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MEANINGFUL NATURAL MENTORING RELATIONSHIP CHARACTERISTICS AND INFORMAL THERAPEUTIC LIFE SPACE INTERACTIONS FOR YOUTH IN CARE

Section A:

"What makes the ideal mentor for youth in care?"

Word Count: 8000 (300)

Section B:

"Where's the therapy? How do Therapeutic Care workers make sense of their informal interactions with the child in the child's life space within a therapeutic community setting?"

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Acknowledgements

Summary of the Major Research Project

Section A

A review of the literature comprising a systematic search, narrative review and critical appraisal to answer the question: "What makes the ideal mentor for youth in care?". A search of four electronic databases and relevant reference lists yielded 12 papers. Despite methodological and ethical challenges, the reviewed papers gave good insight into the features of the natural mentoring relationship valued by youth, highlighting several common characteristics, such as empathy, trust, authenticity, and role modelling, with most papers of at least acceptable quality. To further evidence what makes the ideal mentor for youth in care, more rigorous research is required across various settings with greater focus on diversity of perspective.

Section B

A qualitative study exploring how Therapeutic Care Workers (TCWs) interpret their informal interactions with children in their 'life space' (Steckley & Smith, 2011). This qualitative study reports data from in-depth interviews with eight female TCWs (mean age 32, SD = 6.7) currently working in one of two therapeutic communities. Four superordinate themes are reported: Getting into the child's mind; Evincing the child they are in my mind; What we have together; and, The difference that makes the difference. The findings highlight TCWs' beliefs that, because of their special relationship with the child and their genuine love for them, virtually every interaction with them is therapeutic.

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Section A

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What makes the ideal mentor for youth in care?

8000 (300) words

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Abstract

Youth mentoring can be defined as a caring, trusting and supportive relationship between a non-parental figure and a young person (Rhodes et al., 2006), who receives guidance, support and encouragement from the mentor (Brady et al., 2020). This review is the first to comprehensively identify research related to youth in foster care and the characteristics of natural mentoring relationships, providing a better understanding of the present status of this burgeoning field and highlighting implications for future research and practice.

The aim of this review was to use systematic search, and narrative review to answer the question "What makes the ideal mentor for youth in care?" focusing on the natural mentoring relationship for young people in or emancipated from foster care. A systematic search of four electronic databases and relevant reference lists yielded 12 papers. The findings of this review were generally positive, with a number of consistent characteristics valued by youth in foster care in a variety of important, supportive adults. Despite methodological and ethical challenges, more rigorous research across a broader range of settings is required, with a more nuanced focus on diversity of perspective to evidence what works, and for whom, in relation to natural mentoring relationships for youth in foster care.

Keywords: Foster care, natural mentoring, relationships

"A child needs the enduring, irrational involvement of one or more adults in care

of and in joint activity with that child. In short, somebody has to be crazy about

that kid" (p. 262, Bronfenbrenner, 2005)

Introduction

Young people in foster care

Over 107,000 children were in care in the UK in 2020. Of those, over 80,000 were in

care in England. This equates to 0.7% of children in England, an increase of 2% on the

previous year (Department for Education [DfE], 2020). Children and young people enter the

foster care system for reasons including abuse, neglect, parental illness or disability, family

crises and unsafe living environments, and may reside in various placements including foster

care, kinship care, residential homes, residential schools or secure care (DfE, 2020; Welch et

al., 2018).

For some children, care can offer a place they feel at home and a refuge from abuse

and harm. For others, removed from the familiarity and comfort of family and community,

coming into care can be an intensely distressing experience (Brady et al., 2020). Many will

experience difficulties related to separation, loss, attachment and bereavement (Healey &

Fisher, 2011) and may also experience placement instability (11% of children in England had

three or more placements in the year to March 2020 [DfE, 2020]), stigma, and emotional

difficulties at school (Stein, 2006). These factors can have implications for the child's

adjustment to life in care and their ability to form attachments with other adults (Brady et al.,

2020).

Although the professional goal in foster care is to enable children to achieve adequate

attachment for their transition to adulthood, corporate parents are poor proxies for caring

families and decent parenting is difficult when the 'parent' encompasses many individuals and organisations with diverse practices and beliefs (Rees, 2006).

Challenges of transition and poor outcomes

Of those in care, 63% are over the age of 10 years and, of those, 24% are over the age of 16 and due to 'age out' of the foster care system (DfE, 2020). Aging out occurs when youth legally emancipate from foster care prior to or without ever being reunified with their birth family, being adopted, or achieving another permanent placement arrangement (Greeson, 2013).

A consistent finding from studies of care leavers is that when most move to independent living, they are expected to transition to adulthood at a younger age and with greater speed than their peers, most of whom will remain at home for a number of further years. For foster youth, their passage to adulthood is hastened and condensed and they are deprived of the psychological opportunity to acclimatise to their new circumstances over time (Stein, 2006). Compared with their general population of peers, there is a high risk of poor adult outcomes in terms of educational achievement, employment, disrupted careers, periods of dependency on benefits, homelessness, being young parents, offending and perilous health behaviour, mental and physical health problems, and loneliness (Ahrens et al., 2008, Ahrens et al., 2011; Stein, 2006).

Legislation

Policy in relation to children and young people in the UK over the past few decades has highlighted the importance of offering effective services to support foster care youth both whilst in care and in their emancipation from care and their transition to adulthood.

In the UK, the Children Act 1989 (DfE, 2021) set out many of the duties, powers and responsibilities local authorities hold as a corporate parent in respect of their looked after children and care leavers. This included safeguarding and promoting the welfare of children, acting in their best interests, and promoting their mental health and well-being. It also introduced a duty to prepare young people for leaving care, including providing advice and personal support (Stein, Pinkerton & Kelleher, 2000). The subsequent amendments in the Children Leaving Care Act 2000, the Children and Young Person's Act 2008, Children and Families Act 2014 and Children and Social Work Act 2017, under corporate parenting principles, further strengthened the law and included a duty to keep in touch with all its care leavers until they are 21, the introduction of 'pathway plans' and young person's advisors (DfE, 2021; Shelter, 2021).

The importance of relationships for young people in care

Research into the importance of supportive relationships to young people is long-established and, over twenty years ago, Greenberger and colleagues noted "the possible benefits to adolescents of having a nonparental adult who serves as a source of comfort, guidance, or inspiration – among other possible functions – are intuitively obvious" (p. 322, Greenberger et al., 1998).

For those in care, numerous inquiries and reports have stressed the significance of relationships (e.g. Hannon et al., 2010; Welch et al., 2018), where the presence of at least one caring adult, who offers social support and connectedness, and a strong, supportive relationship based on mutual caring and trust, has been identified as a protective factor. For youth across a variety of risk conditions, it can make all the difference to their life and outcomes (Greeson & Bowen, 2008; Kersley & Estep, 2014). The Care Inquiry (2013) described close relationships as "the golden thread running through a child's life" (p. 9), with

a particular focus on the quality and continuity of those relationships that the children felt were meaningful.

While some youth in care report having important non-parental sources of support such as family, friends and professionals involved in their care (Collins et al., 2010; Munson et al., 2010), for many children – often those with the worst outcomes – countless foster placements, several social workers, and no consistent adult to rely on growing up (Bernardo's, 2014) is keenly felt, with them describing the need to be with someone who cares about them, guides them, and shares their values (Barnardo's, 2014; Welch et al., 2018).

The benefits of youth mentoring

Youth mentoring can be defined as a caring, trusting and supportive relationship between a non-parental figure and a young person (Rhodes et al., 2006), who receives guidance, support and encouragement from the mentor (Brady et al., 2020). It has been posited that mentoring relationships are among the most significant relations children develop with non-parental adults (Sulimani-Aidan, 2017), promoting positive gains in social, emotional, behavioural and academic spheres of their lives (Spencer, 2012), and enhancing the youth's social relationships and emotional well-being, developing their cognitive skills and, through role modelling and advocacy, encouraging positive identity development (Rhodes et al., 2006). Mentoring has been acknowledged as one mode for cultivating caring relationships between at-risk youth and non-parental adults (Greeson & Bowen, 2008).

The problems with formal mentoring for foster youth

Mentoring relationships between youth and non-parental adults are increasingly being implemented formally and have been shown to be effective in improving youth outcomes

(DuBois et al., 2002; DuBois & Silverthorn, 2005). However, the benefits of formal

mentoring for foster youth are less consistent, and its efficacy has been questioned (Ahrens et

al., 2011; Spencer et al., 2010). Trauma, instability in placement, and broken relationships

can make it difficult for foster youth to connect with an unfamiliar adult mentor (Britner et

al., 2013). As elements of effective mentoring such as lasting, close, meaningful non-parental

adult relationships may be difficult to achieve within formal mentoring programmes

(Thompson et al., 2016), it has been proposed that natural mentoring may be a better fit for

these young people (Greeson et al., 2010).

Natural mentoring

Natural mentoring relationships develop organically when two people meet through

their existing network. Rather than being paired within a formal programme, the existing

relationship means the youth may have less difficulty trusting the adult. Because both parties

are more invested in the relationship, the bonds are often more robust than with formal

mentoring (Greeson, Thompson, Ali et al., 2015) with greater chance of an enduring

relationship and positive outcomes (Greeson et al., 2010).

The empirical literature lacks a consensus definition of a natural mentor (Spencer,

2007). Rhodes (2002b) defined a mentoring relationship as one between an older, more

experienced adult and an unrelated, younger individual, where the adult "provides ongoing

guidance, instruction and encouragement aimed at developing the competence and character

of the protégé" (p.3). Many studies have since defined a natural mentor as an older,

supportive adult who is important to the youth but, explicitly, is not their parent. Some

studies, however, specifically eschewed a predetermined definition (e.g. Ahrens et al., 2011)

to allow for the inclusion of a broader range of persons the youth felt were important which,

for one individual, atypically included a parent. More recently, there has been an overt

broadening of the definition to recognise that natural mentors can be from the youth's informal environment – such as non-parental members of the young person's extended family – or their formal environment – such as a social worker, teacher or childcare professional (Sulimani-Aidan et al., 2020).

Theoretical frameworks and mechanisms of effect

Several theoretical models seem helpful as frameworks for explicating the mechanisms of effect related to the benefits of natural mentoring relationships for youth in care.

In what became known as 'resilience research' (Garmezy, 1985, 1991; Rutter, 1985, 1987; Stanton-Salazar & Spina, 2003; Werner & Smith, 1992), engagement with non-parental adults was found to contribute to the resilience of vulnerable and at-risk youth. It highlighted the social, cognitive and affective processes through which mentoring relationships have the potential to strengthen outcomes. A relationship with at least one caring adult – who is not a parent and who provides guidance, support and unconditional acceptance – was posited to be a primary means of promoting self-esteem and self-efficacy (Greeson, 2013). Where research did investigate the specific role of 'mentors', one aspect developed into research on formal mentoring programs, and the other into an exploration of the role of naturally occurring mentors (Hamilton & Darling, 1989; Rhodes et al., 1992). A further aspect took a broader view and focused on any significant nonparental 'other' in the lives of young people (Blyth et al., 1982).

One of the most widely accepted theories of the youth mentoring process was developed by Rhodes (2005), who proposed that mentoring relationships are formed through trust, empathy, and mutual benefit. She described how certain characteristics of the mentor

relationship have the potential to influence the young person in their social and emotional, cognitive and identity development (Brady et al., 2020), and may challenge the negative views they have of themselves and their relationships with adults (Rhodes et al., 2006).

Relational-cultural theory (RCT, Miller, 1976) is increasingly being seen as a useful theoretical lens with which to understand the importance of mentoring and other supportive relationships with non-parental adults (Brady et al., 2020). Theoretically, RCT focuses on the power of positive relationships and proposes that 'growth-fostering' relationships (Miller & Stiver, 1997), characterised by respect, empathy, mutuality, authenticity, and inter-dependence, are essential for psychological growth and well-being.

Coleman's (1988) Theory of Social Capital and Bandura's (1977) Social Learning Theory have also been found to be useful in understanding the importance of healthy and supportive relationships for youth. 'Social capital' (Coleman, 1988) describes the resources the relationships provide which aid in an individual's growth and adjustment. With many individuals believed to leave care with 'social capital deficits' (Avery & Freundlich, 2009; Duke et al., 2017), mentoring is purported to provide a trusting, supportive relationship, which affords the young person the connections, or social capital, they would otherwise lack. Bonding social capital, refers to ties that are often close, durable and strong on emotional support (Putnam, 2000), and 'lifelines' (Krauss, 2019) describe 'people who always have your back' and provide emotional support and bonding social capital. Positing that people learn from one another via observation, modelling and imitating behaviours, attitudes and emotional reactions, Bandura (1977) theorises that this is most successful when guided by somebody who 'knows', through demonstration, explanation, and provision of feedback (Hamilton & Hamilton, 2005).

Natural mentoring and improved outcomes for foster youth

The limited research on mentoring among former foster youth discovered that the presence of a mentor was related to better asset acquisition and behaviour outcomes (Greeson et al., 2010); improved physical and mental health (Ahrens et al., 2008, 2011); greater contentment with life and less participation in unsafe behaviours (Munson & McMillen, 2009); greater odds of having worked in the past year with a large reduction in homelessness (Courtney & Lyons, 2009); and decreased aggressive behaviours (Ahrens et al., 2008).

The characteristics of natural mentoring relationships

With formal mentoring programs often less helpful for youth in foster care (Ahrens et al., 2011), and the relationship between a caring adult and young person at the heart of natural mentoring, understanding how these relationships work for foster youth and the factors that promote their maintenance over time, is critical (DuBois & Rhodes, 2006; Greeson et al., 2010).

