friends, neighbours and other family members, books from their parcels and who had not formed a sense of ownership. In exploring this it is clear that sense of ownership is inextricably linked to a child's understanding about the parcels and the carers own levels of support to the child in nurturing their sense of ownership. Theme 3 Range of responses of the children (attitude) - Some children had a positive attitude towards the parcels, were delighted to receive a free gift and took this on face value accepting it for what it was – a free gift to them, for them and to be used by them. Other children had a less positive attitude. Some appeared embarrassed at receiving a parcel, especially where there were birth children of similar ages in the home who had obviously not received a free gift; children who were guarded in their responses to the free gift thinking that it came with strings attached or hidden messages from home; and children who were indifferent either because they had enough books at home, or preferred to engage with forms of reading including computers, IPads and or kindles. The implicit assumptions behind the parcels, that children will be grateful at receiving the book gift; and that they are (book) deprived, hungry to read, grateful and ready to learn; were not always evident in the accounts of the children. In fact, it was found that, in reality, some children were not comfortable receiving free gifts and that others were ‘book burdened’. Some foster children had a wide variety of materials and a lack of time for reading. Theme 4 Engagement - In this research when the term ‘engagement’ was operationalised, it was clear that this was a combination of having a sense of ownership and a positive attitude both of which are processes rather than one off responses and both of which are supported and nurtured by adult carers and a receptive social context. It is not surprising that given wide variation in the sense of ownership and attitudes held by children towards the parcels that their levels of engagement also varied. This research found that children's reasons for engaging with the parcels, their motivation is closely aligned to their understanding from their carers as to what the parcels are for, where they come from, who sent them and why – that is children benefit from hearing about and being reassured about the motivations of the sender. Theme 5 Engagement - book content - A child's motivation to engage is also affected by more practical considerations such as parcel content. Importantly Dr. Griffiths, the programme creator stated in our interview with her that the packs were not designed to please ‘100% of the children 100% of the time’, rather there were books which were selected to appeal to a wide

	variety of children and which would help open children to new genres and new styles of writing. In reality, some children were left unimpressed with the choice of books. Almost all children had some books that they did not like. Similarly, some of the children had already read the books, and so were left with duplicates. For example, one child stated that ‘I had already read that one’ (Ruby), another said that ‘I didn't like Chitty Chitty Bang Bang Flies Again’ (Patricia). "I liked The Finger Eater because it was scary (Helen). In addition to mixed feelings about individual books there were a number of different responses to the level of texts provided. Some felt that the packs were: Too ‘babyish’- ‘umm I liked the… not like the reading books…but like the not reading books and like the other stuff I got. The reading books were too babyish (Jill)."In this example, the books were not read or used to their full potential because the child in question, who was an avid reader and who was very keen and able, felt that the books did not match either her ability level or her interest level. In this case the books were kept upstairs, or ‘in a cupboard somewhere’. Others felt the books were too hard. Theme 6 Engagement - understanding what to do - With regard to the Letterbox Club, one of the things that the programme implementers try to do is to include books which are aimed at the interest level of the child, however children do not have the same interest level, and that without the child's own input it appears increasingly difficult to decide what an individual will find interesting, irrespective of age or ability. Engagement also appears affected by a clear understanding of what to do with the parcel contents. This applies particularly to the stationery items and numeracy materials. In relation to the stationery items, most of the children reported enjoying them and using them in a variety of ways. Blank notebooks were popular with some children as they could do what they wanted with them. One child enthusiastically stated ‘I LOVED them books!’ (Nicola). Others said: "Me and (carer) uses them…for birthday cards and birthdays' (Oliver), ‘I used the blank books for like, I used it towrite- right nowI'musing it to write, because me and my cousin we made up a dance’ (Ruby). However, other children reported not knowing what to do with the blank notebooks. One child said: I didn't know what actually I had to do,’ (Mark), ‘ And another: Well…what were, you know, them jotter books actually for?’ (Lisa)" Theme 7 Hoarding and not using - Furthermore, the following extract with both a carer and child shows that, in this family, there was an abundance of stationery materials, which were seen as useful, hoarded and kept rather than given any real use by the child. In contrast, the carer took the view that the materials were not helpful for the child: "Researcher: And did you use the blank books and stationery? Debbie: Yeah Dawn: I just felt there was a surplus, and even the pencils and things, you would have lots of drawing things ,we have a drawer full of pencils so you didn't need them Debbie: Yeah but we needed the rubbers, we only had hardly any rubbers mum, sure they were all ripped and everything Dawn: I could say I could look at your pencil case and there is loads, I could put my hand on half a dozen rubbers." Theme 8 Engagement with the maths games - Children's engagement with the math games also varied. There were some positive experiences: "Ruby: I liked the one where one person had a calculator and the other person had to try to add it up in their head as close as they could get it Helen: I loved bingo so I did, it was great! Kelly: Snakes and ladders, I liked that one On the other hand, the following interview excerpt shows the feelings of one child who felt unable to engage with some of the math games: Researcher: What about the maths games? Ian: I didn't really play those Researcher: Why not? Ian: Sometimes I don't really have time to play the mand sometimes I don't really have anyone to play them with Researcher: did you look at them before you decided? Ian: I looked at them before I decided- I don't just completely brush off Researcher: so you looked and decided they weren't for you. Where did you put them? Ian: I just put them back in the thing Researcher: and do you still have them or did you give them to someone else? Ian: they are still somewhere but no one else would really want them." Theme 9 Need for carer engagement with stationery items - It can be seen, as highlighted earlier, that levels of engagement are inextricably connected with the role of the carer. Here, below, the carer explains their approach to the stationery items: "Researcher: Now inside the parcels there was also blank books and stationery items inside - did you use any of them? Kelly: No, none of them Researcher: And why didn't you use those? Kelly: I don't know Kate (Carer): Because I don't allow any pens in the house because they always just write on the walls." Carer attitude towards and engagement with the parcels therefore had an impact on the levels and type of child engagement with the parcels. It was reported in our research that, in relation to the parcel contents, these were either kept ‘just in case’, in the hope they ‘might play the mone day’ or given to a charity shop (this was the case for two children), kept in a different location (this was the case for two children) and/or lost. Theme 10

Ability - The findings of the RCT indicate that there were no statistically significant gains in relation to any of the outcome measures used namely: reading accuracy, rate and comprehension; reading enjoyment; and recreational reading. The qualitative findings help begin to explore why this might be the case. Four main points are important to highlight. First, children have expressed the view that they want to be more actively engaged in the book gifting process. Second, at its core, this scheme positions the child as ‘hungry to read’, yet there is little evidence to back that assumption. For many children reading was bolted on to lots of other events. Third, for those who did read, they used a range of modalities, including E-Readers, tablet computers and magazines. Fourth, the current focus of the programme is on the individual child and presupposes that the child's receipt of a gift alone will encourage ownership, promote a positive attitude, increase engagement and improve ability. However, findings from the qualitative study, illustrate that child factors (likes, dislikes; preferences; background factors; foster family context) and contextual factors (in particular the crucial role of adults in creating spaces, opportunities and supports for children to exercise their evolving capacities in relation to reading) impinge on the entire engagement process. Together these factors seem to suggest that it is important to use these findings in order to develop a theory of change which can help explain the programme, and translate this to a workable logic model which lays out the actual programme components).

Theme 11

Delivery of letterbox - In terms of the delivery of the Letterbox Club going forward there are a number of implications. In relation to the foster children and their evolving capacities, there is a wealth of evidence which highlights that learning to read and becoming a fluent reader requires effort and determination (Birch, 2014) and that ‘the pursuit of knowledge [will not continue] unless the reader realises some personal gratification or internal reward from this engagement’ (Alexander & Jetton, 2000, p.296). The logic model could draw attention to small changes that could be made to the Letterbox Club to support children's choice and participation. The packs, for example, could contain a pre-paid postcard that asks children to review/ rate the books in order to influence future packs for other children and help the child, as recipient, feel more involved. More substantive changes to delivery might also help. As indicated earlier, our research highlighted that children now read books in a range of formats rather than just hard copy. By engaging with children's increasing thirst for new technology, programme creators and funders could give children a device and a gift card which would allow them to source their preferred reading material and read it electronically.

Theme 12

Involvement and participation - Building on the theme of children's involvement and participation, their lack of choice was something which nearly all those children included in the study felt should be changed. In particular, they wanted books which were more closely aligned with their interests and ability and which they could choose themselves. The development of a logic model, that allows children to choose what they read has been deemed important and so by including an ‘order form’ with each parcel for example, children would be able to choose what they read from a pre-selected list, an important aspect of the reading process which would also allow them to feel a greater sense of ownership towards the books. Furthermore, children have indicated that they would like to have more information about why, how, by what means Letterbox parcels arrive at their home. The role of the carer in relation to this issue may need to be more clearly defined.

Theme 13

Foster carer engagement - Building on the point about foster carer engagement, many of the carers involved were enthusiastic and competent, however lacked the knowledge about what to do and when to do it. The development of a logic model could delineate component parts of the foster carer role building on recent related research findings regarding individual tutoring (Flynn, Marquis, Paquet, Peeke, & Aubry, 2012) which have shown that, with training and guidance to carers/volunteers, the delivery of a regular tutoring programme over a number of weeks for a set period of time, supports children to make gains in reading in a relatively short space of time. Similarly, paired reading is an approach which has gleaned positive results for this group of children (Osborne, Alfano, & Winn, 2010; Tordön, Vinnerljung, & Axelsson, 2014) More generally carers could be asked to record what is read, when it is read, with whom and how long. Shared with the child involved, these records may encourage them to see the importance of reading regularly. In addition, reading records allow for child focused evaluation of the book choices and knowledge building around reading levels. Carers could also be asked to read an information leaflet giving tips on how to read with children and why it is important.

	Section	Question	Answer
Risk of Bias	**Section**	**Question**	**Answer**
	Aims of the research	Was there a clear statement of the aims of the research?	No *(There was no clear statement of the aims of this research)*
	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 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 regarding saturation of data)*
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No indication that the researcher has 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 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 if credibility of findings has been taken into account in the design of*

			the study e.g. use of triangulation, respondent validation, more than one analyst)
	Research value	How valuable is the research?	The research is valuable *(However findings relate to one intervention (letterbox))*
	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Directly applicable

Salmon 2014

Study type	Semi structured interviews 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.

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?	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

<table>
<tr><td></td><td>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."</td></tr>
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<tr><td>Recruitment Strategy</td><td>Was the recruitment strategy appropriate to the aims of the research?</td><td>Yes</td></tr>
<tr><td>Data collection</td><td>Was the data collected in a way that addressed the research issue?</td><td>Yes
<i>(However setting not justified and no discussion of data saturation)</i></td></tr>
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	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

Sen 2010

Study type	Focus Groups Semi structured interviews

Aim of study	To explore contact for children outside parental care in a Scottish context
Study location	UK
Study setting	one large urban Scottish local authority
Study methods	The study mainly consisted of semi-structured interviews with 19 social work professionals in one large urban Scottish local authority and three Reporters to the Children's Hearing system. These were supplemented by a focus group with five of the social work respondents. The purpose of the focus group was to get beyond the research interview as a one-off event, allowing respondents to see initial thematic findings and provide feedback on them. It thereby allowed for some element of triangulation. Thematic analysis was used but no further details provided.
Population	Social work professionals and reporters to the children's hearing system
Study dates	Data gathered in 2009
Sources of funding	Glasgow School of Social Work Research Pump Priming Fund
Inclusion Criteria	Carer situation social work professionals in one large urban Scottish local authority and three Reporters to the Children's Hearing system.
Exclusion criteria	None reported
Sample characteristics	Sample size 19 social work professionals in one large urban Scottish local authority and three Reporters to the Children's Hearing system. Type of care Of the 19 social work staff, one worked in a team specialising in youth justice work with young people aged 12 upwards who had been placed outside parental care, usually in residential or secure care, due to concern about their own (offending) behaviour. The primary experience of contact for the rest was through working with children under 12, most of whom had been placed outside parental care due to care and protection issues. These children tended to be placed in foster care, or less often kinship care, rather than residential care.