In the last 15 years, an increasing number of studies have investigated the prevalence and benefit of natural mentoring relationships within foster youth populations (e.g. Ahrens et al., 2008; Greeson et al., 2016; Munson & McMillen, 2009; Sulimani-Aidan et al., 2019, 2020), however, concomitantly, there have been consistent calls in the literature for research that facilitates a more comprehensive understanding of the means and manner through which natural mentoring achieves positive outcomes among at-risk youth (e.g. Greeson et al., 2010; Munson et al., 2010; Spencer, 2012; Spencer et al., 2004). In her influential paper on the theoretical and conceptual basis for natural mentoring with foster youth, Greeson (2013) noted that "future research should probe beyond the question of whether natural mentors make a difference by asking how they make a difference, for whom, and under what

circumstances" (p. 47). In 2017, Duke and colleagues commented on the dearth of knowledge regarding the qualities and characteristics of the mentor and the relationship, and what the mentor and the relationship provide to foster care youth.

In 2013, Britner and colleagues cited what they described as key theoretical questions regarding mentoring youth in foster care:

- What mentor qualities might be most salient in these relationships?

- What elements of the relationship are most important in securing positive outcomes?

- What challenges might exist in the initiation and maintenance of relationships with this population?

Britner et al., (2013) reviewed the research to 2011 in attempting to answer these questions. Now, ten years later, this review is looking to answer these questions with a focus on natural mentoring – as this has been shown to be efficacious for foster youth – and aspects such as mentor qualities, elements and characteristics of the relationship, and the nature of the support offered to the youth by the mentor or relationship.

Method

Aims of this review

In attempting to answer the question "What makes the ideal mentor for youth in care?" this review aims to provide a critical appraisal of the current literature that specifically incorporates an exploration of the characteristics of the natural mentor and the natural mentoring relationship for young people in or emancipated from foster care. The current synthesis incorporates research with current and former foster youth (young people and emerging adults less than 29 years), those considered to be natural mentors to this population, and professionals, including child welfare professionals and residential care staff. The research is critiqued and implications are discussed.

Study eligibility criteria

The PICO model (Huang et al., 2006) (Table 1) was used to assist with forming an answerable question, to identify the key concepts and to develop appropriate search terms.

Table 1

Summary of search protocol using PICO model

Population	Children, young people (10-24 years; WHO definition) and emerging adults (under 29 years; Arnett, 2014) in out of home care or recently emancipated from out of home care – care being defined as living in a residential home, with a foster family, with an extended family member, in a licensed foster care facility. AND The adult mentors of children and young people AND Child welfare professionals
Intervention	A supportive relationship of any duration that could be considered to be a natural mentoring relationship where the child, young person or emerging adult has experienced the presence of a supportive, caring relationship with a non-parent adult from within their existing network – both social and professional. Natural mentoring defined as the presence of a supportive, caring relationship with a nonparent adult from within the youth's existing social or professional network. The characteristics of the natural mentoring or supportive, caring relationship to include: • the characteristics of the mentor • the elements and characteristics of the relationship • the role the natural mentor played for the youth • what kind of support the young people found most helpful • what elements of the support the young people valued
Comparison	• Non-foster children, young people and emerging adults with natural mentors • Foster youth without natural mentors
Outcome	• Psychological outcomes such as feeling supported, cared for • Feeling that the relationship made a difference in their lives • Life outcomes such as educational attainment, employment, assets etc.

Inclusion and exclusion criteria

The criteria utilised to determine the relevance of studies for review are detailed in

Table 2.

Table 2

Inclusion criteria

Studies were included if they:

- Pertained to natural mentoring or supportive, caring relationships that could be deemed to be natural mentoring relationships, among children, young people and young adults (under 29 years) with foster care involvement or histories of foster care involvement.

- Pertained to the characteristics of natural mentoring or supportive, caring relationships, which included the characteristics of the mentor or important adult, the characteristics of the natural mentoring relationship and the support offered to the youth by the mentor or the relationship.

- Were research studies with any research design considered germane (this included quantitative, qualitative and mixed-methods methodologies), utilising cross-sectional and longitudinal data.

- Were peer-reviewed and available in English.

Studies were not restricted by the date published and were included up to the date of data collection.

Studies were excluded if:

- Natural mentoring was not included in the study or was defined differently from the inclusion criteria

- Natural mentoring was included in the study but was not measured, analysed or discussed as an exclusive category

- Characteristics of natural mentoring were included in the study but not measured, analysed or discussed as an exclusive category

- Characteristics of natural mentoring were included in the study but was not analysed or no detail was provided about the analysis

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Literature search and data collection

Literature search

An electronic search of the PsychInfo, Web of Science, ASSIA and CINAHL databases was conducted in January 2021. For full details of the search terms, see Appendix 1.1.

As the study of the characteristics of natural mentors and natural mentoring relationships among children and young people is sparse and the landscape is disparate, an attempt was made to be as comprehensive and inclusive as possible in the literature search. To capture the relevant literature, the search was not restricted by date published and included studies up to 2021.

Upon undertaking the search, it was discovered that reviews by Thompson et al., (2016) and Van Dam et al., (2018) had been published looking at natural mentoring with young people, however neither were considered to be a deterrent to conducting the current synthesis.

The Van Dam et al., (2018) meta-analytic review investigated natural mentoring and youth outcomes in articles published before October 2017. The authors included all youth contexts and, as they aggregated the results for "at risk populations" which included, but was not limited to, youth in care, it was not possible to extricate the specific results for foster youth. They reported that at-risk status did not moderate the relation between the presence of a natural mentor or the quality of the natural mentoring relationship and youth outcomes.

The Thompson et al., (2016) systematic review was broad-based and sought to undertake a comprehensive look at the present state of the literature pertaining to natural mentoring among adolescents and emerging adults in and aging out of foster care to comprehensively synthesise what was known from theories, concepts and research findings.

In the review, studies involving the characteristics of the relationship were aggregated with all qualitative studies of natural mentoring, with one summary sentence written mentioning four characteristics of natural mentoring relationships deemed to be important. The timing of their review meant that only material published to 1 June 2015 was included, six years prior to the current review, and as this is a burgeoning area of research it was felt that a comprehensive review of the literature pertaining only to the characteristics of the natural mentoring relationships was both timely and required.

Titles and abstracts of all studies involving natural mentoring or other supportive relationships with youth in and emancipated from foster care were screened for eligibility to ensure that studies exploring the characteristics of the relationships were not missed. Reference sections of retrieved studies and previous reviews were also searched. Google Scholar was used to ensure all relevant journal citations were included.

Data collection

Figure 1 illustrates the papers found at each stage of the search. As indicated, 443 articles were retrieved from four electronic databases. After a review of titles and abstracts, 329 were excluded because they did not meet the inclusion criteria or were duplicates. 114 articles were retained, and after manual searching utilising various approaches, 41 additional articles were included. The full texts of the 31 articles were reviewed with a further 19 articles subsequently excluded from the review.
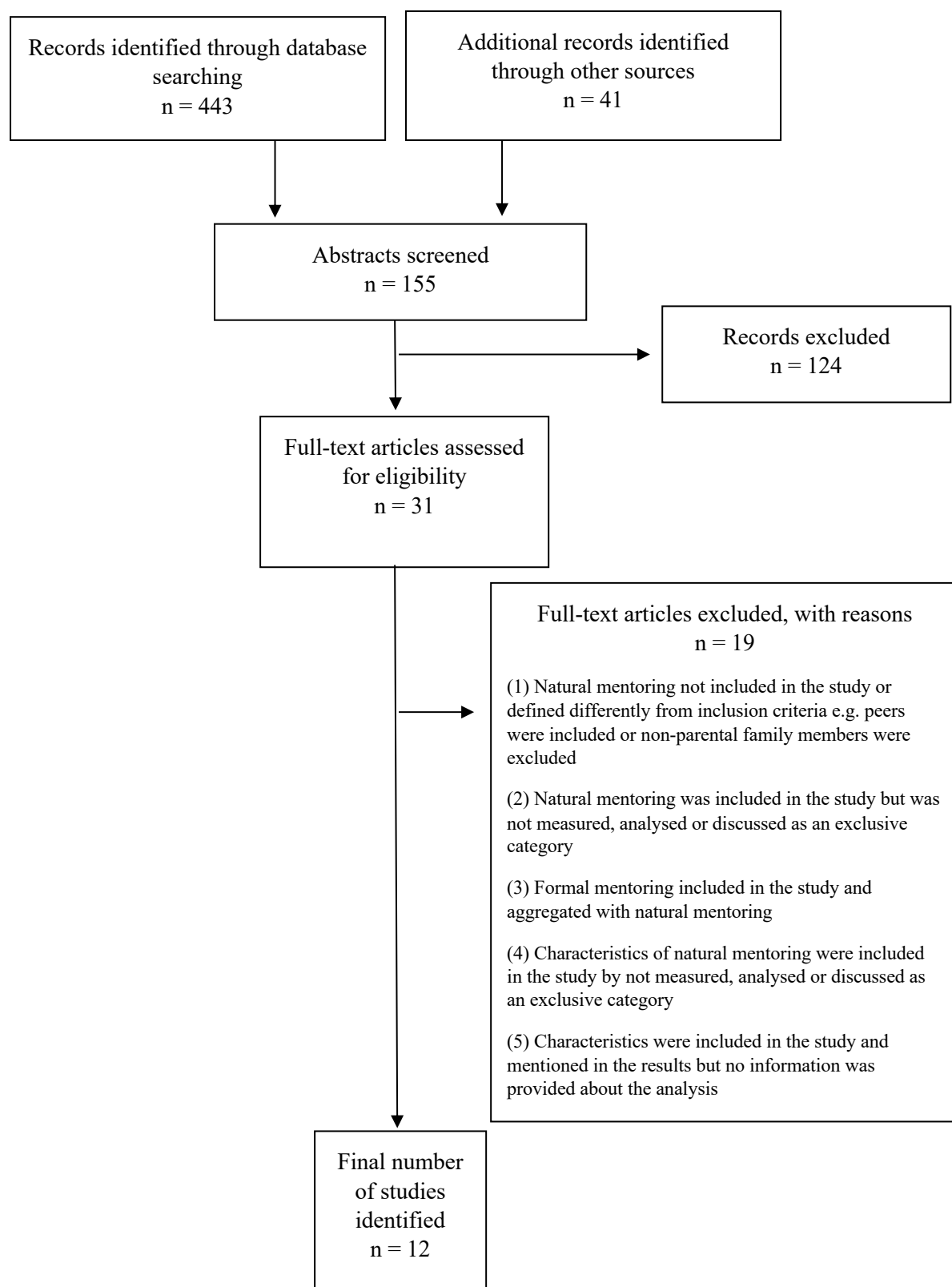
Figure 1. Flow chart illustrating systemic literature search

After the full text review, twelve papers were identified for the synthesis. Table 3 summarises the key information from individual studies grouped by research design. A data extraction form was developed (see Appendix 1.3 for an example) to capture the important elements of each study (see Table 4).

Table 3

Key information from individual studies grouped by research design

Authors (year)	Focus	Theoretical underpinnings/ framework	Study design, setting and sample	Specific focus on characteristics? Characteristics measured, analysed or discussed as an exclusive category?	Key findings	Strengths	Limitations
Qualitative							
Aherns, DuBois, Garrison, Spencer, Richardson & Lozano (2011)	Former foster youth (aged 18-25) and the factors that influence the formation, quality, and duration of their relationships with supportive non-parental adults	Rhodes (2005) model of how mentoring relationships support positive outcomes for youth	Semi-structured individual interviews of 23 former foster youth aged 18 to 25 in Seattle	Yes - examined factors that influence the formation, quality and duration of relationships with supportive non-parental adults Yes - investigated facilitators and barriers in initial connection and ongoing relationship. Looked at supports provided by adults (characteristics). Also looked at positive impacts of the support the mentors provided (outcomes)	• Barriers to natural mentoring among foster youth included youth's fears of being hurt and limitations in natural mentors' interpersonal skills • Facilitators of initial connection from the adult included: persistence/ patience, authenticity, opening up & sharing own experiences, going above and beyond, respecting youth and their experiences, some commonality between mentor and youth • Facilitators of ongoing relationship from adult included: maintaining regular contact, displaying confidence, responsive, consistency between actions and words • Supports provided by adult include tangible support, emotional support, role model, guidance/advice, parental figure	• Having no definition of natural mentor allowed broader range of relationships to be captured than previous studies. All participants able to discuss at least one relationship • Also explored young people's barriers to developing natural mentoring relationship • One of the few studies to consider the relationship between the interviewers and participants	• Inability to generalise results due to all participants being from one urban area and interactions with one state's child welfare system • All interviewers and those analysing were middle class white women • Interviews examined only a one-time retrospective account • Only youths' perspective was explored
Greeson & Bowen (2008)	Female foster youth of colour and their experiences with their natural mentors	Little mention of theoretical underpinnings. Authors make an indirect link with the resiliency literature (referencing Fraser, Kirby & Smokowski, 2004; Rutter, 1987 & Werner & Smith, 2001) but do not explicitly state it as a framework for their study	Semi-structured individual interviews of 7 female foster youth of colour ages 13-20 from a New England public school and community college	Yes - described as: "the processes involved in the mentor-foster youth relationship that brings about better outcomes" Yes - youth asked to describe their relationships, what they consider to be the essential components, and how they benefitted from them	Natural mentoring relationship characteristics that matter to youth include trust, love and caring, like parent and child The support youth felt they received from their mentors included emotional, informational, appraisal, and instrumental support	Focus on women of colour First study to focus solely on female foster youth of colour in relation to natural mentoring	Small, non-representative sample size Lack of potential nuance in findings due to aggregation of very diverse group of participants in ethnicity and age into one analysis Very little consideration given to ethical issues
Greeson, Thompson, Ali & Wenger (2015)	Older adults in foster care (aged 15-21) and their conceptions of permanent relationships and natural mentoring as well as their feedback on the CARE intervention.	Little discussion of underpinning theory. Authors mention that the first iteration of CARE was largely developed out of existing theoretical frameworks (e.g. resilience perspective, relational-cultural theory, human development theory) but they do not discuss the theories or the underpinning values or assumptions.	Six focus groups conducted with 17 older youth in foster care (aged 15-21) in a large urban city in the Northeast United States.	Yes - an aim was to investigate participants' conceptions of natural mentoring and their beliefs about the characteristics and qualities associated with helpful natural mentors Yes - authors state they were interested in understanding youth participants' beliefs regarding the most salient aspects of successful mentoring relationships	• Natural mentors should be like a family member, honest/trustworthy, able to serve as a role model by providing guidance and support, and relationship should be mutually meaningful • Some youth discussed the challenges of natural mentoring relationships, particularly that they rely on the existence of supportive relationships within a youth's social network, but these relationships can be sparse for some youth • Youth also gave feedback – benefits and challenges – of a natural mentoring intervention (CARE)	• Use of multiple coders for data analysis specifically to improve trustworthiness of findings • Utilisation of smaller focus groups with active engagement of each participant by facilitators • Exploration of the challenges related to natural mentoring for youth in foster care	• Non-probability sampling procedure was non-representative and limited generalisability of findings • Utilisation of focus group methodology: - Amount and depth of information obtained possibly limited by focus group methodology - Possibility that participants opinions and direction of commentary may have been influenced by other group members • Despite a number of findings reported related to characteristics, no conclusions drawn in specific relation to this

Table 3 contd.

Authors (year)	Focus	Theoretical underpinnings/ framework	Study design, setting and sample	Specific focus on characteristics? Characteristics measured, analysed or discussed as an exclusive category?	Key findings	Strengths	Limitations
Qualitative contd.							
Greeson, Thompson, Evans-Chase & Ali (2015)	Views of child welfare professionals about natural mentoring as a protective mechanism for older foster youth and implementing natural mentoring in child welfare agency settings	The EPIS framework utilised to explicate the organisational challenges and opportunities related to the implementation of a child welfare-based natural mentoring intervention.	Five focus groups conducted with 20 child welfare professionals from a Department of Human Service in a large urban city in the Northeastern United States	Not specifically - authors do not describe specifically focusing on the characteristics of natural mentoring but do state that they sought to garner feedback on the concept of natural mentoring as a protective mechanism for older foster youth. Yes - authors state in the findings that the exploration of the characteristics that natural mentors would ideally have was another primary factor addressed across focus groups	• Ideal characteristics of natural mentors included: being a positive influence and good role model; having an authentic connection with the youth; fully committing to the relationship with clear, healthy personal boundaries • Natural mentoring seen as an enduring, lifelong approach that would fill the gaps in child welfare services with adults who can provide a longer-term role model, guide and anchor for youth • Conceptualised as authentic support for the youth with a parent-like bond that would be longer-lasting and more genuine	This was the first study to seek the views of child welfare professionals on natural mentoring for foster youth	• Generalisability of findings limited by non-representative sample of child welfare professionals – all self-selected and were from one urban child welfare agency • Risk of bias in using a focus group methodology and amount and depth of information obtained from each participant may have been limited • Assumption made by the authors of natural mentoring as a promising practice in order to implement the EPIS framework • Lack of alignment between the research question – which was only about the implementation of CARE – and what was reported in the results as a finding from the focus groups
Laursen & Birmingham (2003)	Adolescents living in residential treatment centres and their perception of the important behaviours of caring adults	Authors relate their study to the **resilience framework and literature** (Garmezy & Rutter, 1988; Werner & Smith, 1992)	Exploratory ethnographic study, which used an emergent case-study design incorporating semi-structured ethnographic interviews and field observations of 23 adolescents (no specific age mentioned) living in four residential treatment centres in Virginia and Michigan in the US	Yes - described as "important behaviours" Yes – In exploring participants' perceptions of caring adults, analysis also focused on identifying characteristics of caring adults suggested by participants	• Participants identified caring relationships, high expectations and opportunities for participation as protective factors • Seven characteristics of caring adults identified: trust, attention, empathy, availability, affirmation, respect and virtue. • Each suggests a pattern of behaviour and beliefs that appear to make an adult worthy of the trust of a young person	• Participants from rural and urban areas that were racially diverse • Study does what it says it's going to do • Clear quotes provided from the young people that support interpretations • Authors explicitly state that it would be inappropriate to generalise with respect to the findings	• Purposeful sampling – participants in four residential settings in two narrow geographical areas at a particular point in time • Inability to generalise findings • Interviews and observations used to collect data but data from observations not used in data analysis • Lack of information on participants and how they were selected and recruited
Munson, Smalling, Spencer, Scott & Tracy (2010)	Older foster youths (19 years) in the process of aging out of the foster care system and the nature of their non-kin natural mentoring relationships.	Authors note that until recently, research on natural mentoring has been largely atheoretical. Note that **Rhodes (2002) proposed a model of youth mentoring** And that, of late, researchers have begun to explore the application of the **core foundational concepts of relational-cultural theory (Miller, 1976)** to mentoring and other supportive relationships with non-parental adults in the lives of youth. Authors state that their study extends relational cultural theory by investigating its applicability to the natural mentoring relationships among older youth existing care.	Open-ended individual interviews of 189 Missouri foster youth who had reported the presence of a non-kin natural mentor at age 19. Source of data: Data for this study from the final interview of a longitudinal study of older youth exiting the foster care system in Missouri. The 189 participants in the present study were all youth that reported the presence of a natural mentor at 19 and answered the qualitative questions. Study used secondary data	Yes - the youth describe: • the qualities of their natural mentors • the features of their relationship • the support they gave them Yes - purpose of study is to explore what participants state about the qualities of their natural mentoring relationships along with the kinds of support they offer them	• Types of natural mentors: Friend of the family and staff at former placement most common natural mentor relationships • Qualities of natural mentor: Approachable & easy to be with, understanding, shared similarities with participants • Qualities of relationship: Consistency & maintaining contact, longevity, trust, empathy, authenticity and respect • The nature of the support included keeping the youth on track, instrumental or tangible support, informational support, and emotional support	• That the investigation of the characteristics of the relationship is the clear focus of the study • Large number of participants • Longitudinal study	• Despite large no. of participants, data for study only relates to six questions and responses often lacked depth • Ability to understand qualities from both sides of the relationship dyad limited as only data from youth analysed. • Study only focuses on non-kin mentors • Lack of ability to generalise due to focus on youth in one Midwestern state in the US • Lack of consideration of ethics – although utilised secondary data, no consideration given to consent and anonymity

Table 3 contd.

Authors (year)	Focus	Theoretical underpinnings/ framework	Study design, setting and sample	Specific focus on characteristics? Characteristics measured, analysed or discussed as an exclusive category?	Key findings	Strengths	Limitations
Qualitative contd.							
Sulimani-Aidan (2017)	Former residents of youth villages in Israel (aged 21-26), the skills and attributes they value in staff and the way their 'formal' relationships can be formed into 'mentoring' relationships.	Resilience studies which suggest that a mentoring relationship leads to better outcomes among at-risk youth. Rhodes (2005) model of mentoring relationships	Semi-structured individual interviews with 20 young adults aged 21-26 across Israel who had emancipated from youth villages two to nine years previously	Yes - study focuses on two aspects: - What made the staff member the youth had a good relationship with meaningful - What makes a staff member meaningful to youth in care Yes	- Themes related to meaningful staff members: mentor's personal characteristics, sense of purpose as motivation, personal background, availability and accessibility, seeing youth's positives and trustworthiness, personal and intimate relationship. - Two major themes: staff member's personal characteristics and the way the staff member perceived the youth - Personal characteristics: patience, ability to care for them, sensitivity and loyalty, strong character, life coach, good listener, being there for them and advising them, ability to set limits and discipline	Sole focus on the characteristics of the person and the relationship	- Relatively small sample size - Study specifically with young people who had been in youth villages in Israel therefore non-representative of youth in care across all contexts in Israel and inability to generalise - Based on retrospective descriptions from participants who had emancipated from care - Only investigated the perspective of the former foster youth and not the perspective of staff
Mixed methods							
Collins, Spencer & Ward (2010)	Former foster youth (aged 19 and above who had been in foster care until the age of 18) and the support they received during their transition from care and the outcomes.	There is no theory discussed in this paper	Mixed methods study (surveys and interviews) in one state in the Northeast among 96 former foster youth aged 19 or older. One component of a larger study examining youth aging out of foster care. However data utilised was collected through interviews specifically for this study. No use of secondary data.	Yes – but not solely. One research question focused on the characteristics of the relationship. The other two focused on the types of supportive relationships and their relation to outcomes. Yes - participants' qualitative descriptions of their supportive relationships were coded and analysed	- Mentors described ranged from extended family to child welfare professionals to community members - Natural mentors characterised by acceptance of the youth, constant encouragement, reliability and ability to provide assistance when needed, serving as a role model and being like a mother figure - Natural mentoring associated with greater likelihood to complete high school or have a GED, less likelihood to experience homelessness since 18, and marginally associated with feeling sad or hopeless	This study did not appear to have specific stand out strengths	- Study limited by lack of random sample and that it was geographically limited to one state in the US with inability to generalise the findings - No independent assessment of the quality of the relationship - Procedure for qualitative analysis not explicit with little description provided - No ability to assess how systematic the analysis or how reliable the procedure - The qualitative analysis and the presentation of the qualitative results of the characteristics of the relationships that young people valued was poor
Duke, Farruggia & Germo (2017)	Former foster youth (at least 19 years old) and the characteristics of individuals identified as very important non-parental adults (VIPs), the specific qualities and characteristics of the relationships and how they support youth during the transition from care	Authors use Coleman's (1988) theory of social capital to explain positive effects of VIPs on foster care youth who often exit the system with "social capital deficits".	- Mixed methods study (surveys and interviews) with 99 youths (at least 19 years old) who had emancipated from care "recently" – prior to T3 when the study was completed (in the last year), and with 62% of the youth's VIPs. - Participants were part of a four-year longitudinal study of randomly selected youth in the Los Angeles foster care system, all of whom were at least 17 years old at baseline. - Study used survey and interview data collected at T3. No secondary data used.	Yes - only focus of the study is on the specific qualities and characteristics of naturally occurring VIP relationships Yes - descriptive statistics calculated to examine the characteristics of the relationships and the interactions. Interviews with participants also analysed thematically	- Vast majority of youth consider relationships to be high quality & numerous common themes indicating positive relationship characteristics - Descriptive statistics showed the demographic characteristics of youth, their VIPs, the characteristics of the relationships and their interactions. - Youth-VIP relationships found to be: positive relationships (high-quality, close dynamic, life-changing), supportive VIPs (assistance during emancipation, high-quality communication, motivation and encouragement), benefits to youth (prevention of negative outcomes, support personal growth, easier transition/more successful)	- Only study to look at the characteristics from the perspective of both the young people and their mentors - It was helpful to see some of the characteristics of the relationship as a frequency distribution	- Lack of information about the participants. No age provided for participants and no indication of when the youth emancipated from care. - Youth data was collected in person and interviews were recorded and transcribed - VIP interviews were considerably shorter, conducted on the phone rather than in person and notes were made by the interviewer instead of them being recorded and transcribed like the youth interviews - The qualitative format limits the generalisability of the findings - Authors cite a lack of control group as a limitation - No consideration in the study was given to the challenges faced in the relationships

Table 3 contd.