	Gender Sixteen of the 22 respondents were female Other recruitment considerations Social work staff known to have extensive experience of managing contact were initially targeted, until three participants from each of the five geographical areas covered by the authority had been obtained. Three respondents with considerable experience as supervising social workers for foster carers were also identified alongside one respondent from a city-wide resource with particular knowledge of contact. One of the social work respondents also had considerable experience as a foster carer. Ethnicity one respondent was Asian British Pakistani, all the others were White Scottish, White Irish or White Other British.
Relevant themes	Theme 1 The purpose of contact - Respondents stated that the purpose of contact could be to maintain parent-child relations; assess those relations, parenting capacity and the feasibility of rehabilitation to parental care; and to improve relations. Most, however, emphasised either of the first two as the primary purpose. The use of supervised contact was mainly associated with the assessment purpose of contact and was more likely where contact involved younger children, children had just been accommodated and there were ongoing concerns about parental behaviour. Nearly all contact for children under 12 accommodated due to care and protection issues started by being supervised, with a tendency towards unsupervised contact, and increased levels of contact, where there was a definite plan to rehabilitate a child to parental care. Theme 2 Challenges for supervised contact (how much intervention) - One of the dilemmas in supervised contact is what role the supervisor should adopt, particularly how much they should intervene (Forsberg and Pösö, 2008; Hindle and Easton, 1999). There was a variety of practice between respondents which can be grouped into three main categories: 1) Non-participant observer 2) Participant observer 3) Active educative participant. The role of non-participant observer involved taking no part in the dynamics of contact, other than to ensure a child's safety and observe parent-child interaction: "'you try to become like wallpaper' (Respondent 22); 'make sure you are there observing you are not an active respondent within contact' (Respondent 2)." Respondent 22 believed a worker's active involvement in contact not only compromised their role as observer but undermined the session as a time for parent and child to spend together. Respondent 2, along with others, noted supervisors could become participant observers where a child or parent sought to interact with the worker during a contact and some social response was required. However, this participation was framed as reactive and minimal. A minority of respondents also described a more active role for the supervisor, consistent with the therapeutic use of contact, where the supervisor intervenes to support improvement in parent-child interaction: "'you need to observe contact but you also need to be there to sometimes give advice and feedback and critical feedback to try and change certain situations. Because you are there to try and effect some form of change in this family's life' (Respondent 19)" The existence of different supervisory roles is not in itself problematic and could reflect the differential purposes of contact. However, dislocation between the intended purpose of contact and the supervisory role adopted is potentially problematic. For example, one respondent strongly advocated supervisors adopt a non-participant observer role, but also described a function of contact as being 'reparation between child and parent' (Respondent 22). It is unlikely contact can fulfil such a therapeutic function without structured support for both parent and child. Theme 3 Challenges of assessments during contact - Respondents stated that, while the focus was always on interaction between parent and child, what a supervisor looked for varied according to the child's needs and the issues that had resulted in a child being accommodated. One manager described the need to assess 'what the patterns of attachment are' (Respondent 5), although most made no reference to attachment theory. Several wider factors in and around contact were also discussed which would be considered as part of a parenting assessment: parents' time keeping and attendance at contact; the ability to keep children safe; a parent's ability to manage the start and ending of contact in a way which supported a child; signs of parental drug or alcohol intoxication; the use of language from parent to child; information sharing and confidentiality from parent to child; and a child's presentation before, during and after contact. It was less clear how social workers structured this information to feed into assessment of the feasibility of rehabilitation. This may relate to one front-line worker's comments which identified the absence of a clear assessment framework for contact, particularly one for assessing emotional abuse, as a practice gap.

	Theme 4 Can resources impact contact levels - While respondents readily identified a number of resource constraints impacting on contact, it was maintained these did not influence the levels of contact set. As one manager stated: "‘I wouldn’t make a decision based on resources. I would make a decision based on what was in that child’s best interest. . . and it would be after that that the resources issue would come into it’ (Respondent 15)" However, Two of the three Reporters expressed different views: "‘it is absolutely resource led and generally birth parents will always want more [contact]’ (Respondent 10) ‘Panel members would be swayed by the person who doesn’t have the local authority constraints to take into consideration because, of course, a social worker will unfortunately have to factor that into any recommendations’ (Respondent 7)". Some front-line social workers did suggest that, while resource constraints should not be a consideration in recommending contact levels, they sometimes were. This especially applied to limits on the worker’s own time. For instance, one front-line worker made the following comments: "‘I think if you do, you know, assess that there is a need for the child to see the parent much more, then we would advocate for that regardless of whether we’ve got the resources or not’ (Respondent 18) ‘there’s been times when I’ve had to quite strongly say [to a Children’s Hearing] I’m not in a position to do that and we can’t as a Department facilitate that—if [in] every case I had a minimum of three times a week [contact], all I would be doing is contact’ (Respondent 18)" Theme 5 Children's Hearing panel overly focused on birth parent needs - Social work respondents voiced some common concerns about the way Children’s Hearings handled discussions of and decisions on contact. The most prominent of these was the panels’ tendency to focus on a parent’s rather than a child’s needs, particularly where there was a recommendation to reduce contact levels against parental wishes: "‘panel members sometimes seem to get caught up in the emotions of the mother or the parent’ (Respondent 11) ‘I think one of the biggest problems right now is that panel members tend to look at this from an adult perspective and not from a child’s perspective’ (Respondent 22)." Theme 6 Specific challenges with Child's Hearing Panels - Where a child expressed a clear wish for contact to be reduced, social work respondents felt panels would generally take account of this. However, difficult practice situations arose when there was a recommendation to reduce contact in the child’s best interests and the child was unable to express a view or wanted more contact. One social worker described how she had managed one such practice situation in a case involving a sibling group of children aged ten, eight and four where the two older children wanted more contact than recommended: "‘I found just being completely honest with them and telling them why we don’t think it is a good thing for them to see their mum and dad as often, yes we will listen to their views, however we are the adults in the situation and like with any other child we will make a decision that they might not always agree with, and well they don’t agree with me, but they generally can accept that, you know, even if they were living at home there would be things, you know, that their mum and dad wouldn’t let them do that they would want to’. (Respondent 2)" It was in such scenarios, where parents also wanted more contact, that most social workers questioned a panel’s ability to arrive at a decision in the child’s best interests. A related criticism was that some panels did not appreciate how difficult a child might find it to speak freely in a parent’s presence about what contact they wanted at a Children’s Hearing. Theme 7 A voice for children at the Hearings - A related criticism was that some panels did not appreciate how difficult a child might find it to speak freely in a parent’s presence about what contact they wanted at a Children’s Hearing. Theme 8 Child Hearing Panels can be unduly influenced by parents - Reporters agreed panels could be unduly influenced by parents at Hearings: ‘there is a loss of focus and in particular with some panel members that they place too much weight on what the parents say’ (Respondent 7). However, they also emphasised the panels’ lack of confidence in challenging professional assessments and noted there was room for social work recommendations on contact to be improved: sometimes they were unclear while in other cases recommendations did not follow logically from the description of contact in the assessment report. Theme 9 Risks associated with contact - Respondents were asked what were the main risks of contact. One significant risk for children was the absence of contact with parents. This was noted to have effects on children’s self-esteem, identity and emotional health. A number of potential risks for children through contact that did happen were also identified. Unreliable contact, including parents attending for contact under the influence of alcohol or drugs, attending late, or failing to attend at all, could be damaging. Where abuse had previously occurred, the potential for contact to re-expose children to abuse was noted. Parental behaviour, or their very presence, could be frightening or distressing for children and trigger

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memories of abuse: "'Being exposed to the abuse again, it is a huge risk. . . particularly if you are working with issues of sexual abuse. How something that might seem quite innocent to other adults around about can be a real threat to a child' (Respondent 3) 'it can be damaging if the child is associating with neglect and abuse that has happened before' (Respondent 15)"

Theme 10
Risk of inappropriate messages during contact - Thirdly, there was a risk of parents giving children inappropriate messages—most commonly unfounded expectations about a return to parental care or undermining the child's carers. Finally, the potential of violence to social work staff from birth parents raised concern both about staff welfare and children's exposure to such situations. Three respondents mentioned recent knowledge of physical violence towards staff in their team in supervised contact, several more verbal aggression. This constituted a minority of respondents but did suggest the difficulties there sometimes were in maintaining positive working relationships with parents around contact.

Theme 11
Addressing risk in contact (including consistency of workers) - Social workers tried to address identified risks through clear planning and observation of contact, with workers knowing children well enough to pick up on their responses and parental cues, including subtle ones. Consistency of workers, where possible, underpinned this 'so if it is a difficult contact then they also have a safe person there that they can actually rely on' (Respondent 2). Dialogue with parents about any concerns identified was also mentioned, with some respondents using written agreements with parents for contact. Giving a child time out of contact where they were finding contact difficult was another strategy, as was terminating a contact if a child was highly distressed, or if parental behaviour was highly inappropriate.

Theme 12
Contact through the internet - Only three respondents had knowledge of contact by this means: in one case two siblings kept in touch by e-mail, while in another a parent contacted their child via e-mail mediated by the child's foster carer. In both cases contact was positive. In the third case, a young person and parent had been in contact via a social networking site without the prior knowledge of the social work department. No harm came to the young person in this instance but there were concerns about the parent having unsupervised contact. This limited experience could reflect that online contact was occurring but without social workers' knowledge—a number of respondents answered that they were 'not aware' of contact occurring via e-mail or the internet, recognising that it could nonetheless be happening. A second explanation is the 'digital divide'. Most parents and children who have social work involvement are low-income families and computer access is considerably lower amongst poorer socio-economic groups (Tregeagle and Darcy, 2008). It was, however, notable that several respondents who did not have first-hand experience of this type of contact framed it as an unmitigated risk: "'I would avoid the internet like the plague with looked after and accommodated children, because I think it just leaves us open to all sorts of things. . . . kids and the internet are just a disaster'. (Respondent 10) 'if you are getting children on MSN or the chat rooms and you are getting the parents to talk to them you know you are on dangerous ground there' (Respondent 22)"
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<tr><td>Research Design</td><td>Was the research design appropriate to address the aims of the research?</td><td>Yes</td></tr>
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	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(However, no discussions 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 *(No justification for the data collection setting, interview methods were not explicit; 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?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(No in-depth discussion of analytical process - 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 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 for this study were collected prior to 2010)*

Sen 2011

Study type	Focus Groups Semi structured interviews See also Sen 2010
Aim of study	To explore contact for children outside parental care in a Scottish context
Study location	UK
Study setting	one large urban Scottish local authority
Study methods	The study mainly consisted of semi-structured interviews with 19 social work professionals in one large urban Scottish local authority and three Reporters to the Children's Hearing system. These were supplemented by a focus group with five of the social work respondents. The purpose of the focus group was to get beyond the research interview as a one-off event, allowing respondents to see initial thematic findings and provide feedback on them. It thereby allowed for some element of triangulation. All data were recorded, transcribed and analysed manually using a form of thematic coding known as 'template analysis'.
Population	Social work professionals and reporters to the children's hearing system
Study dates	Data gathered in 2009
Sources of funding	Glasgow School of Social Work Research Pump Priming Fund

Inclusion Criteria	Carer situation social work professionals in one large urban Scottish local authority and three Reporters to the Children's Hearing system.
Exclusion criteria	None reported
Sample characteristics	Sample size 19 social work professionals in one large urban Scottish local authority and three Reporters to the Children's Hearing system. Type of care Of the 19 social work staff, one worked in a team specialising in youth justice work with young people aged 12 upwards who had been placed outside parental care, usually in residential or secure care, due to concern about their own (offending) behaviour. The primary experience of contact for the rest was through working with children under 12, most of whom had been placed outside parental care due to care and protection issues. These children tended to be placed in foster care, or less often kinship care, rather than residential care. Gender Sixteen of the 22 respondents were female Other recruitment considerations Social work staff known to have extensive experience of managing contact were initially targeted, until three participants from each of the five geographical areas covered by the authority had been obtained. Three respondents with considerable experience as supervising social workers for foster carers were also identified alongside one respondent from a city-wide resource with particular knowledge of contact. One of the social work respondents also had considerable experience as a foster carer. Ethnicity one respondent was Asian British Pakistani, all the others were White Scottish, White Irish or White Other British.
Relevant themes	Theme 1 Foster carers involvement in contact (location) - Rather than being the 'most usual' form of contact (DOH 1991) participants in this study revealed that the foster home was rarely, if ever, used as a venue for contact with birth parents. Eleven out of 22 participants had either little or no experience of contact with birth parents occurring in the foster home. Three practitioners with more than seven years' practice experience and two more newly qualified workers did not appear to have considered the foster home as a possible venue: "Social worker: I have had carers who will facilitate contact within their home but it is very, very rare. It is not something that is explored on a regular basis and certainly not something that is offered. Researcher: Okay and have you seen contact taking place in foster carers' homes? Social work manager: Rarely, if ever, a good question actually. I don't think so, it is not springing to mind so I suppose the answer would be no as far as I can recall." Where parental contact did take place within the foster home, it was an exceptional event rather than a regular arrangement: for example, a social worker described a contact which took place at the foster home following the death of a child's mother in order to allow the child's father to explain to them what had happened. Theme 2 Situations where foster carers became more involved in contact - Participants reported that there was no significant difference in carers' involvement in contact arrangements in long-term as opposed to short-term care. However, there were two situations in which some carers appeared to be more involved. Firstly, where there was a definite plan for a child to be rehabilitated to parental care, parents were more likely to pick up and drop off children for contact at the foster placement. The reasons for this difference were unclear, but it might be that in such cases there were fewer fears about birth parents' hostility. Secondly, carers tended to be more involved in sibling contact than parental contact. While there was

variability between carers’ involvement in sibling contact, they were more likely to play a role in escorting children, hosting contact and supervising contact. This difference could indicate carers had more positive attitudes towards sibling contact than parental contact.