Authors (year)	Focus	Theoretical underpinnings/ framework	Study design, setting and sample	Specific focus on characteristics? Characteristics measured, analysed or discussed as an exclusive category?	Key findings	Strengths	Limitations
Mixed methods contd.							
Sulimani-Aidan (2016)	Young adults' (ages 21-26) perspectives on their relationships with meaningful staff members while in care and contact with them after leaving care. The needs and type of support these young adults seek from former staff members after leaving care.	There is no theory discussed in this paper.	Mixed methods study (surveys and interviews) with 60 young adults aged 21-26 who had emancipated from Israeli educational residential settings two to six years previously.	Yes – partially For the in-care analysis the study focuses on the most meaningful staff member and why they are meaningful to the young person For the after-care analysis the study focuses on what the young people's perspectives are on what they need for support from the staff member	• In care – the majority of young adults reported there being a staff member (often former counsellor) who was very important to them • For standing by them; supporting them intensively for a long time; having sensitivity, empathy, kindness and being a good listener; approachability and availability; positive influence; acting as a parent, putting in effort • After emancipation – Majority of young adults in contact with former counsellors • Needs were emotional (emotional support and guidance from staff, being held in mind and wanting staff to reach out to them) and instrumental (practical help in employment and economic assistance)	One of the few studies to look at the characteristics that youth values in their relationships with care staff both when in care and after emancipation	• The participants were describing their experiences retrospectively • The study does not investigate nuances such as gender, ethnicity or background characteristics even though these are prominent amount the participants • The sample for youth after emancipation is a convenience sample of 10 and therefore the ability to generalise findings is limited • The study did not include the perspective of the residential staff
Sulimani-Aidan (2018)	The role and function mentoring relationships played in the lives of 140 care leavers (average age 20.5 years)	Spencer (2006) and Rhodes (2005) models. Also mentions resilience but not specifically as a framework.	Mixed methods exploratory study (semi-structured interview protocol of open-ended questions – data coded and then analysed quantitatively and qualitatively) with 140 young adults (average age 20.5 years) who had left care between 1 and 3 years prior to their interview.	Yes - sole focus on characteristics – described as the role and function the relationships played in the lives of care leavers Yes - quantitative analysis of mentor's social context and length of relationship. Qualitative analysis of how mentors influenced youth's lives	• Social contexts: residential care, extended family, informal and formal ties. Most mentors within care placement. • Relationship length: majority 3 years or more, half for 3 to 6 years, nearly a quarter from an early age • Two main themes for description of mentors: present and supportive (characterised as: life coach, role model, confidant & parental figure); motivating (catalyst for positive change, encouraging adaptive coping, catalyst for achievements and aspirations, a restrainer)	Study quantitatively investigated the social contexts from which youth's mentors came	• Inability to generalise findings due to focus of the study on youth's perspectives within a particular cultural context • Barriers to establishing relationships was not investigated • Despite a varied population due to inclusion of a high number of immigrants, gender and ethnicity distinctions were not investigated
Quantitative							
Greeson, Usher & Grinstein-Weiss (2010)	Association between natural mentoring characteristics and asset-related outcomes for non-foster care/former foster care young people.	Some reference in the introduction to the resilience literature. Post-findings mention of Bandura's (1977) Social learning theory.	Secondary analysis of a nationally representative sample of 8142 youth (165 former foster youth (average age 21.5 yrs); 7977 non-foster youth (average age 21.3 years). Study used restricted-use data from the National Longitudinal Study of Adolescent Health (Add Health), Waves 1 and 3, when the youth were in 7th to 12th grades (between ages of 18 and 26).	Yes – characteristics in relation to the acquisition of assets Yes – series of outcomes were regressed on mentoring experience and various covariates	Among former foster youth, having a natural mentor and the natural mentor characteristic of *role model* were significantly associated with having a bank account, and the characteristic of *like a parent* was significantly associated with increased income expectations.	• First study to consider the association between natural mentoring and asset-related outcomes • Few studies have looked at specific relationship characteristics and their associations with emerging adult outcomes • Compared two distinct populations – foster youth and non-foster youth in relation to natural mentoring relationships • Large sample sizes due to use of Add Health secondary data	• Use of secondary data - Former foster youth defined by only one survey question and no opportunity to ask clarification questions • Implication is possible introduction of bias for former foster youth group • The asset-related measures utilised in Add Heath study may not be wholly relevant to the population. Others which may have been relevant not included • Statistical power may have been an issue with the small sample size of former foster youth (165) compared to sample size for non-former foster youth • Lack of consideration of ethical issues – no comment on consent or anonymity

Table 4

Elements captured in the data extraction form

(1) The data, type and source of publication

(2) The focus of the study and key research questions

(3) The definition and term(s) used for natural mentors and the characteristics of the natural mentor and the natural mentoring relationship

(4) The theoretical underpinnings of the study

(5) The study design and sample

(6) The findings and conclusions of the work

(7) The clinical significance, implications and recommendations

(8) The strengths and limitations

<center>**Review**</center>

Structure

The electronic database search and hand-searching techniques yielded 12 relevant studies, which were published between 2003 and 2018. The distribution of the articles over that period shows a greater number published in more recent years with five published in the eight years from 2003 to 2010 and seven articles published between 2011 and 2018.

Due to the range of research designs represented in this review, different tools were used to appraise the quality of the studies. The Mixed methods appraisal tool (MMAT; Hong et al., 2018) was utilised with all studies alongside the NICE Quality appraisal checklist – qualitative studies (National Institute for Health and Care Excellence [NICE], 2012) and the JBI Quasi-experimental appraisal tool (Tufanaru et al., 2020), to facilitate a more in-depth assessment of the studies. As it has been acknowledged that studies of high integrity of single case and group research designs share many qualities (Reichow et al., 2008), where appropriate, the relevant elements of Yin's (2018) quality criterion were used to augment the data extraction form when critiquing all the articles.

This synthesis will collectively review the salient aspects of the twelve papers, before providing a critique of research designs and methodologies. Key findings will then be presented before the implications of the review are discussed and conclusions drawn.

Study methodology

The majority of the studies reviewed employed qualitative methods (n = 7), with four utilising mixed methods and one a quantitative methodology.

Of the seven qualitative studies, one employed secondary data analyses from a longitudinal study of older foster youth exiting the foster care system in Missouri (McMillen

<center>28</center>

et al., 2004), and the other six used primary data collection techniques. Three used semi-structured interviews, two utilised focus groups and one study employed semi-structured interviews and field observations. The majority of qualitative studies (n = 6) utilised cross-sectional data, with one analysing a longitudinal dataset.

Of the four mixed methods studies, one used semi-structured interviews (Duke et al., 2017) and the remaining three employed a combination of surveys and interviews (Collins et al., 2010; Sulimani-Aidan, 2016, 2018). All utilised cross-sectional data. One mixed methods study was one component of a larger study examining youth aging out of foster care in one state in the Northeast US. In all four studies, quantitative data was used to create descriptive statistics, and frequency counts and distributions.

The only quantitative study employed secondary data analysis from the National Longitudinal Study of Adolescent Health.

Study focus, sample and definitions
Definitions of natural mentor

One of the major challenges in exploring this evolving research landscape is the variety of terms and definitions used to identify these supportive adults and relationships within the reviewed articles.

In the earliest article (Laursen & Birmingham, 2003), the phenomenon was described as "important behaviours of caring adults" with no further qualification. As the field evolved, although there was general consensus about what the relationship offered the young person, the key themes identified in the various definitions for the important adult varied. Six of the studies contained a specific term of non-parental (Duke et al., 2017; Greeson & Bowen, 2008; Greeson et al., 2010; Greeson, Thompson, Ali et al., 2015; Greeson, Thompson, Evans-

Chase et al., 2015; Munson et al., 2010; Sulimani-Aidan, 2018) with the additional qualities of being at least 21 years old (Greeson & Bowen, 2008), older or often older (Munson et al., 2010; Sulimani-Aidan, 2018), at least 19 (Duke et al., 2017) or who had known the youth since they were 14 years old (Greeson et al., 2010).

The proliferation of published studies of the Greeson group in the Northeast US, made it possible to see the evolution of their definitions, and in their later studies they rejected the need to stipulate specific criteria, instead highlighting the youth's agency in self-selecting the supportive adult from their existing network (Greeson, Thompson, Ali et al., 2015; Greeson, Thompson, Evans-Chase et al., 2015).

In two of the reviewed studies, the supportive adult is not defined. Collins et al., (2010) only mention supportive relationships and social supports. Ahrens et al., (2011) eschewed a pre-set definition of a supportive non-parental adult to include a broader range of relationships, including those that might not fit the traditional definition of a natural mentoring relationship. They found that important adults specified by the youth included former foster parents, caseworkers, mental health therapists and even a biological parent who the youth regarded as a mentor.

Definition of characteristics

The diverse and loquacious descriptions used in studies of natural mentoring to describe this concept exacerbate these problems.

While half the studies (n=6) mentioned the relationship's characteristics (Collins et al., 2010; Duke et al., 2017; Greeson et al., 2010; Greeson, Thompson, Ali et al., 2015; Sulimani-Aidan, 2017, 2018), the other six described the phenomenon in different ways. For

example, 'the specific nature of successful helping relationships' and 'the relational qualities and kinds of social support'.

In the Greeson, Thompson, Evans-Chase et al., (2015) study that investigated the views of child welfare professionals, the only indication that part of their study investigated participants' perception of the characteristics of the relationship was a mention in the aims of exploring the concept of natural mentoring, and a data collection question where participants were asked to comment on the notion of natural mentoring specifically for older youth in foster care. The authors do not state until the results section that one of the primary factors addressed across focus groups was the exploration of natural mentor characteristics.

Sample

Although the inclusion criteria for this review was purposely broad to capture all the relevant studies and included current and former foster youth under 29 years, adult mentors and child welfare professionals, most of the studies focused solely on views of the young people who were in or had been in care (n = 9), and one study compared former foster youth to a similar sample of non-foster youth (Greeson et al., 2010). Despite the continued call over the last two decades for studies of natural mentoring to include the views of mentors and supportive adults (e.g. Laursen & Birmingham, 2003; Munson et al., 2010), only two of the studies incorporated any voice other than that of the young person. One study (Duke et al., 2017) included the views of the mentors as well as former foster youth, and the other study sought the views of child welfare professionals (Greeson, Thompson, Evans-Chase et al., 2015).

Focus

Facilitators and challenges. While the benefits of natural mentoring relationships for youth in care are evident, few studies explore the perceptions of relationships and experiences with adults that were felt to be unhelpful or aversive. Only the Ahrens et al., (2011) study explored this by specifically asking former foster youth about experiences they felt had not been helpful.

Despite not specifically aiming to investigate this, Greeson, Thompson, Ali et al., (2015) noted that, although the majority of youth in their focus groups discussed the benefit of natural mentoring relationships, some youth discussed its challenges as well. Similarly, in their focus groups with child welfare professionals, Greeson, Thompson, Evans-Chase et al., (2015) found that a theme emerged about potential challenges with natural mentoring relationships.

Theoretical underpinnings

Theories from both within and outside the mentoring literature suggest that youth in foster care have the potential to benefit from mentoring relationships. What is notable about the twelve reviewed studies is the range of theoretical and conceptual frameworks identified as underpinning the research, and conversely, the number of studies that make no mention of theoretical frameworks.

Five of the studies highlight the resilience framework and literature (Greeson & Bowen, 2008; Greeson et al., 2010; Laursen & Birmingham, 2003; Sulimani-Aidan, 2017, 2018). However, of those, two – both the studies by Greeson and colleagues – only make an indirect link in the introduction, and two – both the studies by Sulimani-Aidan – refer to resilience literature that suggests that a mentoring relationship leads to better outcomes

among at-risk youth, but do not specifically reference it as a framework. Four of the studies highlight Rhodes' (2002, 2005) Model of Youth Mentoring as a useful framework to aid in the understanding of informal mentoring relationships, one study highlights RCT (Miller, 1976), one Coleman's (1988) Theory of Social Capital, and one Bandura's (1977) Social Learning Theory. One study suggests their results demonstrate Spencer's (2006) model which posits that the intensification of the mentoring relationship is facilitated by the mentor's capacity to act equally as a friend and a parent, engaging in cooperation and collaboration, and understanding the mentee's reality from their perspective (Sulimani-Aidan, 2018). Three studies (Collins et al., 2010; Greeson, Thompson, Ali et al., 2015; Sulimani-Aidan, 2016) did not suggest a conceptual or theoretical framework to underpin their research.

Findings and conclusions

Type of person and context

Five of the studies investigated the type of person or the context of the natural mentor chosen by participants (Ahrens et al., 2011; Collins et al., 2010; Munson et al., 2010; Sulimani-Aidan, 2016, 2018) and found them most commonly to be extended family, family friends, and adults met professionally, including staff at former residential placements.

The important aspects of a natural mentoring relationship

In aggregate, the results of the reviewed studies seem to highlight various social, cognitive and affective processes through which mentoring relationships may bolster adult outcomes for foster care youth and are supportive of the main assumptions underpinning several of the theoretical models.

All twelve studies reported numerous common characteristics of both the mentor and the relationship that were valued by the youth or perceived to be important by mentors or professionals, such as empathy, trust, honesty, respect and acceptance. This is reflective of the theoretical literature and is consistent with both Rhodes (2005) model – which posits that the bond between the mentor and mentee is formed through trust, empathy and mutuality, ultimately eliciting improvements in the youth's socio-emotional, cognitive and identity development – and RCT (Miller, 2008), and the importance of growth-fostering relationships.

Degree of commonality and mentor as a role model

Another set of important characteristics identified across ten of the studies was for the natural mentor to be a role model who was reliable, approachable and available, and who demonstrated this through their guidance and intensive support of the young person. These findings are consistent with both theory and research, especially Bandura's (1977) social learning theory, and the idea that people learn through observation and modelling. Rhodes' (2005) model also established role modelling as central to all types of mentoring (Rhodes et al., 2006).

A cluster of themes across five of the studies was the sense of commonality between the youth and the mentor where the relationship was mutually meaningful, and the young person felt the adult was authentic, loyal, and fully committed. Mentors with similar backgrounds as role models were important to youth because they were perceived as an adult who had successfully overcome the same challenges growing up.

The finding that youth believed the mentor was more able to be authentic with them and understand reality from their standpoint if their personal background and life circumstances were similar supports Rhodes' (2006) notion of the role model and this, along

with the mentor seeing the youth as trustworthy and positive, were seen to be precursors to youth being able to change their negative views of themselves and their relationships with adults.

Bond like that of a parent and child

Seven of the studies found an important attribute of the relationships was to have a bond where the mentor acted like a parent and was loving and caring. These supportive qualities of the relationship would appear to align with Coleman's (1988) framework where youth seem to rely on their natural mentors to offer the support and social capital usually provided by a secure home situation.

Imposing discipline and holding them accountable

Six studies found that the young people liked that their natural mentors respected them and were direct with them, averting adverse outcomes and being a positive influence and a stimulus for constructive change by setting limits, imposing discipline and holding them accountable.

Barriers to forming relationships

Only three of the studies reported findings about what prevents young people from forming supportive natural mentoring relationships. Fear of emotional risk and indebtedness to the mentor, fear that the mentor will fail the youth or lack understanding of their background, fear of logistical impediments like placement change, and fear of not living up to the mentor's expectations were all reported by young people in the Ahrens et al., (2011)

study. The young people in the Greeson, Thompson, Ali et al., (2015) study commented that natural mentoring relationships rely on supportive relationships within a youth's social network, but these may be scarce for some. Some youth reported feeling insecure about how others saw them and feared being pre-judged.

When considering the results in relation to the variety of definitions of a natural mentor utilised in the reviewed studies, it is notable that the findings of the two studies with no pre-set definition of a natural mentor (Ahrens et al., 2011; Collins et al., 2010) were not appreciably different to the rest. Similar characteristics of an important adult and relationship were identified across all studies. Notably however, in contrast to prior research, all participants in the Ahrens et al., (2011) study were able to identify at least one important adult and a broader range of relationships.

Critical Appraisal

Methodological issues

Research design, control and rival explanations

      Aims and research questions. While the NICE (2012) qualitative quality appraisal tool states that the paper should set out early and clearly what the study is investigating and what the parameters are, in the checklist it aggregates the key research question and aim into one criterion, implying that the absence of research questions can be mitigated by a clear aim. According to the MMAT (Hong et al., 2018) an inability to answer the screening questions, "Are there clear research questions?" and "Do the collected data allow the addressing of the research questions?" means that further appraisal of the study may not be feasible or appropriate.

      Although all the studies included in the review have clearly articulated aims and/or objectives, two studies (Ahrens et al., 2011; Duke et al., 2017) do not specify research questions. Additionally, while the two papers published by Greeson and colleagues in 2015 identify research questions, in both the research questions focus only on one aspect of the study and do not account for the interview questions asked or their findings related to the characteristics of natural mentoring relationships.

      Research design. Ten of the twelve reviewed studies had a cross-sectional research design with two utilising secondary data from large-scale longitudinal cohort studies (Greeson et al., 2010; Munson et al., 2010).

      In natural mentoring outcome studies, a limitation of cross-sectional data is the lack of ability to infer causality and ascertain the direction of the explanatory correlation (Thompson

et al., 2016). However, in studies exploring participants' perceptions of the characteristics they value in their natural mentoring relationships, the need to infer causality is not present.

In the two studies utilising longitudinal data, the use of secondary data compromised the richness of the data and was a potential threat to internal validity. In the Munson et al., (2010) study, participants meeting the inclusion criteria had been asked a series of questions that included the six questions that were the focus of the current study's analyses. The responses lacked depth and follow-up questions could not be asked. A limitation with using the Add Health secondary data in the Greeson et al., (2010) study was the sample definition of former foster youth, which was defined by one survey question: "did you ever live in a foster home?", with no follow-up or clarification of answers given. Consequently, any youth who spent even a day in foster care would have met the criteria for the 'former' foster care group.

Sampling. A key limitation across all nine studies conducted in the US is the inability to generalise the findings and this was primarily limited by two fundamental factors. Only one of the US studies (Greeson et al., 2010) utilised nationally representative data and, although the large sample size made the findings generalisable, there were issues inherent in the use of secondary data.

The remaining eight US studies had varying sample sizes ranging from small (Greeson & Bowen, 2008), to those considered large enough to have captured most of the relevant information (Green & Thorogood, 2004), (from 17 to 23 participants) (Ahrens et al., 2011; Greeson, Thompson, Ali et al., 2015; Greeson, Thompson, Evans-Chase et al., 2015; Laursen & Birmingham, 2003), to the three studies (Collins et al., 2010; Duke et al., 2017; Munson et al., 2010) with large sample sizes (Vasileious et al., 2018) ranging from 96 to 189

participants. However, with all, the generalisability was limited because samples were restricted geographically to specific regions or cities in the US (e.g. Los Angeles and New England).

The three studies conducted by Sulimani-Aidan in Israel (2016, 2017, 2018) have sufficient to large sample sizes (60, 20 and 140 participants respectively) and, geographically, the participants were drawn from across the country. However, because the study was restricted to youth who had emancipated from care villages and not from other care contexts, the findings are not generalisable to all youth in care.

Data collection and analysis. There was one study in which the data collection methods and data analysis procedure was not described in sufficient detail to make it reliable and replicable (Collins et al., 2010) however, in the remaining eleven studies, there was clear exposition of methods of data collection and analysis (Mays & Pope, 2000). In one of these (Duke et al., 2017), there was a discrepancy in the handling of data collected from the adults youth had identified as important as compared to the youth data, due to the fact that the youth data was collected in person and the interviews were recorded and transcribed, which had the potential to introduce bias.

Nine of the reviewed studies did not mention data triangulation. These studies generally used one method of data collection and focused on one group of participants. Triangulation could have been used in the two studies using longitudinal data, but because the data was secondary and analysed cross-sectionally, this was not possible. Despite data collection from two sites, Greeson and Bowen (2008) made no mention of data triangulation in their analyses. Of the two studies that utilised data triangulation, Laursen and Birmingham (2003) did so to cross-validate data from four sites for meaning and potential research role

biases. However, despite using both interviews and field observations to collect data, the field observations were not mentioned in the analysis and were not used for triangulation. In the Duke et al., (2017) study, interview transcripts were examined for any common characteristics identified by youth and mentors regarding their relationship and, post-coding, theme and subtheme frequencies were calculated to identify the most common characteristics identified by all youth and mentors.

No respondent validation was sought in most of the studies, which also limits the validity of the research. In all three of the Sulimani-Aidan studies in Israel (2016, 2017, 2018), it was reported that validation was sought from participants. The only study in the US to report respondent validation was Ahrens et al., (2011), who reported that participant feedback was sought, and comments incorporated into the analysis.

In the majority of studies, the data lacked richness (NICE, 2012). In most, the contexts were not discussed, and context bias was not considered. Diversity of perspective was not explored and responses were not compared and contrasted across groups. Although this was an issue in all of the studies, it was particularly noticeable in the Suliman-Aidan studies (2016, 2017, 2018), where the lack of diversity of perspective was notable considering 45% of participants were immigrants. Similarly, in the Greeson & Bowen (2008) study, the seven participants were females of colour with a variety of ethnicities, a large range of ages (13-20 years) and from two sites, yet no diversity of perspective was incorporated into the analysis. Laursen and Birmingham (2003) was the only study with more than one site to cross-validate data across sites.

The reliability of the data analysis in the studies was mixed. Inherent in qualitative research design is a lack of control where the threats to internal validity are many but can be offset by the provision of alternative explanations (Yin, 2018) or the way in which negative

or discrepant results are addressed (Mays & Pope, 2000). While all the articles have high external validity, none of the twelve studies feature a control group or present alternative explanations for the data collected, and eight of the twelve studies make no mention of how negative or discrepant results were addressed. In most studies, however, there was more than one coder with differences generally reconciled through discussion.

Reflexivity was also an area where the validity of the research was poor. Whilst the role of the researcher was clearly described in most studies, other than Laursen and Birmingham (2003) and Ahrens et al., (2011), none of the studies considered the ways in which the researcher and the research process had shaped the collected data (Mays & Pope, 2000).

Ethics and consent

Ethical issues are a prominent criterion in the NICE (2012) quality appraisal checklist as well as being one of the Yin (2018) criteria for a study to be considered high quality, with specific criteria around attaining informed consent and whether special precautions were taken to protect vulnerable groups. Young people in, and recently emancipated from, foster care, fall under this rubric, and the lack of attention to this is an area of deficit in all of the reviewed articles that would appear to limit their quality.

Of the twelve reviewed studies, nine report that consent was obtained however three (Greeson et al., 2010; Greeson, Thompson, Evans-Chase et al., 2015; Munson et al., 2010) do not mention consent at all. The likely explanation for this in the two 2010 studies is in their use of secondary data however, in the Greeson, Thompson, Evans-Chase et al., (2015) study, primary data collection was undertaken through focus groups, and it is noteworthy that no mention is made of consent. The only study where ethical issues seem to have been

considered is Laursen and Birmingham (2003) where the purpose of the interview was outlined to participants along with a guarantee of confidentiality, anonymity and the respondent's right to terminate prior to getting written consent. Collins et al., (2010) was the only study where the consequences of the research were considered with respondents provided with a list of resources if they needed further assistance.

Acknowledging strengths and limitations

A further criterion for a study to be deemed high quality is whether the authors acknowledge the strengths and limitations of their research (Yin, 2018), the elucidation of which ensures transparency and facilitates accurate interpretations of the findings (Ross & Zaidi, 2019). Although all the studies reviewed provide some consideration of the limitations, and occasionally strengths, of their research, possible rival explanations for the promising findings reported should be provided, particularly in the absence of a control.

Half of the studies mentioned the strengths of their research, typically that they were the first to investigate a particular aspect of the natural mentoring relationship. For example, by not using a formal definition of natural mentoring, a strength of the Ahrens et al., (2011) study was that every participant had at least one relationship with a non-parental adult, compared to roughly 26% of youth in other studies reporting no supportive non-parental adult in their lives.

In four of the studies, limitations that may impinge on the validity of the study are not explicated. Laursen and Birmingham (2003) do not report or analyse data from the field observations, thereby omitting a possible triangulation method. The study is also limited by a lack of data on participants' demographics. Greeson and Bowen (2008) fail to acknowledge the lack of nuance in their analysis or the threat to internal validity posed by aggregating data

from 13-year old children with that of 20 year-old adults. Duke et al., (2017) do not

acknowledge the lack of participant information, or the potential bias introduced by

conducting in-person interviews with youth but telephone interviews with adult mentors.

Research implications

Mechanistic implications

This field of research should now be moving towards a standardised, but looser, definition for natural mentoring as the profusion of terms employed makes searching the literature and comparing studies a convoluted and protracted process. Although the definition has become more consistent over the years, it would seem that part of the reason so many young people report the absence of a natural mentor is that their important, supportive adult may not meet the specific definition employed (Ahrens et al., 2011). In a similar vein, the definition of characteristics currently encompasses a wide range of aspects and, with the shift in focus of the research to a consideration of the characteristics of the mentor and the relationship, there needs to be greater consensus on how this phenomenon is defined.

Focus of future research

As research into the characteristics of natural mentoring becomes more prosaic, there needs to be more investigation of what is valued about the mentor and the relationship in a wider range of contexts. There also needs to be a more nuanced exploration of the developmental and demographic characteristics of participants, particularly whether mentoring relationships fill different types of functions according to developmental, gender and ethnicity distinctions.

There is currently a dearth of studies that incorporate the voice of other stakeholders, particularly the mentors themselves, as well as that of professionals in the field such as social workers and residential care staff. Furthermore, more research is needed on both the qualities youth most value in their natural mentors and the kind of support that is provided when

distinctions are made between natural mentors who are kith, kin and professionals. In addition, greater depth of understanding would be achieved by more relational research where both members of the mentoring dyad are interviewed individually and together, as well as observational research that shifts beyond self-perceptions and allows the study of the interactions between youth and mentors.

Research that explores exactly how youth in foster care connect with natural mentors and cultivate these relationships would augment the field, as would more research into assessing the barriers to forming and maintaining relationships from both perspectives. Some of the findings of this review regarding the importance to young people of relationships being unconditional, authentic, symbiotic and mutually meaningful, like that of a parent and child, whilst also providing limit-setting boundaries, warrant further investigation.

As the field now moves into establishing natural mentoring programmes for foster care youth (Greeson, Thompson, Evans-Chase et al, 2015), more research is required on examining the effects of mentoring programmes that offer matched mentors versus programmes that focus on extending support to natural mentoring relationships, as this would guide best practice for mentoring this population.

Methodological implications

A goal for future research may be to also address some of the methodological shortcomings identified in this review, particularly the cross-sectional design and the issues with generalising findings. It would benefit the research for more studies to include random assignment and the use of a control group.

There is without doubt a requirement for more large-scale, longitudinal cohort studies – particularly implemented as a primary data collection technique, where the research team

design the interview schedule and undertake the interviews so that bias is mitigated and internal validity is protected. This would allow researchers to assess youth-adult dyads at multiple time points and allow for a richer analysis of the data. It would also facilitate a better understanding of how individual-level characteristics (such as demographics, the youth's history and time in care), and contextual factors (such as living arrangement and placement stability), influence the development and maintenance of the relationships and what the youth value about it – particularly the correlation between specific youth characteristics and both mentor and relationship characteristics.

Practice implications

Although more rigorous investigation is needed, the current evidence base contains theoretically supported studies that, together, comprehensively elucidate the characteristics of natural mentors and natural mentoring relationships that are valued by young people in, and emancipated from, foster care.

As a number of the studies found that youth frequently identified staff members from their residential placements as their important, supportive adults, there is a need for a mentoring policy framework within residential care placements to support the transition of professional relationships to mentoring relationships and for professionals who have previously played a role in youth's care to be able to continue to provide support without overstepping professional boundaries. There seems to be justification to establish a framework to allow the relationship to extend several years beyond emancipation.

There is a need for organisations to find ways to incorporate natural mentoring relationships into typical service provision processes, including exploring ways to maintain

existing natural mentoring relationships whilst finding ways to support the formation of natural mentoring relationships for those youth without them.

With regard to mentoring programmes, developers of formal mentoring programmes need to find ways to recruit adults who share meaningful similarities – such as experiences and backgrounds – with the young people, with improved matching strategies for mentors. The concept of natural mentoring programmes has also begun to be investigated in the last decade (Greeson et al., 2014; Rhodes, 2013) and although nascent, this is a strand of research that requires further exploration for its efficacy.

Conclusion

This review is the first to synthesise peer-reviewed articles to comprehensively identify research related to youth in foster care and the characteristics of natural mentoring relationships, providing a better understanding of the present status of this remarkably under-researched field, and highlighting implications for future research and practice.