Theme 3

Roles of foster carers in contact - There were two other main roles carers undertook in respect of parental contact. Firstly, some carers escorted children to and from contact. While there was again widespread variation between carers, and no expectation that carers would fulfil this role, there was greater involvement than in hosting parental contact. Secondly, carers had a role in terms of facilitating indirect contact, typically by phone, but occasionally also by email. Several participants noted that they themselves discouraged carers from facilitating telephone contact in cases where there were concerns about parental behaviour due to difficulties supervising what was said to children during telephone calls. However, some carers excelled at trying to include birth parents while ensuring the welfare of children: one example was of a carer who used the ‘speakerphone’ option on their phone, turning the conversation into a three way dialogue. Other carers negotiated the difficulty of telephone contact by themselves calling parents on a regular basis to keep them informed about what their child had been doing. This kind of inclusiveness did not increase the likelihood of parental contact occurring in the foster home itself though: "Reporter: there is certainly a few foster carers that I have seen that are fantastic . . . and the foster carer phones mum and dad to say ‘this is what we have done today’ and they build good relationships . . .. but there’s still no contact in the [foster] home."

Theme 4

The move away from foster carers being involved in contact - It appeared there had been a cultural shift within the local authority organisation away from carers’ involvement in contact. Four participants who had worked in the authority for over 20 years remembered previous cases where foster carers had been significantly more involved in contact. This involvement included both hosting and helping assess the quality of contact, in some cases supporting parents, especially young, vulnerable parents to develop parenting skills: "Link worker: there was certainly more of openness to for carers to be perhaps at the nub end of contact. Social work manager: when I first joined the council over twenty years ago, it was routine that carers were expected to be able to provide contact in their own home and I can certainly remember some cases where that was absolutely first class contact."

Theme 5

Non-disclosure of foster carers address to the birth parent - One factor which participants identified behind this shift away from carers’ involvement were rulings by Children’s Hearing panels that there should be nondisclosure of a carer’s address to the birth family. This not only prevented the foster home being used as a contact venue but also meant birth family members could never visit their child’s placement. A number of participants, including all three Reporters, stated that while such a decision could be made at the request of a social worker due to concerns about a child’s safety it was not unusual for the request appeared to be based around a carer or fostering agency’s preference for default non-disclosure of the placement address. Two social workers described cases where such non-disclosure meant birth family members escorting their children back from contact outside the foster home had to meet the carer in a central venue rather than at the carer’s home. While the preference for non-disclosure may have related to foster carers’ previous negative experience of address disclosure, the practice of withholding the placement address from birth families as a matter of course, where there were no identified risks, does raise questions about how fully birth parents could be included in their children’s lives.

Theme 6

Multiple children in carer home as a barrier to contact - A second barrier participants identified was that many carers had multiple children on placement, making contact both impractical in terms of carers’ obligations and commitments, and meaning there would be a lack of confidentiality and privacy for parents and children if contact were to take place in the foster home. However even where foster carers’ greater involvement in contact was feasible, social workers were reluctant to challenge carers who were resistant to playing a greater role in contact: "Reporter: we have now got foster carers that just will refuse to have a placement if there is the thought that their, you know, their address might be disclosed. Social worker: it is not within their role that the foster carers have to do that so it is not an issue that is forced or progressed."

Theme 7

Training as a barrier to contact - One participant with previous experience as a link worker also believed the shift away from carers’ involvement in contact had been underpinned by the messages given to carers in preparation and training groups: "Social work manager: I’m very clear that some of the messages given to carers now err on the side of caution, start from the standpoint of it will never happen [contact in the foster home] and then as you get to know individual parents and individual circumstances you can then take a step back and widen up that option." The five social work staff in the focus group session believed that negative stereotypes about birth parents, typically involving beliefs and fears about their involvement in substance misuse and community violence, underlay some carers’ reluctance to be more involved in birth parental contact. While a number of parents were involved in both these things, they felt the risks were exaggerated and negative stereotypes could be generalised by some carers to include to all parents.

Theme 8

Disruption from contact in the foster home - Participants also raised the potential of disruption from contact in the foster home as a serious concern. One participant with detailed, and predominantly very positive, experience of the foster home as contact venue from a number of years previously, also recounted two negative incidents: "Social work manager: a carer was very upset that the parents arrived very seriously under the influence of drugs and found that very aggressive scenario very difficult for them, and really distressing for the child they were caring for, because they closed the door on that parent effectively and so that kind of impacted on the relationship between the child and the carer. And in another instance I can remember a carer being really distressed because although a parent turned up appearing to be fine she then injected heroin in that carer’s bathroom and the carer really felt completely isolated and vulnerable and wasn’t sure how to then handle what ensued."

Theme 9

Lack of preparation for contact to foster carers - Moyers et al. (2006) found that poor-quality contact increased likelihood of placement breakdown: if such poor-quality contact were in the foster home it would seem likely to place even greater strain on the placement. However, a Reporter also felt that managing such difficult situations should not be beyond the remit of skilled carers and was critical of what she felt was the lack of work done with foster carers in the authority to support and prepare them for such roles and tasks.

Theme 10

Risks involved with responsibility for contact being devolved to the foster carer - Another identified risk involved the responsibility for contact being devolved to carers. Two social work managers felt that, where contact involved an assessment element, social workers would need firsthand experience of what occurred during contact in order to a complete a reliable assessment. They therefore suggested that members of the social work team would need to remain involved in contact to some degree. On the other hand, concern was raised by three frontline workers’ experience of contact arrangements in kinship care. In some cases relationships between kinship carers and birth parents had been collusive leading to questions about the accuracy of information given to the social work team about what had happened during contact. In others there had been a marked deterioration in the relationships between carers and birth parents arising from the carers’ role in managing contact arrangements themselves.

Theme 11

Advantages to contact in the foster home - The primary advantage participants identified was in that children would be less likely to feel the need to ‘split’ their loyalty to their birth family from their allegiance to their foster family: "Social worker: I think it would be good for some children to see that . . . everybody is working together for the best thing for them" "Social work manager: if [the children are] most comfortable in their surroundings in the foster care, they can have it [contact] where they are comfortable, that they can see maybe their family and the foster carers interacting and the relationship there and I think that can be positive for kids"

Theme 12

Advantages to contact in the foster home - One participant emphasised that contact in the foster home also supported inclusiveness of birth parents, by allowing them to see the environment in which their child was living and to be reassured that belongings they had passed on for their child were available to them. While this is a reasonable view, it does contrast with Cleaver’s (2000) finding that birth parents found contact in the foster home a difficult experience, feeling their role had been taken over by carers and resenting carers’ supervision of their contact. Where children’s foster placement was some distance from their home area, it was also suggested that contact in the foster home would obviate the need for children to travel long distances, instead placing the obligation, more appropriately, on parents to travel to contact. Finally some participants suggested that foster carers’ involvement might relieve some of the pressures on hard pressed social work teams tasked with facilitating contact.

Theme 13

Only one participant, a social work manager, disagreed that contact in the foster home should be a possibility. She felt that it could potentially compromise the foster placement as a safe environment for the child but did agree that birth parents should be able to see the foster home where their child was staying — something which was not routinely occurring in the local authority.

	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 discussions 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 *(No justification for the data collection setting, interview methods were not explicit; 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?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(No in-depth discussion of analytical process - 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 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 for this study were collected prior to 2010. In addition, foster carer's views were not sought, which is unusual in research about foster carers themselves)*

Schofield 2015

Study type	Semi structured interviews 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

Schofield 2019

Study Characteristics

Study type	Semi structured interviews
Aim of study	study of LGBTQ young people in care in England and focuses on the nature of foster carers' experiences and perspectives on caring for LGBTQ young people.
Study location	England

Study setting	Fostering agencies and local authorities from across the country
Study methods	The semi-structured interview schedule asked foster carers to describe caring for an LGBTQ young person from arrival in placement to the present or to the placement ending and any subsequent relationship. The interview focussed on how carers experienced their role in supporting young people with, for example: foster family, birth family, school and peer group relationships; coming out; and managing their sexual orientation or gender identity. Carers were also asked about training and the support received from social workers and other professionals. The study included a national survey of services in England, three focus groups of professionals, 46 narrative interviews with LGBTQ young people aged 11–26 (m = 19) who were or had been in care, and telephone interviews with 26 foster carers regarding the nature of their experience of caring for LGBTQ young people. Data from the foster carer interviews were transcribed and analysed thematically.
Population	26 foster carers were recruited from fostering agencies and local authorities from across the country, with the majority (17) coming from local authorities who participated in the survey and others through research team agency contacts.
Study dates	2014 - 2017
Sources of funding	the Economic and Social Research Council
Inclusion Criteria	Carer situation Foster carer of a young person who is LGBTQ
Exclusion criteria	None reported
Sample characteristics	Sample size 26 foster carers

	Mean age (SD) young people ranged from 6 to 16 years at entry into their placement (m = 13.5) Type of care They were the subject of very different care plans (e.g., short-term foster care, respite care, and long-term foster care), but these plans had often changed over the placement. Special educational needs or learning disability There were also young people who had diagnoses of autism spectrum disorder and attention deficit hyperactivity disorder. LGBTQ The majority of the young people (18) identified as LGB and 8 identified as trans. Ten had identified as LGBTQ before placement and 16 came out in placement. Those who identified as LGBTQ preplacement included young people whose sexual orientation or gender identity had not been accepted by their birth, foster or adoptive families. But for all young people, the reasons for care combined a number of factors. Exploitation or maltreatment Young people had a range of adverse experiences of abuse, neglect and loss common to the wider population of foster children
Relevant themes	Theme 1 Building trust and understanding behaviour - Building trust for all young people in care requires foster carers to offer practical, emotional and psychological availability that reduces anxiety, builds trust, promotes exploration and is specific to each individual young person's needs (Schofield & Beek, 2018). For LGBTQ young people, trust in caregivers was often said by carers to have been damaged by previous adverse experiences that included abuse, neglect, separation and loss. Lack of trust for some young people had been compounded by moves linked to rejection of their sexual orientation or trans identity by birth, foster or adoptive parents. Most young people therefore were reported to have had difficulty in trusting in the general capacity of caregivers to understand and meet their needs but also the specific capacity to be available and accepting in relation to sexuality and gender identity. The capacity to be available and build a young person's trust will depend on the sense the caregiver makes of the young person's behaviour and needs—and in particular why the young person may lack trust (Schofield & Beek, 2009, 2018). In the current study one carer had identified that the young person in their care, who identified as bisexual, suffered from high levels of anxiety and described him as “too eager to please.” She attributed his anxiety to abuse in his birth family and described him as having been “bullied from birth.” However, she felt that in her home, he had built a capacity to trust and could begin to accept his identity. "He can relax and feel safe and have his needs met and not have to worry about where he is going to get a piece of food - and he has been able to be himself." Theme 2

Availability - Availability was described as linked to emotional closeness but also needed to be linked to acceptance of young people's sexual orientation or gender identity. "She always feels, no matter what, I love her and we are always there. I think she can feel security and acceptance."

Theme 3

Gradual discussion of sexual issues and going at the young person's pace - LGB carers or carers with LGB family members felt confident in demonstrating that they could be trusted, as the young person had evidence that LGB identities were accepted and could be talked about. But here, too, there was an emphasis on going at the young person's pace. "My son is openly gay … so there is quite often gay chatter going on at home. I would not specifically sit down and say to (the young person) 'Right I want you to talk with me about your sexuality' because I do not think that is appropriate. I think it is the sort of thing that a young person will come to you with when they are ready …" For many young people, the process of exploring sexual orientation or gender was gradual and needed continuous availability by carers. This carer for a trans young person talked about how she managed to build the young person's trust. "If he wants to broach it we will talk about it and we have talked at length. He will say how he sort of hates his body and cannot bear the thought of it. He is now on tablets that stop his period but he feels like his whole life is on countdown to when his next period would start … He has said I am one of the few people he can trust and he said he feels he can be himself and talk about things." Availability for LGBTQ young people meant carers establishing a trusting relationship enabling the young person to talk about and explore their sexual orientation or gender identity at their own pace.

Theme 4

Sensitivity, flexibility, and reflective caregiving - Sensitivity in attachment theory is defined as the caregiver's capacity to reflect on the mind of the young person, tuning in to their thoughts and feelings, seeing the world from their point of view and making links to their behaviour, but caregivers also need to be able to reflect on their own thoughts, feelings and behaviour. Important here is the foster carer's flexibility and willingness to tune into how this particular LGBTQ young person thinks and feels and to identify how best to support them. "I'm learning how to anticipate things and understand things better and I'm getting more of a grasp on who she is … so there's a way of being and I'm learning it." It was necessary for carers to reflect flexibly on connections between young people's thoughts, feelings and behaviour, as there were a number of factors that had to be considered. One carer expressed her concern that for LGBTQ young people, suppressed and concealed emotions about coming into care could be exacerbated by the additional burden of concealing their sexuality. "When you go into foster care it must be daunting, you must be suppressing so much other stuff and you have got to suppress your sexuality as well. You've got to live that lie." Carers described needing to be sensitive to the difficult choices facing young people about how open they wanted to be about sexuality or gender, especially when they were anxious about being rejected or moved. "She was afraid to come out to me and I did not understand … But she's afraid of losing her home and felt vulnerable and scared to say…" Flexibility and sensitive thinking about the young person's mind and behaviour often meant recognizing the additional stigma faced by LGBTQ young people. "He was quite explicit about what people had said and how it had affected him, how isolating it had been, how therefore he had dropped out of school." As well as ongoing availability during a gradual process of coming out or gender transition, it was said to be important to be sensitive and responsive to children's thoughts and feelings at each stage, as this carer of a trans young person (aged 9 at placement) describes. "When he first came he mentioned it then. I thought probably he's a tom boy, he does not like to be dressed like a girl, he just likes to be dressed in boys' stuff. We went out and bought more boys' clothes, tried to make him comfy in his own body. It did not seem to be enough and within four, five, six weeks, we were talking about something and he literally just broke down, crashed down against a wall and started crying. He said, 'I'm not right, I'm not right, I hate my body'." Once his gender identity was explored and accepted by the carers and a process of social transition was started, this young person's mood and capacity to manage his feelings changed and he was "like a different child."

Theme 5

The challenge of staying tuned in to helping young people, despite challenging behaviour, was a common theme - The challenge of staying tuned in to and helping young people who had multiple unresolved difficulties and fears was a common theme. Some carers described young people's problem behaviour as an understandable stage on the way to "coming to terms with" themselves. "He used to throw things at me and we did once have to call the police out to him because he kept trying to attack me …He'd been caught shop-lifting … I think it were his confused stage. You know he needed more attention but he could not tell us why. I think he was coming to terms with himself." The question of whether young people were "confused" was talked about in different ways, some more sensitive than others. Carers talking about "confusion" might be reassuring for a young person if it reflected their feelings. However, some carers seemed to assume that confusion was inevitable, and this might be a less helpful response for a young person who was clear about their sexual orientation or gender identity. Some carer interpretations of why young people might come out as LGBTQ, however, seemed not only to question the truth of young people's communications but to be actively dismissive. "You sometimes find that kids want to shock you and that is a good way of trying to shock." From these examples, it was clear that foster carers needed to have the capacity to reflect sensitively not only on young people's feelings but also on their own feelings and values and to be supported with this. In some cases, social workers will need to work with and challenge carers' attitudes and approach, in order to ensure that LGBTQ young people's needs are understood and met.

Theme 6

Acceptance and building the young persons self-esteem - Acceptance can be defined as accepting the young person unconditionally in ways that help to build the young person's self-esteem, enabling them to accept and value themselves while also coping with setbacks. Acceptance by the foster carer needs to be linked to support to be accepted by the birth family, peers and the community and is central to the caregiving that LGBTQ young people need for healthy development. In this study, the same sense of positive belief that should be extended to all children in care often underpinned a carer's acceptance of the LGBTQ young person in their care. "We knew he was a good kid. And he did not have a good start. But you can see potential in kids, in how they respond to their care …I said just be the best person you can. And he really has, he's come a long way." When asked about specific issues facing LGBTQ young people in care, carers named acceptance as key, especially in relation to coming out. "Feeling accepted I think - being accepted by their family and friends I think to come out. I think that's the worst for them …the uncertainty of whether they are going to be accepted." Some young people were described as already very accepting of themselves and their LGBTQ identity when they arrived in placement. "I think that she is always going to identify as gender fluid. It seems like she always has. She does not seem to be at odds with who she is in any way …She has days when she feels like a boy and days when she feels like a girl and she seems to be quite comfortable with that." But for most LGBTQ young people, carers recognized that feeling comfortable about exploring their identity would take time. "I do feel that he has not really had an opportunity to explore different things, you know. I just want him to feel accepted, which he is, and really find out who he is and be comfortable with it. I do not think he is there yet." One statement often made by foster carers to suggest what they meant by acceptance was that the young person's sexual orientation or gender identity "does not make any difference," but this was understood in varied ways. This statement could be positive, conveying that sexual orientation or gender identity did not affect the carer's feelings for the young person or threaten their relationship. However, in a few cases, particularly in relation to sexual orientation, the assertion that it made no difference appeared to underestimate the challenges that would in fact be experienced by the young person, in terms of the risk of bullying, stigma and homophobia. There could even be a sense of "blaming" the young person for any negative consequences of their identity. "It does not make a difference – I think it's how the child makes an issue of it. If you want it to be a problem, you can make it a problem." There must be concerns about foster families where carers seem dismissive about the risks of stigma or, as was the case in one family, where family members were homophobic or engaged in "banter" about a young person's sexual orientation.

Theme 7

Understanding the meaning and origin of sexual orientation - Even where carers were seemingly accepting of LGBTQ identities, their theories about the meaning and origins of the young person's sexual orientation or gender identity needed further exploration. A number of carers theorized about the possible connections between young people's sexual orientation or gender identities and their previous experiences of abuse and harmful relationships. It is relevant to consider the impact of abuse on adolescent or adult experiences of intimacy, whatever a person's sexual orientation or gender identity. However, if the carer implicitly or explicitly suggests that a young person's LGB or trans identity is the result of harmful experiences, this inevitably pathologizes their sexual orientation or gender identity. In this example, a carer talks about a young woman who had experienced sexual abuse and identified as lesbian. "I think deep down I do not know whether she would have not been heterosexual had she not had these sexual experiences of her childhood…. It was the path that was easier for her." Another carer also explained a young person's sexual orientation as being a result of sexual abuse early in childhood. This explanation suggested that the carer did not accept the young person's LGB identity as authentic. "He′d been abused by a male perpetrator all his life. He just thought that he would always be gay…So he had no, he did not really have a choice, he did not have any freedom."

Theme 8

Balance between supporting young people facing stigma while not making them feel that their sexual orientation or gender variance was a negative or limiting factor in their lives - In terms of building self-esteem, it was thought by carers to be important to get the balance right between supporting young people facing stigma, while not making them feel that their sexual orientation or gender variance was a negative or limiting factor in their lives. A gay carer commented that there was a risk of overemphasizing the negatives. "People have confused views about what it means to be gay and they are projecting that onto their children as well, so their children or foster children …are going to grow up filled with fear. They're not going to have the validation." Accepting LGBTQ young people and building their self-esteem required foster carers to understand the risks that might affect young people in the community but also to promote opportunities and value each young person's potential. Foster carers talked, however, of feeling that the social work support available was often not giving them either the specific information or the emotional support they needed to manage this task. Carers needed to manage a number of tensions when parenting cooperatively to build a young person's confidence

	and sense of agency. As with other foster care research, some carers tended to limit young people's options and opportunities with a view to protecting them. But the majority of carers expressed concerns about how to get these approaches right for each LGBTQ young person and would have liked more specific guidance from professional support networks. Theme 9 Co-operation, agency, and helping a young person to feel effective - Young people in care often feel powerless to assert themselves or make decisions about their lives, both as a result of difficult birth family experiences and, too often, experiences of moves in care. Wijedasa (2017) found that foster children tend to experience a greater sense of external locus of control than either adopted children or disadvantaged children in the community. Carers therefore have the task of building young people's sense of self-efficacy or agency, often initially through offering opportunities to make choices. But carers described how for LGBTQ young people there were difficult choices to be made, such as who to come out to and how to express their identities, when they lacked trust in others and faced possible rejection. For young people in care who were exploring their sexual orientation and gender, parenting cooperatively meant foster carers also drawing on the other Secure Base dimensions, offering availability and acceptance while sensitively tuning in to the young person's needs. In this example, the carer shows how these dimensions worked together, with the focus on the trans young person having choices and setting the pace and agenda of even the most difficult conversations. "I tried to make it sort of centred on him really – how he wanted to progress with it. Sometimes he would just come into the kitchen and would slam things around and I would just stand and wait…to see if he would want to talk about it. A couple of times he walked in the door and just threw his arms around me and cuddled me and just told me life was completely unfair. Then we would sit somewhere private and he would talk about what had happened in the day, whether it was a problem to do with that or something to do with transgender." Theme 10 Helping LGBTQ manage discrimination, stigma and bullying - One of the important areas for helping LGBTQ young people to feel more effective was in managing discrimination, stigma and bullying. Carers reported particular dilemmas in supporting young people in care to feel confident in expressing their LGBTQ identities while simultaneously protecting them and helping them to protect themselves from bullying. "I think you have got to allow young people to express themselves and safely, but it is about keeping them safe… If he had the confidence …he would be more likely to get away with it, but because he is quite nervous with it, it worries me that he could be a victim quite easily." Theme 11 Agency with regard to confidentiality and information sharing - An important area for young people to develop agency was within the care system itself, in particular around confidentiality and information sharing in relation to their sexual orientation and gender identity at looked after children (LAC) statutory reviews. "I do not think it needs to be brought up at reviews … a LAC review could have like parents. It could have brothers. She might not want all her teachers to know her personal stuff. The LAC review is about your plan for the life ahead, but you know that's personal, your sexuality." There were situations where young people were at risk of harm from birth families if their sexual orientation was known, and with review minutes going to birth parents, carers needed to help young people to feel in control of information. For one young person who identified as gay and whose family was from a homophobic religious and cultural background, his sexual orientation could not be mentioned at statutory reviews and his LGBTQ youth group was referred to as a youth club. "He does not want his mother knowing nothing. There's a big code around who he is, you know his sexuality. …He′s in control of that." Theme 12 Support from social workers for certain decisions - Carers talked of an absence of support from some social workers regarding making certain decisions, especially in relation to LGBTQ young people wishing to have sleepovers. As a result, young people's choices about their social lives could be curtailed. For example, in the absence of clear guidance from the local authority, some carers felt the need to be cautious about sleepovers. "Normally with a foster young person if they wanted a friend to stay, I would let them stay. But if the girl is lesbian I cannot let her friends stay." Other carers commented that this was another area where LGBTQ young people in care were disadvantaged. As one carer put it, if young people were not allowed sleepovers, “That then makes them different again.” Theme 13 Family membership and belonging - Family membership contributes in important ways to providing a secure base for exploration for all young people. A supportive, accepting family has been argued to be an important protective factor in dealing with the stigma of an LGBTQ identity. For young people in care, offering a sense of belonging in a supportive, accepting foster family reduces anxiety and enables young people to feel confident to try new experiences and have the resilience to withstand pressures from the outside world, a significant benefit for LGBTQ young people. However, a sense of identity and belonging as part of the foster family needs also to be understood in the context of the young person's simultaneous and often