There were found to be several similar methodological and ethical limitations present across the reviewed papers which, in aggregate, limited their ability to be considered evidence-based practice. With all studies conducted in only two countries, the generalisability is limited to an Israeli or US population and regional geographical constraints of those in the US, and care context constraints of those in Israel, imposes further limitations. In all studies, the data was in-depth, compelling, and gave a good level of insight into the research participants' experience, however, in many, the contexts of the data were not described, and context bias was not considered, diversity of perspective and content was not explored, and responses were not compared across groups or sites. Despite there being clear exposition of methods of data collection and analysis, in virtually all the studies the validity was limited by lack of control group or alternative explanations, and, for many, reliability may have been affected by the lack of data triangulation, respondent validation and exposition in dealing with discrepant results.

However, the reviewed papers provided good insight into the features of the mentor and the relationship valued by all stakeholders, with all – irrespective of location – highlighting the importance to youth of several common characteristics, particularly empathy, trust, honesty, respect and acceptance. Virtually all identified the significance to the young people of the natural mentor being an authentic, reliable, approachable, and available role model. The majority found that young people valued a parent-like bond with their mentor

where they imposed boundaries and held them accountable. Furthermore, when utilising the relevant quality appraisal tool, most were found to be of acceptable or high quality, where a judgement could be made that the limitations would likely not have altered the conclusions.

On balance, the conclusions of the reviewed papers regarding the characteristics of natural mentoring relationships – although tentative due to the highlighted limitations – represent the beginning of an evidence-base, particularly considering the generally consistent findings, which found many common characteristics valued by youth in foster care in a variety of important, supportive adults. However, more rigorous research is required across a broader range of settings, with a more nuanced focus on diversity of perspective.

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Section B

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"Where's the therapy? How do Therapeutic Care workers make sense of their informal interactions with the child in the child's life space within a therapeutic community setting?"

8000 (300) words

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Abstract

Children and young people in care value strong, long-lasting relationships with trusted caregivers (Moore et al., 2018) and value interactions with them in everyday life (Gallagher & Green, 2012). No known studies have explored the sense that primary carers in a therapeutic community (TC) make of their informal interactions with the child and the extent to which they think of them as contributing to the child's therapeutic healing and development. The purpose of this study was to examine how Therapeutic Care Workers (TCWs) interpret their informal interactions with children in their 'life space' (Steckley & Smith, 2011).

This qualitative study reports data from in-depth interviews with eight female TCWs (mean age 32, SD = 6.7) currently working in one of two TCs. Four superordinate themes are reported: Getting into the child's mind; Evincing the child they are in my mind; What we have together; and, The difference that makes the difference. The findings highlight TCWs' beliefs that, because of their special relationship with the child and their genuine love for them, virtually every interaction with them is therapeutic. A convergence of relevant theory, empirical research, and TCW's perceptions of informal community interactions with children was found. The findings differ from the existing literature in nuanced ways. More research is needed to strengthen the evidence.

Introduction

Children looked after (CLA) in residential care

In 2020, of the 80,080 children in local authority care, 72% (57,658) were living with foster carers and 13% (10,410) in secure units, children's homes or semi-independent living accommodation (Department for Education [DfE], 2020), with those with more acute needs generally placed in more institutional settings such as children's homes (Gallagher & Green, 2012). Although these placements were stable for 68% of CLA, 21% had two placements and 11% had three or more placements in the year (DfE, 2020).

The children in therapeutic communities

Among the diverse children living in residential care, there is one group that has been variously described as 'seriously troubled and troublesome' (Bullock et al., 2006), 'traumatized children and young people' (Barton et al., 2012), 'children with emotional and behavioural problems' (Egelund & Jakobsen, 2009), 'emotionally disturbed youth' (Pazaratz, 1999), and 'traumatized and sometimes dangerous young people' (Ward et al., 2003).

Generally, these children have become looked after due to experiencing maltreatment or other severe adversity in their family homes. They then habitually experience placement breakdown as a result of their challenging behaviour (Stanley et al., 2005), they move on to a series of other foster and residential homes and, subsequently, find themselves in a cycle of recurring placement breakdowns. All these experiences amplify their emotional and behavioural needs and, ultimately, they often find themselves placed in a therapeutic community (Bullock, 2009).

Most of the children placed in therapeutic communities have experienced high levels of trauma and neglect including sexual, physical and emotional abuse, usually in early childhood (Gallagher & Green, 2012; National Institute for Health and Care Excellence [NICE], 2013). This has left them with a range of complex psychological needs including marked attachment issues and extreme relational trauma, with their development often hindered by their levels of emotional and psychological disturbance (Childhood First, 2021; NICE, 2013). They will also have had a more negative experience of the care system and have experienced so much disruption and placement breakdown that their fundamental sense of identity is often confused and fragmented (Barton et al., 2012).

The role of therapeutic communities for CLA
Theoretical frameworks

The psychoanalytic theory base of therapeutic communities. Within British therapeutic communities is a steadfast commitment to the psychoanalytic theory base (Ward, 1996, cited in Barton et al., 2012), including Bowlby's (1969) theory of attachment and Winnicott's (1953) notion of the good-enough mother and the facilitating environment.

Children's relationships, particularly those with their parents, are widely recognised as being crucial to their development (Bowlby, 1969). For children who have been abused and neglected, attachment difficulties are often central to this experience, as a breakdown in relationships is the root of the reason many children are taken into care (Barton et al., 2012). For these children – particularly those in therapeutic communities – it is largely owing to difficulties in relationships with their carers in these settings that result in repeated placement breakdowns (Gallagher & Green, 2012).

Attachment research has revealed the significance for a young child's development of an affectionate bond with their main carer, whose displays of warmth and sensitivity afford the child the feeling of safety required for the attachment to develop (Monck et al., 2003).

Winnicott (1971) coined the phrase "the good enough mother" to describe how a mother starts off with an almost complete adaptation to her infant's needs but gradually adapts less and less according to the infant's growing capability to deal with her failure to do so, with the mother's failure posited to help the child to adapt to external realities.

Winnicott (1956b) believed that early infant development problems caused by 'environmental failure' (Winnicott, 1990) needed to be treated in a planned twenty-four hour a day therapeutic environment. He directly applied some of his theories to residential treatment settings (Winnicott, 1956b) and highlighted the importance of the 'holding environment' to the success of any 'localised' forms of treatment, such as psychotherapy.

Other theoretical frameworks underpinning the practice. A broad range of theoretical frameworks drawn from an extensive evidence-base underpins the practice within British therapeutic communities with two key frameworks being mentalization (Fonagy et al., 2002) and epistemic trust (Fonagy & Allison, 2014).

Mentalizing is the process of understanding behaviours in terms of intentional mental states such as thoughts, feelings, needs, desires, purposes and reasons (Bateman & Fonagy, 2004; Fonagy et al., 2002). It is posited that the capacity to mentalize emerges through the interaction with the caregiver through a process of contingent mirroring in the context of a secure relationship (Fonagy et al., 2002), but when a child has experienced something traumatic, this capacity to mentalize may be inhibited (Bateman & Fonagy, 2004).

Epistemic Trust (ET) has been defined as the readiness to deem new knowledge from another person as trustworthy, generalisable and relevant. It has been hypothesised to be a

crucial factor in early development as well as a central facet of the therapeutic relationship and a mechanism of change in psychotherapy (Fonagy & Allison, 2014; Fonagy & Campbell, 2015). From a developmental perspective it relates to the way infants learn about their world from others they trust.

The ability to mentalize is considered a vital element in establishing ET (Fonagy & Campbell, 2015) and secure attachment is thought established with the compounding of these two factors (Jaffrani et al, 2020), where increased mentalizing capacity allows an individual to move from epistemic mistrust to ET (Fonagy et al., 2017; Kongerslev et al., 2015). Building ET is posited to reduce rigid ways of thinking and behaving, enabling individuals to learn from new experiences and changing the way they understand their own and others' mental states (Jaffrani et al., 2020). This makes augmenting ET in the child vital if the child is to be able to learn from the informal therapeutic interactions with the TCW and generalise this knowledge to wider social contexts (Fonagy & Campbell, 2015).

The importance of relationships in residential care

In the last decade, numerous inquiries and reports have stressed the importance of relationships for those in care (e.g. Hannon et al., 2010; Welch et al., 2018). A consistent finding is that the presence of at least one caring adult, who offers a strong, supportive relationship based on mutual caring and trust, has been identified as a protective factor for youth across a variety of risk conditions and can make all the difference to someone's life and outcomes (Kersley & Estep, 2014). The Care Inquiry (2013) highlighted the importance of children's relationships with those close to them, and those who care for them, describing them as "the golden thread running through a child's life" (p. 9), with a particular focus on the quality and continuity of those relationships that the children felt were meaningful.

This notion aligns with the wider empirical literature, conducted over many years, regarding relationships for youth in care. Hannon et al., (2010) have stated that for children to flourish, they must have security, stability and continuity and the opportunity to form long-standing attachments with those who care for them. In their study they found that young people who described positive experiences of residential care attributed this to the close relationships they had been able to form with staff (Hannon et al., 2010). Gallagher and Green (2012) found that for former residents of a therapeutic community, relationships had been essential to their general well-being and development. All reported being able to form a positive relationship with at least one member of staff, most often their 'key carer'.

Lemma (2010) explored the role of the key working relationship in helping traumatised and characteristically 'hard-to-reach' young people and identified three categories that participants felt were important in their healing and development: titrating intimacy, the power of relationship, and the therapeutic function of hope. Each category was intrinsic to the key worker's relationship with the young person and highlighted the important role of the key worker in facilitating change.

Mason (2012) found that it is often the small, mundane or ordinary acts that can bring a service user and key worker together. Parr (2015) subsequently explored this notion and found that, in some cases, the key worker-service user relationship was itself a therapeutic medium.

Healing in the child's life space

Research has habitually demonstrated that a child's psychological development and subsequent outcomes in life are most meaningfully influenced by their early home life and the caregiving they received (Hannon et al., 2010). For children who have been severely

traumatised by abuse and neglect – often from infancy onwards – healing and recovery takes place in the entirety of their day-to-day life where every event in everyday life is an opportunity to encourage therapeutic change (Barton et al., 2012). These children require opportunities to experience attachment relationships that offer consistency, nurturing and predictability (Tucci et al., 2010), where daily interactions with a carer who is experienced as being trustworthy provide the basis for children to modify their internal working model and previous attachment patterns (Levy & Orlans, 1998).

In Bronfenbrenner's bioecological model of human development (Bronfenbrenner & Ceci, 1994) a distinction is made between 'distal' – background – factors, and 'proximal' factors. The proximal factors – which occur day-to-day between the child and family and relate to the impact of the child's relationships in their family and social network – have been found to have the most significance on childhood development (Margo et al., 2006).

Aims

Research has shown that children and young people place importance on the need for consistent, reliable, strong, and lasting relationships with trusted workers, ascribing great value to their interactions with their primary carer in the informality of their life space (Gallagher & Green, 2012; Moore et al., 2018).

There are no known studies exploring the sense primary carers in a therapeutic community make of these interactions and the extent to which they think of them as a contributing factor in the child's therapeutic healing and development.

This study aimed to develop an understanding of how TCWs make sense of their informal interactions with the child in the child's life space. It aimed to explore the extent to which TCWs think of these interactions as therapeutic, to gain an understanding of TCW's experiences of these informal therapeutic interactions and the meaning the child assigns to them.

Research questions

The research questions were:

1. What is the TCW's experience of their informal interactions with the child in the child's life space?

2. What meaning do TCWs ascribe to those interactions with the child?

3. How do TCWs make sense of what is happening therapeutically for the child in that space?

Method

A qualitative phenomenological epistemological approach was selected which employed Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009) as it aims to understand participants' subjective experiences, examining how individuals reflect on these experiences, the meaning they give to them (Smith et al., 2009), and attends to how, as individuals, participants perceive and talk about them (Breakwell et al., 2012).

IPA recognises that the personal preconceptions and individual reflections of the researcher lead to an 'interpretative' account of the data (Smith et al., 2009). This research was undertaken by a clinical psychology trainee in her second and third years of training. Having previously worked in residential childcare and for an organisation that emphasised the importance of therapeutic work with young people outside of the clinic where they felt most comfortable, she had an interest in the intersection of these concepts.

The Communities

This study centres on two therapeutic communities based in different regions of the UK. Both communities are referred to by a single pseudonym, The Willows. The communities care for younger children (five to 13 years), and provide specialist, integrated therapeutic care, education and treatment for children suffering severe emotional and behavioural disturbance due to early life trauma.

The model of care implemented in the communities is integrated systemic therapy (IST; Institute of Integrated Systemic Therapy, 2022), a systemic therapeutic intervention based on the tenets of therapeutic community, family systems and psychoanalysis. Within the

context of community life, IST aims at facilitating change in emotional, psychological and behavioural spheres through a framework of psychodynamic groups and supervisions.

Therapeutic work within the communities is underpinned by a five-year theoretical and experiential training programme to Masters level. TCWs are required to complete both the Framework for Higher Education Qualifications (FHEQ) Level 3 foundation training in IST and the FHEQ Level 4 certificate, within two years.

The communities aim to create 'therapeutic' environments where children have their care, emotional, educational and treatment needs met. Underpinned by psychodynamic principles, the belief is that a child's difficulties are predominantly rooted in their past relationships and their purpose is to provide an environment where this can be addressed. Therapeutic healing is believed to occur through the corrective experience of developing and maintaining new, safe relationships with TCWs and peers.

TCWs attend to the 'therapeutic task' through developing safe, professional, supportive, and nurturing relationships with the children, supporting them to manage themselves and their behaviours, using reflection and approved therapeutic methods of intervention. TCWs provide 'primary care' to the children, as apposite, which includes all daily tasks including school activities. They will also assume the role of key worker for a specific child.