	complex membership of the birth or adoptive family. For most LGBTQ young people in this study, the extent to which they were seen by carers as being a member of their foster family was linked to acceptance of their LGBTQ identity. Foster carers commented on how this message of acceptance was linked to confirming a young person's place as a family member. "It does not change anything. We still look at him as one of our own." The meaning of family membership to carers and young people, as in other research, included both the quality of the commitment of foster carers to including the young person as part of the family and the young person having confidence that carers would be available for them while in care and, ideally, after they left care. "I've seen her grow with our nurturing…She says she belongs here. Her family, they are family but she calls this her family. She said if she went into the navy which she would like to do, she said the first place I'm going to come, I'm going to come straight here." One young person had officially left the placement at 18 and was away at college, but the foster family remained his secure base emotionally as well as a source of family membership. "His sense of belonging is here…he still seeks our approval when he's doing something or you know if he's got problems… Be it at college or his personal life, he'll run it by me and (foster father). ‘I'm coming home, aren't I, for Christmas?’" Carers talked with pride of the way in which young people treated them as parents, and often recognized the additional element of security that accepting young people's LGBTQ identity contributed to a sense of family belonging. "He came home and brought me a box of chocolates and he said, ‘I know you are not my mum, but you do play the part of my mum … so I'd like you to have these’. So I think he feels very safe here." The few LGB carers in the study valued what they could offer young people in terms of models of family life. In one case a gay young person who had been sexually exploited was said to have been challenged to think differently about gay relationships and possibilities. "He was able to see gay relationships and love and family in a positive way … At the same time this was a challenge for him because I suppose it threw what his idea of that was, which was very sexualised and dirty, if that's a word I can use, you know, like seedy … and this world is not like that, my life is not like that." **Theme 14** Building positive relationships with the birth families - Some LGBTQ young people were able to retain or build positive relationships with their birth families, and supporting this was seen as an important role for foster carers. One foster carer who had himself struggled to accept a young person in a long-term placement coming out as trans was then able to work with the birth family. "I think the aunt was very uncomfortable with it to start off with, but once she realised that I'd coped with it I think she accepted it a bit more…. We talk as if we are on the same side, you know." But carers also spoke of the challenges of supporting young people who held on to the hope of living with, or at least being accepted by, their birth family. "He′s got this fantasy … but when I say, ‘Would you ever like to live back with your mum?’ he said, ‘Yes, I would love to, but she will not have me and she will never have me again.’" For others, there were real grounds for fear in relation to the birth family. "He′s terrified. He said he'd love to tell her (his mother), but just daren't because she might send me back to Africa. …and he said, they'll kill me."As with all young people in care, the carer has a key role in helping LGBTQ young people to manage memories of harm or a sense of rejection from the birth or adoptive family, supporting contact with birth families where appropriate, while also promoting a sense of membership of the foster family. This task is challenging cognitively and emotionally. For some LGBTQ young people there was anxiety about whether any family would accept them as a member because of their sexual orientation or gender identity. Where foster carers had helped LGBTQ young people to feel fully accepted as family members, this gave them greater confidence in other areas of their lives.

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

Section	Question	Answer
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(There was a lack of clarity regarding how participants were selected and why their views in particular addressed the aims of the study)*
Data collection	Was the data collected in a way that addressed the research issue?	Yes *(However no discussion of data saturation or)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	No
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 method of thematic analysis)*
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

Shaw 2016

Study type	Focus Groups Semi structured interviews RQ2
Aim of study	to illuminate the factors that contribute to decisions to involve the police in matters of residential home-based challenging behaviour and minor offending

Study location	UK
Study setting	Residential care in one English local authority
Study methods	Semi-structured interviews and a focus group of residential care staff
Population	The professionals consisted of residential care staff and managers, field social workers, Youth Offending Service (YOS) workers, leaving care workers; youth court magistrates, legal advisers, solicitors and police officers. During the interviews and focus group, the professionals were asked to consider the reasons why homes involve the police in respect of challenging behaviour and minor offending and their opinions regarding the necessity and desirability of such intervention. The processing and thematic analysis of the qualitative data were undertaken in its entirety by the author.
Study dates	Not reported
Sources of funding	No financial support was recieved
Inclusion Criteria	Carer situation Residential care staff in one English local authority
Exclusion criteria	None reported
Sample characteristics	Sample size a series of one-off semi-structured interviews and a focus group of eight residential care staff, the study drew upon the direct experiences and perspectives of 40 professionals from the care and youth justice systems. The professionals consisted of residential care staff and managers, field social workers, Youth Offending Service (YOS) workers, leaving care workers; youth court magistrates, legal advisers, solicitors and police officers. Type of care Residential care
Relevant themes	Theme 1

Police as a last resort - In accordance with official policy and practice guidance (DfE, 2014, 2013a), the residential home staff and managers were generally keen to stress that the police were usually only called as a last resort: "The policy is that you call the police as a last resort … I guess crucially, it’s when there is a real, genuine, risk to staff or service users, or to the young person themselves. So (the decision to call the police) is not taken lightly at all … we have sustained significant damage to the property and not called the police. (Residential Care Worker)"

Theme 2

Frequency of incidents, not just severity - However, despite the above comment, which implies that the primary criterion for police involvement was the perceived level of physical threat involved in an individual incident, many others conveyed the impression that it was the frequency, rather than the particular seriousness of incidents, that appeared to be most pertinent. Indeed, the research revealed instances where the police were called not only in cases of actual or threatened assault to staff or other residents, but also after minor damage had been caused to home property. If a young person was considered to be ‘out of control’ and failing to respond to other sanctions (such as loss of pocket money or being ‘grounded’), staff would be more likely to seek recourse to the youth justice system. Certainly, it was apparent that the residential staff felt that police involvement was necessary as the ultimate sanction, when all other options had failed: "It’s not a routine response. It’s a considered response. If that behaviour is prevalent … it’s all about trying to turn that youngster’s behaviour to something more appropriate … If you’ve exhausted all your care practices within the home, then yeah, it’s the right thing to do. (Children’s Home Manager)"

Theme 3

Police involvement as a "wake up call" - Indeed, some participants expressed the view that police involvement could serve as a ‘wake-up call’ to the ‘realities’ of life, which many of the professionals perceived the young people to be sometimes estranged or unhelpfully protected from, in the residential context: "Once it goes on and on and on and on, there has to be a cut-off point where you’re showing the child the consequences of their actions and if they lived out in the real world, when they get out of care, they can’t carry on like that, and they will be arrested if they cause damage to anybody else’s property. (Police Officer) Sometimes, that short, sharp, shock, they need on occasions. They have to have that, because otherwise everybody would just do as they want to do, and we live in society. We can’t just do exactly what each of us feels that we want to do … With the freedom we all of us have, we have to have responsibilities. (Social Worker)"

Theme 4

A focus on deeds not needs - many of the social workers also conveyed the impression that more often than not the police were justifiably called, by well-meaning staff, to deal with extremely challenging young people as a last resort, because there was nothing else that could be done to contain their behaviour: "She just pushed and pushed and pushed, and it was the last resort of the residential home to say: ‘We can’t do any more; we need to phone the police’. (Social Worker)" It was generally assumed that as a result of the nature and disposition of the young people, residential care staff had no choice but to involve the police, even in instances where the individual had little or no youth justice involvement prior to entering care.

Theme 5

A warning to others of the consequence of bad behaviour - comments made by two of the professionals suggested that the ‘moral guidance’ of individual children and young people might not always be uppermost in the minds of staff. Rather, the need to preserve the overall authority of staff and the unit, and send out a warning to other residents regarding the consequences of misbehaviour, could also be pertinent factors: "I think that it’s sort of a lesson that they’re trying to teach the other young people … That this is your home, and while you’re living here, you’re here to look after it, and if you do damage it, you will be punished. (Leaving Care Worker)"

Theme 6

The authority of the home, protection of staff, and crossing a line - a further indication of the need to maintain the overall authority of the home could be found when staff and managers talked about different levels of misdemeanour. While most were keen to stress that property damage would often be initially tolerated, as with previous research (Hayden, 2010), it was indicated that ‘violence’ directed towards staff would not and the police would be contacted if the staff member so wished: "That would be at the staff’s discretion, obviously. If they just slapped them, they might say, ‘Don’t do it next time’ … It would be the degree of assault. But it would be down to the individual staff member as well. I would support my staff one hundred per cent. Whatever they decide, I’d go with. Because, at the end of the day, I’m there to support them, as well. (Children’s Home Manager)"

Theme 7

	Variety in severity of incidences - The accounts of the research participants revealed that instances of ‘assaults’ on staff where the police were called in the case-study area ranged from a worker being pushed out of the way when a young person was trying to leave a room after an argument, to a care worker having his nose broken. Certainly, if the decision to press charges is at the discretion of each individual staff member, this will inevitably produce an inconsistency in response, as some workers have a greater tolerance of such incidents than others. Undoubtedly, the same will also apply to instances of conflict between residents. Here, an incident which might be treated as a relatively harmless fight between siblings in a family home and responded to via informal disciplinary measures could be brought to the attention of the police at the discretion of individual young people who are not otherwise constrained by the bonds of family loyalty. Such considerations point to the need to bring a degree of objectivity to the process of police involvement in such cases, in terms of deciding whether official intervention is truly appropriate or whether the matter should be dealt with internally via other means. Theme 8 Powerlessness leading to police call - The need to display solidarity among staff is perhaps also indicative of an overall sense of powerlessness, which is reflected in the perception that they are unable to deal ‘effectively’ with behavioural issues. Indeed, a residential unit manager expressed the view that police involvement was often necessary, due to the limited internal sanctions at their disposal: "We clearly do not want to get people involved in the criminal justice system if at all possible. Then we also have to balance that with the limited consequences that we can use at the (home). Which in terms of sanctions, are limited, really … I guess we’re not able to do certain things that perhaps an ordinary parent would be able to do. (Children’s Home Manager)" Exactly what the manager had in mind here was not clear in terms of how he envisaged an ‘ordinary’ parent being able to respond when their children misbehave. Nevertheless, his words reflected a commonly held view among all the professionals that an inability on the part of the homes and staff members to adequately monitor and control residents, contributed to offending: "They don’t have any teeth. They’re limited in what they can do and what they can’t do. (Social Worker)" Theme 9 Fear of allegations inhibiting "appropriate" control and discipline - Indeed, a frequently voiced concern was that residential workers were prevented from exercising ‘appropriate’ control and discipline, due to a fear of being made the subject of allegations of abuse by the young people, which could potentially result in the loss of their job and criminal conviction. The image of the ‘streetwise’ child ‘calling the shots’ was pervasive: "The child calls the shots … they know exactly what their rights are with regard to being touched … so staff I think don’t bother, because it’s not worth it. It’s not worth the complaint. (Police Officer)" "They’re not allowed to discipline people in the way that they might be disciplined in the home. Perhaps the young person is more in a position to make accusations and charges against those who are caring for them, than they might be with their parents. (Magistrate)" Linked to this, was the notion on the part of some, that the situation had been worsened by the advent of legislation which conferred ‘rights’ upon the children and young people: "The Children Act … they all know what it is. ‘You’re touching me, you’re not supposed to touch me’, do you know what I mean? So, you’ve just got to be careful all the time … How they get to know these rules and regulations just baffles me. They’ll quote the rules and regulations, ‘You can’t do this, and you can’t do that. You’re not allowed to do that. I’ll get my solicitor’. (Leaving Care Worker)" It was felt that children had been empowered at the expense of staff, and that staff were consequently unable to deal effectively with behavioural issues. Certainly, this feeling was also prevalent among many of those that were interviewed in this study, leading to the perception that police involvement was necessary as a much needed back-up. Theme 10 The value of police contact emphatically endorsed - What is clear is that the perception of staff disempowerment, coupled with beliefs concerning the nature and characteristics of the young people, meant that the value of police contact was emphatically endorsed by many. This included the focus group of residential care workers (RW), when they described how local police officers often visited their unit: "Researcher: Do the police have a regular presence in the home? RW 1: A regular, positive presence. (A number of workers say ‘yes’ at this point). Especially the Police and Community Support Officer’s and the community police officer … he comes once a month … RW 2: For dinner! RW 3: They’ll just pop in to make sure that everything is alright … RW 1: It’s just to show them that they aren’t just there to arrest them. Then they actually confront those issues at the table, as well. RW 4: I think it also helps the police when they do have to come to an incident with our young people, that they’ve got an understanding of who our young people are, and their backgrounds. RW 1: And they’re not just carting them off and dealing with them. They kind of put the onus back on us to deal with things in-house, don’t they? That’s more positive than being arrested. RW 5: I think that at times, if you can sense that something’s brewing, you might ring the Police Community Support Officer’s and see if they are in the area and see if they can pass by before it escalates, really." "We are very fortunate. We’ve got the local neighbourhood policeman and he’s here nearly every day. It’s a wonder he’s not here now! He just comes and has a chat to us and the kids know him and I think that that’s really good. (Children’s Home Manager)" Residential staff and police participants felt that positive aspects of such contact included a greater understanding by the police of the young people’s backgrounds and circumstances (which was acquired by informal conversations with the young people and staff) and subsequent encouragement of staff by the police to deal with challenging behaviour ‘in-house’.

	Theme 11 However, the incongruity of having a routine police presence in the homes of the young people was not lost on one of the participants: "Can you imagine that in your own house, police popping round for a coffee?! (Leaving Care worker)" Indeed, whatever its merits, this practice was clearly primarily viewed by the residential care staff in the study as a much-needed way of keeping order. While such a practice might prove to have some value in terms of protecting certain young people, it could also be seen to carry with it an implicit presumption that the residents of such units are potential criminals, who should be treated accordingly and furthermore, serve to bring young people into contact with the police who might otherwise have had none. In a 'normal' home, a police presence would be viewed as an attack upon personal freedoms and civil liberties, as well as the integrity of the 'traditional' family unit. However, children in official institutions, adrift from the assumed regulation and discipline of the 'conventional' family structure, seem to be accorded no such respect. Surprisingly, little thought appears to have been given to how this might impact the young people's often, already negative self-image and consequent actions.

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 *(Participants seemed to have been selected on the basis of the author's relationship with members of the local YOS. Unclear how participants selected were he most appropriate to provide access to the type of knowledge sought by the study. No views of looked after children in residential home were sought)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Method of interview was not made explicit; no justification of the method chosen, form of data not clear; 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 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 analystical process, unclear if ufficient 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 discussion of credibility 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.

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.'		
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 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

Sugden 2013

Study type	Semi structured interviews RQ4
Aim of study	to take an inductive stance in exploring the voice of young LAC regarding what they perceive supports them to learn.
Study location	UK
Study setting	One British local authority

Study methods	Semi structured interviews and triangulation with a notepad diary used while at school. After the two-day period of using the notepad diary, participants brought them to the interview and discussed as much/little as they wanted about their diary entries, before additional interview questions were asked. Semi-structured group interviews discussed additional thoughts about what supported them to learn in school. All interviews were recorded using a digital audio recorder and all information was transcribed in full onto a word processing package. Interpretative Phenomenological Analysis was used to thematically analyse qualitative data.
Population	Primary school-aged looked after children
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	Age between seven and nine years old Care Situation currently “Looked-after” when the research took place. The child currently lived in the local authority in which the study was carried out. Time in care Looked after for at least six months
Exclusion criteria	None reported
Sample characteristics	Sample size Six participants Time in care children had been in care for between one and three years Type of care

	five were in long-term foster placements while one was in a respite placement Gender five were male and one was female Age aged between eight and nine years Ethnicity Five participants were white British and one was Ghanaian
Relevant themes	Theme 1 Super-ordinate themes - School as a place of acceptance and belonging - Participants discussed the function of school as a place in which they felt accepted. School offered membership of an institution which was perceived as a stable and reliable environment, for example: "Interviewer: What is it about school that’s nice? Freddie: Cos I have, I get to see my friends everyday" It was also a place which the young people frequently attended. The group believed that it provided them with the opportunity to belong; both at the level of a school community which could provide access to a social group and as a community which could provide opportunities for play, for example: "Alex: Well we’ve got displays of our work like erm I brung this boomerang toy and teacher put it up there cos it’s one thing that of the things I got from Mexico … and every single thing some people bring she puts on the wall cos she wants people to make that thing special." Theme 2 Super-ordinate theme - A relationship with key/significant adults - School additionally offered a relationship with key adults (most importantly the class teacher). This super-ordinate theme encapsulated the importance of: belonging, friends, play and teachers. Theme 3 School a place for exercising agency and having an individual voice - For many participants school offered the arena in which to make choices about their lives and assert some control over their futures. School offered an environment in which they were given a variety of lessons and experiences and could subsequently make choices on these, for example regarding which activities they enjoyed. In this sense school developed their ability to form views and have an individual voice, for example: "Interviewer: So what’s your favourite subject in school? Billy: Football, playing football Interviewer: Yeah, why do you like playing football? Billy: Because it’s my favourite sport! This voice was listened to by both peers and the adults around them. Participants could develop views about what they believe that they needed to best complete tasks (such as physical resources) or the ways in which they would gain support and what type of lessons they enjoyed. Theme 4 Responses from some participants alluded towards the opportunities for change which school could offer them, for example, the chance to begin again following a move of placement or to develop specific skills: "Interviewer: Yeah … okay then you said about sort of behaviour erm is behaviour something that you work on with people? Chris: I don’t work on it in this school, but my old school, I used to work on it. Therefore this super-ordinate theme encapsulated the importance of: academic success and resources and opportunities. Theme 5 The need for personalised learning - All of the young people supported a theme relating to the importance of their schools understanding them as individuals and subsequently personalising their learning. By understanding who the young people were and what they thought, participants could be heard and receive appropriate learning opportunities, for example: "Interviewer: So erm what do they do to help you Elliot? Elliot: Help me do my work?! Interviewer: Right and erm how do they do that? Elliot: Erm, uh, just – they write it down and then in the book and then I have to copy it into my book"

<table>
<tr><td></td><td>Theme 6
Encouragement to increase confidence - Therefore this super-ordinate theme encapsulated the importance of: the child presenting information regarding their difficulties/areas of lower confidence and considering what could be put in place to increase their confidence, for example: "Alex: She would like say “Don’t worry – I’ll figure out a way to help you” and that really cheers me up."</td></tr>
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<tr><td>Recruitment Strategy</td><td>Was the recruitment strategy appropriate to the aims of the research?</td><td>Yes
<i>(However, no discussion regarding why some participants chose not to take part)</i></td></tr>
<tr><td>Data collection</td><td>Was the data collected in a way that addressed the research issue?</td><td>Yes
<i>(However, setting not justified and no discussion of data saturation)</i></td></tr>
<tr><td>Researcher and participant relationship</td><td>Has the relationship between researcher and participants been adequately considered?</td><td>Yes
<i>(An inductive approach using participant diaries was used. However, little in-depth discussion of sample recruitment or choice of location)</i></td></tr>
<tr><td>Ethical Issues</td><td>Have ethical issues been taken into consideration?</td><td>Can't tell
<i>(No mention of ethical approval being sought)</i></td></tr>
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	Data analysis	Was the data analysis sufficiently rigorous?	Yes
	Findings	Is there a clear statement of findings?	Yes *(Triangulation was captured using the participant diaries)*
	Research value	How valuable is the research?	The research has some value *(Some generalisability issues since only 6 participants were sampled, transferability and limitations of this research were not discussed)*
	Overall risk of bias and directness	Overall risk of bias	Low
		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)"

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<td>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)"</td>
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<tr><td>Research Design</td><td>Was the research design appropriate to address the aims of the research?</td><td>Can't tell
<i>(Research methods are not justified)</i></td></tr>
<tr><td>Recruitment Strategy</td><td>Was the recruitment strategy appropriate to the aims of the research?</td><td>No
<i>(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)</i></td></tr>
<tr><td>Data collection</td><td>Was the data collected in a way that addressed the research issue?</td><td>No
<i>(No justification of study setting or explicit description of how interviews were performed)</i></td></tr>
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	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

Thompson 2016

Study type	Semi structured interviews

	RQ1 Foster carers relationship with birth children RQ2 In-depth interviews
Aim of study	to examine in depth the views of foster carers on the impact of fostering on parent–child relationships.
Study location	UK
Study setting	Foster care homes
Study methods	Semi-structured interviews. Data were analysed using constructivist grounded theory methods. An initial interview guide was developed in consultation with staff from the foster agency, with the aim of allowing exploration of parent–child relationships over time and from different perspectives. Audio recording of interviews and transcription. Thematic analysis was performed. All foster carers who participated or volunteered to take part in the research initially were sent a four-page summary of the findings and asked to either write or call the first researcher with any comments they had about the findings.
Population	Foster carers recruited through one foster agency only
Study dates	Not reported
Sources of funding	Health Education East of England
Inclusion Criteria	Carer situation participants had to be foster mothers or foster fathers who had at least one birth child and foster child currently living at home.
Exclusion criteria	None reported

Sample characteristics	Sample size Nine foster carers Time in care their length of fostering experience ranged from 2 weeks to 9 years, with a mean of 2 years Gender Participants consisted of three couples, one married female and two females who had separated from their partners since fostering. Number of previous placements all had fostered at least two children. Three had experienced a placement breakdown but were currently fostering; four were considering stopping fostering. Other recruitment considerations Using the principles of theoretical sampling, the researcher could follow up on any questions generated from each interview through purposeful recruitment of subsequent participants, including the recruitment of foster carers who had stopped fostering and those who had fostered for different lengths of time. The principles of theoretical sampling can lead to the final sample being relatively diverse, unlike in some qualitative methods in which the aim is to have a more homogeneous sample. Age aged between 30 and 60 Ethnicity "various ethnic backgrounds"
Relevant themes	Theme 1 Position of the birth child matters - The position of the birth child within the family system and how this is altered by a foster child arriving have an important role in relationships between foster carers and their birth children. When discussing fostering with their children in advance, some foster carers found that their birth child specifically wanted the foster child to be older or younger than themselves: "He liked being the oldest child . . . he wouldn't want someone older than him to come into my home, he wants to be the big brother. (Sharon, ln. 320–322) [Eleven year old birth child] had said 'OK well if you're going to do fostering can you try and get them older than me', cos she always wants to be the youngest. Um but it just so happened that the first one I got was eight years old. (Marsha, ln. 129–132)" These examples indicate that it may be important to birth children to maintain a particular position in the family system that they value in some way. Such preferences may give clues as to what makes birth children feel secure in their relationship with their parents, and these conversations demonstrate how birth children can be included in the process to preserve their sense of emotional security. Foster carers also reported that where the foster child was a similar age to the birth child, this was experienced as being a particular difficulty: "I think if you go for the same age group and age range I think you could have a lot of problems as a foster carer . . . cos your children might be doing something with that foster child. So I think it's important that you keep that age gap. (Sharon, ln. 491–495) Looking back that was difficult because they were the same age . . . they fought like cat and dog. (Katrina, ln. 630–632)" Most foster carers felt that fostering children of different ages to their birth children worked better for the birth child: "I think if you've got kids in the foster family you should try and keep the kids you're fostering . . . lower in age. (Stuart, has older birth children, ln. 305–307)" Theme 2 However, foster carers also had to consider the practical implications of fostering a child of a different age: "We didn't want to take another 'child' [referring to younger foster children] we didn't want to add to the stress because we've got all our three kids in the same school and we didn't want to have a child where . . . she's running around elsewhere going to another school. (Carl, ln. 350–353)"