In understanding their role as 'therapeutic', TCWs place prominence on their attunement to the feelings in the relationship with the child, the meaning and origins of those feelings and how they can be used in therapeutic understanding of, and interactions with, individual children. In undertaking the 'therapeutic task', TCWs utilise family systems and psychoanalytic concepts, to make sense of, and interpret their experiences in groups and with individual children. TCWs highlight the importance of attuning to the child's unconscious

projections via the countertransference. They see their role as providing a reparative emotional experience for the child – setting, promoting and role modelling appropriate personal behaviour through their specific relationship with each one.

Participants

In accordance with IPA guidelines (Smith et al., 2009), a small homogenous sample was recruited.

Inclusion criteria consisted of TCWs who had a relationship with at least one of the children and had worked within the community for more than six months. This was to ensure they were established in their roles, had had the opportunity to fully develop and maintain a relationship with a child, and to form subjective perceptions while attempting to make sense of their experiences in developing the relationship.

As IPA requires as homogenous a sample as possible (Smith et al., 2009), a further inclusion criteria was to include only TCWs who support the younger group of children from five to 13 years. There were 28 TCWs across both therapeutic communities who had been employed for more than six months, who had a relationship with one of the children and met the full inclusion criteria for this study, 18 in one community and 10 in the other.

In-person visits were made to both communities where meetings were held with the directors. An information sheet (Appendix 3.3) detailing the purpose and aims of the study were sent out to all TCWs who met the inclusion criteria.

A purposive sample of eight TCW's – four from each community – contacted the researcher directly to assent to participate in the study. All eight were included in the study. Informed, written consent was obtained from each participant prior to each interview.

Participants were between 24 and 43 years of age (Mean = 32.1, Median = 32, SD = 6.7). They had between nine months and 16 years of experience in their roles (Mean = 5.4, Median = 2.2, SD = 5.6). Individual and demographic characteristics of participants are detailed in Table 1.

Table 1

Individual and demographic characteristics

Gender	Age	Ethnic background	Job title	Time working at community	Key worker	Highest level of education attained	Job-specific qualification
Female	26	White British	TCW	16 months	No	Degree	Certificate
Female	26	White British	TCW	2yrs 3mths	Yes	BSc Clinical Psychology	Advanced practitioners diploma
Female	37	White German	Deputy team leader	2yrs 1mth	Previously but not currently	BSc Psychology	Certificate Doing diploma
Female	34	White British	Team leader	11yrs	4 times previously	Masters	Masters
Female	24	White British	TCW	9mths	No	BSc Psychology	Foundation Doing certificate
Female	37	White British	Assessment evaluation & research officer	16yrs	Previously but not currently	Masters	Masters
Female	30	White British	Assistant Director	8yrs	Previously but not currently	Degree	Diploma Doing Masters
Female	43	White British	TCW	2yrs	Yes	Diploma – NVQ3	Certificate Doing diploma

Interviews

IPA studies aim to gather a rich, detailed, first person account of individuals' experiences (Smith et al., 2009). In-depth interviews were utilised to gather data. As an intimate focus on each TCW's experience, it was anticipated it would facilitate the elicitation of stories, thoughts and feelings about their relationship with the child, and the exploration of their subjective perceptions about what is therapeutic about their informal interactions (Smith et al., 2009).

The semi-structured interview schedule (Appendix 2.1) consisting of ten exploratory, open-ended questions was developed in accordance with the research questions, and questions and prompts were structured according to IPA guidelines (Smith et al., 2009). Factors highlighted in the theoretical literature (e.g. Bateman & Fonagy, 2004; Bowlby, 1969; Bronfenbrenner & Ceci, 1994; Erikson, 1950; Winnicott, 1953), books (e.g. Barton et al., 2012), reports and policy papers (e.g. Hannon et al., 2010) and key empirical papers (e.g. Gallagher & Green, 2012; Lemma, 2010; Parr, 2015) were considered when doing so.

Consultation was undertaken with research supervisors who were experienced in working with CLA, the carers of CLA, and therapeutic communities. A community director also reviewed the interview schedule. Following the incorporation of feedback, the schedule was not adapted further. The questions aimed to explore TCWs' experiences of their informal interactions with the child and how they made sense of them, particularly their perceptions of the therapeutic nature of these interactions and their interpretations of the child's perception of them.

Due to the advent of Covid-19, some changes were made to the methods of data collection. Gathering a number of people in a room together to conduct focus groups was deemed to present an unnecessary risk and it was decided to solely utilise interviews as the method of data collection. As requested by one therapeutic community, interviews were

conducted in person in a separate building to the work setting on one specific day. Additional Covid-19 lockdown restrictions meant interviews in the second therapeutic community were delayed and were eventually conducted on Zoom from participants' homes five months after the first set of interviews. All interviews lasted between 62 and 70 minutes. Prior to the start of each interview, confidentiality was discussed and consent forms were signed (Appendix 3.4). For the Zoom interviews, consent forms were signed and emailed to the researcher prior to the interview. No participants felt the need to undertake a debriefing session following the interviews, nor did they elect to receive a copy of their transcript. All participants chose to receive a copy of the report once finalised.

Ethical considerations

Ethical approval was obtained from the charitable organisation's Ethics Committee (Appendix 3.1). Participants were assured that identifiable information would be removed from the transcripts and replaced with pseudonyms prior to data analysis.

Additional ethical considerations were also identified related to the fact that the board and management of the charitable organisation were supporting the study and the participants that were recruited were employees. Participants were assured that there was no obligation for them to participate as part of their job role, were informed of their right of withdrawal at any time without consequence and that whether they participated or not would not affect their position at work in any way. Participants were informed of the stringent process and procedures that were in place to ensure their confidentiality, and that of anyone mentioned by them during the interview. The study was conducted according to the British Psychological Society code of ethics and conduct (2009).

Data Analysis

Audio recordings were transcribed by the researcher for analysis and data was analysed using IPA. To ensure confidentiality, participants and children were given pseudonyms and identifying information was changed or removed. Square brackets were used to indicate where information had been omitted.

Through the individual interviews, IPA's commitment to an idiographic, case study level of analysis (Breakwell et al., 2012), facilitated an in-depth exploration of each participant's account of their experiences and, through the 'double hermeneutic' (Smith et al., 2009), the researcher sought to make sense of the participants' sense making and the meaning they gave to their experiences.

According to guidance set out by Smith et al., (2009), each transcript was dealt with in turn. Active engagement was undertaken with the data through the repeated reading of the transcript and highlighting richer, more detailed sections, and those that contained contradictions and paradoxes. The researcher's own recollections about the interview experience were recorded at this time, as were initial, most salient observations about the transcript for bracketing purposes. Initial noting was undertaken which involved the identification of a descriptive core of comments which had a clear phenomenological focus and conveyed the participant's explicit meaning. This was followed by the development of more interpretative noting and the use of exploratory commenting (Appendix 2.2). Emergent themes were then developed through an analytic shift to working principally with initial notes rather than the transcript, where interrelationships, connection and patterns between exploratory notes were mapped. Emergent themes were drawn together and mapped where the most interesting and important aspects of the participant's account was indicated (Appendix 2.3). A research diary was kept throughout this stage of analysis to record

descriptions of the analytic process and commentaries on the analytic work. Each case was dealt with in turn in the same way. Subsequently, patterns were identified and themes were considered for similarities and differences across all cases and these were then summarised into superordinate and sub-themes (Appendix 2.4 & 2.5).

Quality Assurance and reflexivity

Criteria for assessing validity in qualitative studies were adhered to throughout this study (Elliott et al., 1999; Mays & Pope, 2000; Yardley, 2015), including sensitivity to context, transparency of methods and researcher reflexivity.

To ensure sensitivity to and familiarity with context, the researcher attended each community for a day, met the community director, and informally met some staff and children. This helped to understand the specific contexts in which the study was conducted – the ethos and culture of each community, the approach of the community director, the carers' working environment, and how the workers and children interacted.

'Commitment and rigour' (Yardley, 2015) was accounted for by following established IPA guidelines (Smith et al., 2009) and care was taken to employ the commonly used strategies for enhancing the quality of the data analysis, such as independent coding and critical comparison between the researcher and her supervisor, and the compiling of, and provision of, audit trails (King, 2012).

This involved transparency of methods, where the researcher kept a full record of the process of data collection and a clear account of how early systems of classification evolved into clearly defined concepts and explanations for the data collected (Mays & Pope, 2000). Transparency was also employed in the presentation of the analysis and empirical data (Yardley, 2015).

To ensure that the themes were grounded in the data, substantial parts of the analysis were cross-checked by the researcher's supervisor and another trainee experienced in IPA but uninvolved in the study. The researcher attempted to give some measure of prevalence for each theme by providing illustrations from at least three participants per theme, along with some indication of how the prevalence of each theme was determined (Smith, 2011).

Yardley (2015) highlights reflexivity as an important factor in qualitative analysis. Due to having previously worked in an organisation where the informal interaction with the young person was the cornerstone of the therapeutic work, the researcher was aware of the high risk of prejudgements and assumptions about the meanings contained in participant's responses. The present research required a high degree of reflexivity in acquiring and processing the data and, in order to be aware of and keep track of assumptions, bracketing (Tufford & Newman, 2010) was employed throughout the research process. The researcher was interviewed by a fellow trainee about her preconceptions – particularly around the therapeutic value of the informal interaction – and experience of working in a children's residential service. A reflective diary was kept on an ongoing basis as the data was analysed and regular discussions with supervisors were had.

Results

Analysis revealed four superordinate themes and 12 sub-themes. These are considered in the following sections using verbatim extracts. See Appendix 2.6 for further example quotations. The four identified superordinate themes represent the participant's perceptions of a close relationship they have with a child or children, the sense they make of the interactions they have with them in the community and the extent to which they see these interactions as being therapeutic for the child. One of the themes also encapsulates the TCWs perceptions of how the community as an entity, and the life space of the child, provides a framework for therapeutic interactions to happen between them and the child.

Theme 1: Getting into the child's mind

This superordinate theme relates to what the TCW does to start to understand and know the child with whom they have this connection – either an instinctive, natural, mutual connection, or one – sometimes with inherent challenges – obligated by their role as the child's key worker. It conveys what the participants perceive they do that innately enables them to really get inside the child's mind and understand them, how where the child has come from influences their behaviour, and allows them to read and understand situations that can lead to escalation. This theme explores two aspects (subthemes) of the participants interactions with the child that appear to enable them to do this*: Just 'getting' the child* and *Absolving the intolerable shame of the child's real self.*

Just 'getting' the child

All participants talked about times when they had mentalized the child and not only seen and heard the child but were able to make the child aware that they were seen, heard and understood by them, often leading to the child feeling safety and security through this knowledge.

Isobel:	*"But, I think he doesn't want people to feel afraid of him because that's such an uncontaining way to feel… [ ]. So you have to show him that you're the adult and he's the child and I'll care for you and we'll go to bed and I'll tuck you in and give you a kiss and then we'll go… That's so natural isn't it? It's not natural to be terrified of a 10-year-old."*

Lara:	*"…quite early on he recognised that I heard him and I understood him and as much as he could be really, really angry at me, I think he knew quite early on, like, deep down that I did understand him and actually I was doing things in his best interest."*

Libby:	*"I feel like he knew he was known, that I understood and I got him. So he wasn't an angel and he… sometimes I knew what he was going to do and I could… there was just some sort of understanding between us and sometimes you can communicate with just a look. And you could see that he was about to escalate and the anxiety would be really heightened and you could just look at him and he'd be like "ah, yeah, phew". Like the relief of somebody having him completely in mind and knowing what he's going through and then he'd just be brought right back down again. It's not even like a verbal thing sometimes – you can just have that connection."*

Isobel:	*"So I think he's afraid of himself and what he will do if he's unsupervised or he's kept out of mind and so he feels safe and contained when he knows that the adults that are around him understand him and are able to keep him safe in the right ways."*

Absolving the intolerable shame of the child's real self

Seven of the participants spoke of what they believed they naturally did to alleviate the child's deep-seated shame at their circumstances and of their own behaviour. This seemed to be about the TCW imparting to the child that they are worthy, that their real self is not shameful, that the child's behaviour is not too much for them to handle and there is nothing they can do to drive the TCW away. It ultimately appeared to be about letting the child know that whatever happens, the TCW will not give up on them.

Allie:	*"And I think that's why she used to push me away to start with so that I didn't see these struggles because she was worried that if I saw it, I wouldn't want to know her anymore. So, I've always thought that it was important for me to say to her "you can call me whatever name you like, I will still be here tomorrow. You can hit me, I will still be here". And I think, for her, it's just that reassurance that I'm not going to run out on her, I am going to come back, I am going to see this journey through with her."*

Isobel:	*"I think he gets the sense a lot of the time that people are scared of him and that people find him really hard to be alongside because he's so volatile but I'm hoping he doesn't get that sense from me. So I'm hoping that's what it is that makes him feel like he's able to relax a little bit more when he's with me cos he knows that I'm going to keep coming back and I can tolerate it. I've had to physically restrain him lots of times in the past and he knows that I can cope with it and I'm not going to let him hurt other people."*

Maddie:	*"I guess in that moment what they get is that they are not completely awful kids and that they can't... to them, they've driven a lot of people away and they hold onto that, that they've done that. And actually, what we would want is to say that those adults weren't able to give you what you needed. You've not pushed them away because you are awful and you're so shameful because you pushed them away, because they are not able to give you what they need, and we can."*

Theme 2: Evincing the child they are in my mind

This superordinate theme appears to illustrate the myriad behaviours of the TCW that they perceive intrinsically cements the relationship with the child and allows it to grow into something more.