	Theme 3 Involvement of birth children in the decision making process - Foster carers generally appeared to have thought about how much to consult their birth child and include them in the fostering process. This sometimes depended on the birth child's age and the parent's understanding of how much their child wanted to be involved. It seemed to be thought important to involve older birth children, whereas with young children it was thought better to explain and inform, but not to involve them too much: "Your children, in your decision to become a foster carer, have to be involved in it. And if your child has any doubts don't do it. (Sharon, whose birth child was older, ln. 461–463) Our way of dealing with it is basically explaining to the children rather than just sweeping it under the carpet and . . . not getting them involved in what's going on because of course they're young children. (Petula, ln. 139–142)" Theme 4 Jealousy/rivalry - In keeping with studies of sibling relationships which demonstrate a link between higher levels of conflict/hostility between siblings and competition for parental interest and affection (e.g. Dunn, 1992), analysis revealed that when a foster child arrives, foster carers perceive there to be competing demands for parental resources between the birth and foster child. This included foster carers perceiving there to be rivalry for parental time and affection, as well as practical parental input, and could lead to distancing in parent–child relationships. For example, Marsha described how she perceived that her birth child became jealous of her relationship with the foster child, was angry that the foster child was treated differently and had subsequently withdrawn from the family. Similarly, other foster carers seemed to perceive a degree of jealousy: "As soon as that young girl [foster child] sat and wanted to cuddle at night I instantly saw [birth child's] face and I knew, no we can't do this . . . Instantly I knew [birth child] didn't like it. . . . I knew he was fazed by how close that young girl wanted to be to his mum. (Sharon, ln. 337–354) They're seeing mummy's not around but this young lady's suddenly come into our house and we don't know about her but she's taken away our mummy . . . usually mummy's at home with us in the week you know in the evenings helping us with our homework or just you know playing with us. (Petula, ln. 103–108) [Birth child] became a little bit quieter because he wasn't gonna get as much attention . . . He was quite attention seeking and he was also quite distant with them [foster children], he didn't really want to talk to them. (Jenifer, ln. 162–168)" Theme 5 Feeling overstretched -Rivalry was perceived to be played out frequently. Foster carers felt that the birth child and the foster child wanted what the other had and this led to them feeling stretched: "That was really hard because they just played up, all of them, they all wanted my attention, and it was like having four children all the same age you know, quadruplets . . . my children were kind of worried, not having their place with me, not having as much attention. (Jenifer, ln. 45–49)" Theme 6 Setting boundaries for what could be offered - At times, this meant that the children wanted more from the foster carer than they felt able to give and either putting in a lot of effort or setting a boundary around what could be offered: "They demanded a lot from [husband], they demanded a lot from me . . . I managed it . . . only for a weekend, at the end of the week they said would we take them for longer and we said we couldn't. (Jenifer, ln. 55–57) If you ended up having a full time placement . . . it's a huge impact on your life, so that's when we decided, that's why we're foster parents and we don't adopt. (Stuart, ln. 200–203) Foster kids have a different psyche and a different outlook on life are er you try and train them otherwise but er it takes time. (Marsha, ln. 159–161)" Theme 7 Changing parenting style leading to feeling overwhelmed - Simultaneously, foster carers felt that they had to change their parenting style which placed a further demand on them. For example, Katrina described how she would usually bathe her birth children together or withhold their pocket money if they had been naughty, but could not parent in these ways when fostering. It seemed that foster carers felt compelled to work harder to get it right for the children by trying to balance everybody's needs. They described their efforts to juggle their time and attention: "[Foster child] was very much sort of vying for my attention . . . it was hard to juggle that cos I didn't wanna obviously, want to make [birth child] feel left out at any time, but it was quite hard. (Peter, ln. 107–109) I had so many children I had to put a limit on what I could take, so I had a rule, everyone in their rooms at nine o'clock. (Jenifer, ln. 179–181)" Theme 8 Making sacrifices - Participants talked about having to make sacrifices in order to foster. These included feeling tired and stressed from working hard and never having time off, losing their freedom/social life and having less time and energy for their birth child: "I could sit down, maybe play little games with them, while other times I didn't have the time or the energy. (Katrina, ln. 65–66) I had lots of appointments with [foster child], so I did miss out on a lot of my own children's activities. (Sharon, ln. 146–147)"

	Theme 9 Changing relationship with birth child - Foster carers seemed aware that despite their efforts to work harder and do more, this was often insufficient, and their relationships with the birth child changed initially in ways they did not want: "I just feel that . . . we don’t have that same connection that we did have when he was younger, and . . . I don’t feel that he opens up to me as much as he used to. (Katrina, ln. 112–114) We’ve become more . . . a bit like work colleagues or something you know, it’s like working together. (Magda, ln. 26–27)" Some foster carers noticed these relational changes when the foster child left: "I mean particularly when [foster child] left . . . we were sort of like re-bonding again . . . you know like spoiling ourselves as a family, doing things together. (Peter, ln. 148–151)" Theme 10 Female foster carers reported feeling more overstretched - It was noticeable that the female foster carers reported feeling overstretched more often than the males in this study. Where foster carers were part of a couple, males identified their roles and responsibilities differently to females: "Normally I’m not here within certain hours so you know I just leave my wife and my wife does everything . . . she cooks, she cleans, she looks after the kids . . . when I’m here I do my bit as well. (Carl, ln. 345–349) My point of view is I’m [wife’s] support network . . . that is the role unfortunately. (Stuart, ln. 478–479)" Theme 11 Under circumstances of perceived rivalry and sometimes feeling overstretched in their parenting capacity, foster carers seemed ultimately to want to protect their birth child and the biological family system: "My kids aren’t going to come second you know they have to come first and [foster child] has to come second it’s as simple as that, because if they don’t agree with that well then I’ll end the placement. (Katrina, ln. 367–369) I’m always asking [birth child] if she’s okay . . . it’s your family and you want to know that your children are okay. (Carl, ln. 228–233)" This highlights that, from the foster carers’ perspectives, the relationship with their birth child and the preservation of the biological family system were often a priority, be it conscious or unconscious. Theme 12 Relationships can survive and improve - In many instances, it was felt that the relationship with the birth child could survive this strain and the relationship was preserved or strengthened in the longer term. Positive changes derived from making more effort to show their love for their birth child, not taking them for granted, giving them individual time, increased communication, considering their feelings more, being at home more and spending more time together. Some foster carers reported that the relationship had improved because the birth child became more appreciative. Also, some foster carers talked about their parenting skills improving, which impacted positively on their relationship with their birth child: "I think now it’s made me a better Dad . . . I make more time to go to their sports, make some more time to talk to them, before you used just to be tied up in work, come home, eat me dinner, have a bath, watch the telly, go to sleep, go to work; so the family element of it, I think I’m . . . a better dad, more understanding now. (Stuart, ln. 502–508) If I wasn’t a foster carer I’d probably be like every other mum who shouts and screams, and not have to think, you know in fostering you’ve got to think on your feet all the time that you can’t raise a voice. (Sharon, ln. 60–62)" Theme 13 Change in perspective - Positive changes in this relationship were also reported due to foster carers looking at their birth child differently as they realised the importance of a stable upbringing. Foster carers became more aware of their own importance to their birth children: "It sort of makes you hold onto them stronger cos you just know how, how vulnerable . . . children are. (Peter, ln. 86–87) I’m just so relieved that we now have this great family and um I’m really sorry for all the kids that don’t. So yeah it’s made me more grateful to have them. (Magda, ln. 51–53)" Theme 14 Concern for the birth childs emotional security - Despite these positive impacts on family relationships, concern for the birth child’s emotional security was expressed: "That’s growing up before you have to grow up, hearing about the dark side before you have to. So those things are implications. (Jenifer, ln. 264–265) [Foster child] is a boy and he had to go away, daddy is a boy, does he have to go away? (Magda, paraphrasing her 5 year old birth child, ln. 136–138)" Theme 15

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<td>Unconcious bias toward the birth child - Foster carers differed in the extent to which they were reflective about changes in their relationship with their birth child, acting in ways that preserved the biological family without being consciously aware of it at the time. For example, Katrina acknowledged that when she first started fostering both she and her birth child changed, but at the time she lacked awareness of it: "You know . . . I never really looked at it, how . . . it affected him when he was younger (67–68). . . . I think because he was my own son I could see no wrong in him, and every time they fought I know myself I always I took [birth child’s] side. (Katrina, ln. 153–155)"

Theme 16
Importance of reflecting on preserving family dynamics - But when foster carers did reflect on this, it seemed that the importance of considering family dynamics before fostering was acknowledged and was helpful for preserving relationships during the placement: "I think it’s important that you do, depending on the type of child, then you sort of assess how you’re gonna deal . . . with . . . any change in family dynamics. (Petula, ln. 771–773) You’ve got to be very aware what you want to do, what age limit . . . you can cope with and what age limit your family can cope with, in the environment you live in. (Stuart, ln. 399–401)"

Theme 17
Reflecting leading to actions - It was apparent that the result of these reflections on the changing family dynamics had implications for the foster placement – whether the family continued fostering, put restrictions on the type of foster child they would take in future or whether the birth child became more independent from the family. There were particular instances where foster carers reflected on unwanted changes within the family and re-evaluated their own role, their motivations to foster and whether fostering was right for the family: "Well it’s a wrestling with . . . Am I damaging my own family? . . . Am I doing this for me not for them? (Jenifer, ln. 134–135) There was a concern when [17 year old birth child] said she wanted to leave, is it that because she has been anaesthetised to people just coming and going. That’s what worries me. (Stuart, ln. 72–74)"

Theme 18
A wish for family relationships to return to normal after the placement - This illustrates how reflecting on family relationships would often give precedence to preservation of the biological family. Consequently, many foster carers expressed the wish for family relationships to return to ‘normal’ at the end of a placement: "I think it was relief really, to be honest, even though we all said a proper goodbye we went for a meal the night before and all that, but I think for everyone concerned it was phew, we can go back to normal now. (Jenifer, ln. 311–313) When [the foster children] did go it was brilliant because we did go the cinema, we used to go swimming then I used to sit here and even draw or watch a movie together or something, we did have more time which was which was brilliant it was really good. (Katrina, ln. 306–310)"</td>
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<td>Risk of Bias</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>
<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</td></tr>
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Data collection	Was the data collected in a way that addressed the research issue?	Yes *(However, no justification of setting or discussion of data saturation)*
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 and more than one analyst 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

Thompson 2019

Study Characteristics

Study type	Focus Groups

Aim of study	to investigate how the recommending of contact in special guardianship cases is currently working
Study location	UK
Study setting	one rural, affluent Home Counties local authority and one poorer, inner London council in England
Study methods	A mixed-methods approach was adopted for this study, using a questionnaire for social workers, and two focus groups of social workers and two of special guardians. The choice of local authorities was determined by a wish to have diversity and a spectrum of views. Managers of special guardianship teams were sent information about the research, and asked to select volunteer social workers and special guardians on a first-come-first-served basis. This method of convenience sampling was the simplest to use, but can result in an unrepresentative sample group. Each group lasted for 1 h, and was digitally recorded. The interviewer used a short script of 13 questions, which were slightly different for the social worker and special guardian groups, but covered the same broad issues. The researcher made full transcriptions of the recordings, and the dialogue was manually coded and interpreted using thematic analysis modelled on "in vivo coding" in grounded theory.
Population	Social workers and special guardians
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	None reported
Exclusion criteria	None reported
Sample characteristics	Sample size 9 social workers and 12 special guardians Time in care

	The length of time that social workers had been practicing ranged from 2 to 13 years, with an average of six years. The length of time since their SGOs had been granted ranged from 5.5 months to 4 years. Gender The two social worker focus groups contained nine practitioners in total: eight female and one male. Thee two special guardianship focus groups contained 12 carers in total: 11 female and 1 male. Age the current ages of their special guardianship children ranged from 4 to 12 years old.
Relevant themes	Theme 1 Factors considered by social workers - Social workers were asked about different factors they take into consideration when arriving at their recommendations. As with the questionnaire, factors concerning the child received the highest rating. However, one factor, mentioned by four practitioners and several carers, was not raised in the questionnaire or in the wider literature. This was the need for the child to have time and space for an “other” life. By this they meant that contact with parents is not set at such a high frequency that the child misses out on doing some of the other things that he or she should be enjoying, as part of a normal childhood: Taking into consideration the child’s day-to-day life, they will need to have time with their special guardian and family, doing appropriate activities with their peers, certainly as they get older. I think a very high level of contact will disrupt that. (SW1 – B) Social workers mentioned the child’s need to bond with the new carer and the need to maintain the child’s relationship with their parents. This in turn was influenced by the child’s age, which also determined their capability to express their own views on contact. Most of the factors for consideration regarding the birth parents were connected to the reasons why the child was taken into care. One practitioner considered how this would affect the parents’ capacity for change and managing contact: What the attitudes and change for the parents are, and what the trajectory is. Going forward in terms of them addressing what the particular issues are. Taking steps forward to make you feel more confident in their ability to appropriately manage contact, and minimise the impact on the child. (SW2 – B) One indicator of this is how the parents have managed contact since the child was taken into care, and during the court proceedings. Using past behaviour as an indicator of likely future behaviour was mentioned by several social workers as a way of judging how reliable the parents might be: I’m doing an SGO at the moment. He’s five […]. And [MOTHER] hasn’t seen him since 23rd December. So with her own choice she hasn’t seen him for the last three months. She would come, and then she wouldn’t come. Her life was quite chaotic. So that’s why the recommendation would be four times a year contact. (SW1 – A) Questionnaire respondents rated the most important factor concerning carers, as their ability to manage birth parent contact. This was also the most common factor regarding carers raised by practitioners (×7) in the focus groups. One thought that special guardians often do not have a realistic understanding of how challenging contact will be: I think carers don’t always recognize the levels of issues that they could be dealing with. And they just assume it will be ok. (SW2 – B) Social workers need to know that carers will be able to resist parental pressure, maintain relationships and prioritise the needs of the child when making decisions about contact: We are asking them to put the child first, and in a lot of cases that could be in front of their own daughter. And that is really difficult. (SW1 – A) Theme 2 Planning for the future - The biggest challenge for social workers when making recommendations is trying to evaluate a host of shifting circumstantial factors, in order to design a plan that will match the child’s future needs: I think we’re often making recommendations which are going to be in place for 10–15 years, and children will have moved through several developmental stages in that time. And what level of contact is appropriate at one age might not be appropriate later on. (SW – B) One approach is to gradually delegate responsibility for planning contact to the carer, so they can adapt it to the family’s changing needs: For the long term, you want it to become a much more organic arrangement. To move forward without me dictating how a child’s contact is going to look four, five, six years down the line. (SW2 – B) This offers a pragmatic solution, as practitioners cannot plan contact for the long term with any certainty. This approach only seeks to establish a social worker plan for the short term, after which time it will be taken over by the special guardian: So I try to think ok for at

least for the next 12 months, "Is this going to work? Is this going to provide the best structure for the child?" And that has to be my starting point, and beyond that you're putting your faith in them that they're going to be able to make the right decisions. (SW2 – B).

Theme 3

How does the court process affect contact planning? - Concern over the court process was a recurring theme. Several special guardians said their contact had not being decided until the final hearing, and several social workers felt that the adversarial nature of the Family Court could derail contact plans: Sometimes you can go to court with a recommendation […]. and then with all the negotiations that go on to get an agreed order, then sometimes contact does become a bargaining tool. Sometimes the lawyers desire to get an agreed order before the judge can mean that things like contact are negotiated on. (SW1 – B). This led one social worker to plan a negotiating position on contact beforehand: It does sound horrible to say, because this is about a child's future and the child's welfare, but I know that if I go in and recommend four times, it's likely that I'll be argued up to six times a year. So sometimes you almost have to give yourself a bit of a buffer. (SW2 – B) If contact arrangements are being used in court as bargaining chips, it is difficult to see how this could result in arrangements best tailored to the child's needs. And it illustrates how contact planning is sometimes being marginalised in court: I'm not always confident when we make the recommendation that the court will consider our recommendation at all. (SW3 – A).

Theme 4

Were the special guardians given an explanation of contact issues? - Only half of the special guardians felt they understood contact, before their SGOwas granted. Many of the others were adamant they had not had contact explained to them, or only had brief or hurried discussions. However, practitioners felt that even when special guardians had the contact plans discussed with them, they did not fully appreciate the reality of how challenging it would be, and how their relationship with the parent would change once the child was placed with them. Several carers described how at the time the stress of the court case and their focus on getting the SGO and permanent care of their childmeant they had little time to think of anything else, such as contact plans: But when you are actually in court, you just want that paperwork to protect you and to protect that child. And at the time you don't think about some of the content. If I'd have known then what I know now, and had the advice that I've been given since, I would have changed a hell of a lot. (SG2 – D) It is easy to appreciate that when relatives are navigating their way through the court process, and desperate to get care of their child, they are unlikely to give much consideration to other issues such as contact. And if they do not have a proper understanding of contact, then they cannot be adequately prepared for the challenges it involves. However, when they have secured care of their child and contact with the parents begins, the reality kicks in. Special guardians from both groups agreed that it was then they realised the original arrangements needed to be adapted: And when you actually realise what's going on, that's the time to think "Well hang on, no this isn't actually working. Perhaps we could get this changed so that you can plan it a bit better, to accommodate your needs and the parents" needs. (SG6 – D) Several carers suggested it would be helpful to have support through this initial stage of contact implementation, and they would have liked the option to have a post-SGO review of contact once they better appreciated the issues: I think there should be a follow up regarding contact, six months to 12 months afterwards, so that you can actually make sure the right arrangements have been made. (SG4 – D)

Theme 5

What do special guardians think makes contact a success? - Special guardians from both groups were adamant that the quality and regularity of contact was the most important determinant in its success: Children are far more accepting if they know that is going to happen. The fact that it might be two or three months time, they're far easier to accept that if they know it is more or less cast in stone that it will happen. (SG1 – D). The question of whether regularity or frequency is more important was put to them directly: INTERVIEWER: Do you think the stability and the regularity is more important than the frequency they are actually having? SG2 – Yes. SG6-D – Yes. SG1 – Yes. SG4 – And the quality. The quality is far more important than the quantity. The focus groups therefore raised an interesting difference in emphasis between the principal contact recommendation on frequency made by social workers, and what special guardians consider to be the most important factor determining the success of contact. Perhaps the contact planning process, which needs to inform the parents how often they will be allowed to see their children, leads social workers to focus on frequency. Whereas special guardians focus on the quality and regularity of contact, because they see at first-hand how upsetting it is for children when the parents misbehave or fail to attend: Two things: parents not turning up and being mentally unstable. At that particular time, drunk, drugs, whatever it might be. Or not turning up at all. And they're saying they're going to be there. It's very detrimental. You get a very bad tempered child, a very upset child. (SG3 – D)

Theme 6

How have changes in contact affected the children? - Several carers described the dramatic impact contact has on their child's daily life: She's actually still very angry with her mother, and that's causing us a lot of problems at the moment. She sees her from the start of the month. And then she rants and raves. It really upsets her. It takes a whole month for her to settle

	down, and then she wants to go and see her mother again. (SG4 – C). Many social workers described difficulties experienced by children, as a result of unreliable parents who come in and out of their lives: She [MOTHER] will probably come back on the scene, then she'll probably disappear again. So is that beneficial for this 5 year old? Actually now it's been 3 months, he's asking less. And he's more settled, he's not making the anxious noises that he was making. He was making guttural noises and things. He's not doing that anymore. But then when she then comes back and he sees her, that behaviour probably will return. (SW1 – A). One special guardian explained her exasperation at the parent's unreliability: She can't prioritise her children. We'd agreed as a family that they would go on Christmas Day with their mother. Two days before Christmas she cancelled. You don't do that to children. (SG5 – C) When parents fail to attend or behave appropriately, it is the carers who have to deal with the daily consequences and unsettling effect it has on the child. Theme 7 Has the contact that was agreed changed over time? - Special guardians were asked how their initial contact plans had worked. Most said contact had reduced since their SGO: INTERVIEWER: Since your SGO, how much has contact varied from what was agreed? [LAUGHTER FROM SEVERAL MEMBERS OF THE GROUP]. SG5 – Tear up the agreement because it didn't […]. SG1 – Mine said up to four hours, so we both […] we'll try and keep it going for four hours. That was absolutely a disaster […] when she does turn up. She's probably done about […] overall […] I'd say 40%. That's probably generous. (SG5 and SG1 – C). The majority of changes in contact were where it had decreased, and by far the biggest reason given for this by carers was the mother's behaviour and unreliability: There's been a deterioration in the […] definitely, in the amount of contact she has come to. It's a lot lot less now than it was originally. And because she's deteriorated. And she's a junkie. Plus she's lost her home now as well. So her lifestyle's more unpredictable. So that [contact] has got less. (SG4 – D). In some cases, the parent may have been unable to attend contact: Yes, it's changed. It's less. Mum going to various mental institutions, becoming ill, and not turning up for various reasons. (SG3 – D). Of the 12 special guardians, eight had reduced the child's contact with the mother, and one with the father. All the problems related to the parents' behaviour or reliability: SG1 – What's she [MOTHER] going to be like when she turns up? She could be horrible. SG5 – Is she going to turn up. SG1 – Yes, is she going to turn up. And just how her behaviour is going to be. But I tend to be very clear with her. If it carries on she won't see him. (SG1 and SG5 – C). One carer said that even when the parents do attend, their behaviour is difficult to predict. Five special guardians mentioned inappropriate comments by the parents to the children: SG5 – And then you're forced to sit there and listen to all this rubbish that's said to them. SG2 – All the promises. SG5 – Yes, yes, exactly. We've been promised everything from a horse […] she actually took them to choose a puppy […] when they come back to live with me […] a pony […] going to Canada for holidays. We've had all this rubbish, and you've got to sit there and listen to it. And […] afterwards you've got to tell them that it's not going to happen. Dealing with that disappointment. (SG5 and SG2 – C). Although social workers reported that parents could be unreliable, they did not mention any duty placed on them to positively support contact. This responsibility on parents is not something that has been explored in the wider research. However, special guardians raised this issue, as they felt the responsibility to make contact work was unfairly all on them: And at the moment the onus is on us to make the contact happen, but there doesn't seem to be a reciprocal responsibility on the part of the parent to actually attend, and keep their part of it. (SG1 – D). Another carer said her contact agreement mentioned increased contact for the parent if they behaved appropriately, but made no mention of reduced contact if they behaved badly: And I can look towards increasing that, if my daughter does certain things […] behaves in certain ways […] maybe she would get more. An interesting point is that it adds in for the "more", but it doesn't say, conversely, if she behaves awfully you can [LAUGHS] […] which is the case sometimes, as we have to stop it because of certain behaviours. It doesn't actually word that in there. (SG1 – C). This carer made the policy suggestion that contact plans should include not only the parents' rights to contact, but also their responsibilities too. And spell out in detail what the consequences would be if they did not behave appropriately: INTERVIEWER: Would you have liked it to say that if there was a problem, contact could be reduced? SG1 – I think it should do […] be really clear, yes […] and for her to see that in black and white. Because that wasn't explained to her. Because I get all the backlash now […] "It says, it says, it says". It would be much easier if I said "And it says, if you don't behave I won't do it". It doesn't say that, and there's no reason why not. (SG1 – C).

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
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 *(A good spread of local authorities was selected, however the sample was a convenience sample (first come first serve))*
Data collection	Was the data collected in a way that addressed the research issue?	Yes *(However no discussion of setting or 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?	Can't tell
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

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

<table>
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<td>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)"</td>
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<td>Risk of Bias</td>
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<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>
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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?	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). 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).

	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?	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
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