This superordinate theme encapsulates two subthemes that appear to relate to the range of behaviours of the TCWs that they believe ensures the child knows that the participant cares about them, that they really mean something to her, and that she will be the person who stands beside them when they need her. These are: *Letting the child know they matter and they mean something to me* and *Standing apart to stand alongside the child.*

Letting the child know they matter and they mean something to me

The majority of the participants (6/8) spoke about their interactions with the child that they felt let the child know they mattered and they meant something to them. Seemingly important in this was the TCW holding the child in mind and recognising how important it was for the child to have an awareness of this.

Maddie:	*"But I would always assume that that is there if they want it. I would always take them to school and I would always pick them up. I would always go to their sports events and things because it's that consistency and reliability, I guess, that, if you're here, I'm in your head the whole time."*

Chloe:	*"I was just going into his room and tidying his room while he was at school. And little gestures like that… and he'll come home and go "oh, I bet Chloe's done this". Or I always put a hat on a certain teddy bear and he knows that I've done it. So, it's those little communications, I suppose…"*

Maddie:	*"I think the main thing is they should know - and I think mine knew - that they are your focus. And even if my key child didn't want to, I would always save them a space because I'd always want them to look and think "there's a space for me"."*

Participants also seemed to feel it was important to communicate to the child that they cared what happened to them. Participants commented on the fact that this sometimes involved working hard to get through to the child and to make the relationship work, and always being prepared to go the extra mile to ensure the child knew how much they meant to them. The TCWs were aware of the enduring impact the child had on them and how this often manifested in their intense sadness when the time came to say goodbye to the child.

Nancy:	*"And sometimes, children will do that, they'll be like "oh, can you look after this for me" and they'll give you something. And often it can be quite, like, in passing, sort of, way. But I always see that as something quite precious – when they give you something – like a little figure or cuddly toy – whatever, and they'll be like "just hold this for me" and it might be that they are playing with someone else, but I always think that it means something to them, like, sort of, that it's safe with you – whatever it is."*

Allie:	*"When I go on annual leave, I take her teddy bear home with me because if I take her teddy bear home she knows I'm going back because I've got to go back to return the teddy bear. While the teddy bear is at home with me, I take pictures of the teddy bear and the teddy bear returns with a photo diary of what we've been up to."*

Maddie:	*"...and we really cried together. And Matthew never cried – Matthew never cried out of sadness, I guess, he cried when he was held and when he was angry – and I just was so full of the idea of leaving him. And I suppose it was our proper good bye and he cried and we just sat and quietly cried for a little bit."*

Within this, half of the participants (4/8) spoke about the importance of always being there for the child. This could mean the child intellectually and emotionally knowing the TCW would always be there for them or the participant demonstrating this by physically being there for the child when they needed them. Incorporated in this was the notion of physically being alongside the child – usually after an incident – to mitigate the shame and reinforce for the child that nothing had happened that they could not come back from.

Libby:	*"I was there with her, I wasn't meant to be on shift that night but I stayed with her – I slept on the hospital floor – and she had a dolly, like a soft dolly with her, and she was throwing it at my head as I was laying on the floor. And I was still there, in this hot hospital room with her while we were waiting for this procedure the following day. So I would like to think that, you know, we were going through all of these really difficult things together and I was still there."*

Lara:	*"I think especially like if an incident happened, even if I'd ended up having to physically restrain him, I'd still remain alongside him afterwards. …[ ]… or even be outside his bedroom door where he's smashed everything up, I'd still be talking to him through the door. And then getting him back to the stage where he's OK and we can move on to do something else."*

Standing apart to stand alongside the child

Nearly all of the participants (7/8) spent time reflecting on how they often stood separately to the rest of the staff group in order to stand by the child when no one else would. This included factors such liking the unlikeable child, where they often saw something in the child that others did not see.

Lara:	*"And I guess a lot of people didn't like him because he was just annoying and little and aggressive and violent and would, you know… So a lot of people didn't like him so I felt it was a real struggle to get people to like him. I felt like I was always fighting his corner. To even get people to send him on trips out and to allow him to have nice things…"*

It also seemed to frequently involve advocating for the child when no one else would, which would also translate into doing differently to other adults because they could inherently see it was what the child needed. This could sometimes involve acting instinctively and spontaneously because it felt right for the child and was what they felt they needed to do.

Nancy:	*"…and he had gone through months and months of, like, really hard period and there was a point where he was going to leave because we were going to say, it's not working here, it's too violent, it's too many things. And I was one of the adults who felt quite strongly that he should stay and it was quite split really. And I could see why people were frustrated but I could just see a lot of his vulnerability – I think I always have."*

Isobel:	*"It's just the norm for me. Like, I understand this now. So I will treat him the same as all the other children. But I do wonder if some adults, um, find it – because it's uncomfortable – …[ ]… and I think maybe because of that, it makes people feel a little bit unsure when they're with him and maybe they will respond to him in a different way because of the sense that they get from him…"*

Maddie:	*"I did a lot of work with his mum and built up a real relationship with his mum, his social worker, you know, really getting alongside people, really advocating because nobody wanted him to go home to his mum, so it was all about, you know driving everything that way, so my relationship felt a bit different and, yet, what it gave him, I think, to know how much I wanted what he wanted and how much I was going to fight for him to get what he wanted, meant that we developed a really trusting, healthy, genuine relationship, where he really knew that I was going to fight for him."*

Theme 3: What we have together

This superordinate theme incorporates all the aspects related to how the participants seem to view the relationship they have with the child and what it is that makes it extraordinary for both sides of the dyad.

This superordinate theme includes six subthemes that capture what seems to be the natural, genuine mutuality within the relationship and how the participants often appeared to feel a symbiosis in the nature of their interactions with the child. Ultimately it encapsulates what appears to be the unique, special relationship that participants perceive to be the cornerstone of their therapeutic interactions with the child, the genuine love and fondness they have for each other, and their awareness that they know what the child needs and feel able to ensure that they give it to them in a way they are able to tolerate. In counterpoise to this, some participants reflected on their perceptions of the challenges inherent in their relationship with the child and – particularly in the key worker role – what seemed to be a complex interplay between the child's rejection and their resilience. Mindful of this, participants were able to reflect on what they perceived to be the benefits of their close non-key worker relationship with the child. The subthemes are: *A unique and special, mutually meaningful relationship*, *The reparative power of genuine love*, *Giving the child what they need*, *Being human*, *The trust we have*, and *The complexities of the role I have with the child*.

A unique and special, mutually meaningful relationship

All the participants believed that the relationship they were thinking of – be it a relationship with their key child or not – was a unique and special relationship that they believed to be as meaningful to the child as it was to them. For several of the participants, it

appeared to stand out to them as different to previous key child relationships, to relationships they had within the house with other children, and to the relationship the child had with other adults in the house.

Lara:	*"I felt like we had such a bond that I guess this isn't… this won't be lots of other key worker's experiences. Because when I think back to my previous key child, Arlo, um, I never had that kind of connection with him at all. It just wasn't there."*

Libby:	*"So the really hard blood, sweat and tears, really hard work, in the moment is really difficult and it can be really upsetting and emotional. But then what comes out of that, I think the relationship that's born out of that – that's the best bit. So the bond and relationship that you get with that child – like I said with Bailey – the bit where you get to a point in your relationship where you almost know what they're going to do before they do..."*

Six of the participants described the mutually meaningful connection they felt they had with the child where not only did they feel the relationship was mutual, but that it was somehow symbiotic where, in many respects, they seemed to benefit from it as much as the child.

Lara:	*"…he was talking about his mum and we just ended up having this conversation about how sometimes people do let you down and it's really sad. And it was just… yeah, at that point I was kind of going through my divorce and it was that feeling of being able to feel the loss of something but understand that it's not actually your fault, maybe. And at that moment, there was just like the strongest connection where he obviously didn't know that but it was like we just got each other and understood. Um, and I feel like that will always stay with me, that we could hear each other and understand each other."*

Allie:	*"I've made no secret of it. If I could foster her tomorrow, I would do it. She is very much… she's like a daughter to me, really, in the time that we've spent together. I know it's not professional to say that but that's the way I look at our relationship, really. And I love it. I love spending time with her."*

Lara:	*"I feel like by the time he left – and I still do actually – I have, like, actually, if he turned up at the door today, I would do whatever I could to help him. And I feel like there was actually a real… we went through so much, and I think I could honestly say that I loved and cared for him and it felt really genuine and, er, I guess he taught me a lot and I guess I taught him a lot."*

Within these relationships, TCWs often felt they and the child were instinctively and naturally attuned where they and the child genuinely liked each other.

Maddie:	*"…he really liked getting to know me, I think. You know, over and above, not just… it was just a bit of a different relationship where, we really wanted to get to know the different bits about each other."*

The reparative power of genuine love

All eight of the participants reflected on the genuine love they felt for the child and it seemed to be important that the child were able to feel that love.

Maddie:	*"…for me it really does come down to what I make a child feel because everything else comes from that. If they're feeling loved they'll behave like a loved child. So, if you get that bit right, everything else comes from that. Whereas if you make them feel crap about themselves, you'll achieve nothing – they can only behave in… you know… if they feel shame they can only behave in negative ways, as we all will if we feel shame. So any moments where I make them feel loved and valued, that's it for me."*

Lara:	*"I feel like he got that real sense of containment and that sense of love, actually. I think he really did feel it."*

All the TCWs seemed to be very aware of the 'mum' role they filled for the child and, although this could initially sometimes be conflicting and confusing for the child, it seemed to be about consciously wanting to role model for the child the reparative experience of a mum and the attachment and secure base that was absent from their early years.

Isobel:	*"So we are trying to – in my understanding – we're representing a parent, we're being treated not very nicely by these children but we are not going to put them into care, they're not going to be taken into care or they're not going to go somewhere else, we're going to be resilient, keep coming back, keep wanting to care for them and love them, and, yeah, I think that is how he would understand it."*

A number of the participants expressed their desire to create an environment for the child that was like a family and a home and they could – even if only for a while – forget that they were a child in care:

Maddie:	*"That is what I would want it to be. That they are more than a child in care. Because I think they grow up with a lot of labels and that might be 'child in care' looked after child' – it makes me cringe when they have to sit and hear these things. …[ ]…. They have so much where their life is so much more complicated and clinical and labelled than it needs to be and I just want to strip it back and for them to feel like a child and to feel loved and that the setting around them just sort of blurs away a little bit."*

Giving the child what they need

All eight of the participants reflected on the various ways they believed they had of ensuring that they gave the child what they needed with a particular focus on meeting the child where they were at.

Maddie:	*"So my relationship with Dexter felt significant in a really different way of, actually, in my head, I was in this boy's life to get him back to his mum. I wasn't in there to be his substitute mum. He never needed that from me. I think you're in a key worker role, you maybe want to be mum, somehow – and actually with Dexter I never wanted to be mum, I wanted to get him back to his mum, so it always felt like I was in his life for a purpose and that purpose became really important for me to fulfill."*

Libby:	*"...sometimes the children can't tolerate the physical closeness and you have to find other ways to show them how you can care about them. So, it may be just cooking in the kitchen or baking together or playing football – doing something you can just be around each other without closeness…"*

Within this, four of the eight participants spoke about the child's need to be physically held – whether this was something that the child was able to communicate or not – and two TCWs spoke about the link for their child between being physically held and emotionally contained.

Libby:	*"...when we used to go out, she used to sometimes pretend to fall asleep in the back of the car and we'd pull up at The Willows and I'd turn around and I sort of knew she was pretending but it was almost like she wanted that experience of being lifted… like gently lifted out of the car and carried in, you know? Like you do with a small child. So we had these little, unspoken moments between us that felt really huge."*

Chloe:	*"And there is oftentimes when you intervene with a child and you feel that they need physical containment. I've never worked somewhere where I've thought that before, but they do. And a couple of the children we've got at the moment will say, "will you pretend to hold me?" So I'll say, "no, I'll just have a hug". "I don't want a hug, I want you to physically pretend.""*

The majority of the participants felt that their persistence, the consistency of their presence for the child, and their constancy and continuity in their interactions with the child were important in filling the gap in the child's need.

Poppy:	*"I think it is just really nice to know that you're having an impact on her and that she's recognised that I am a consistency for her. It's really rewarding to know that she's noticed and that she has the comfort of knowing that I'm there and I'm predictable and I'm someone that she can rely on."*

Lara:	*"I think the fact that I was his key worker for the whole duration of his placement. I think that was key actually. And considering the child he was when he came in, he's now in the same foster placement that he was in when he left here which is also quite unusual actually. So I feel like, actually, consistency is kind of the key."*

Several participants also seemed to reflect on what they perceived to be the complex interplay between flexing boundaries and holding firm in their interactions with the child, and the child's apparent need to have the boundaries appropriately flexed for them when necessary.

Lara:	*"And I guess, like, he had real issues around eating as well, but being able to allow him to have treat things and not be like "right well you don't eat this so you're not having that" and being really strict and boundaried. Obviously it's about being sensible and still making sure he's got what he needed but still being able to, I guess, like allow him those treat things. And not everything feeling really rigid."*

| Isobel: | *"And giving him the level of responsibility that I know he can cope with because I think when I'm about he finds me just a containing presence because he knows I understand him and I work with him in a way, which although he finds frustrating, I know he also really enjoys that because you can see from the way he presents that he is more relaxed, he's not hurting people when I'm here, he's not being unkind to other children when I'm here, or smashing things, because I offer the containment for him."* |

Being human

Seven of the eight participants made reference to actions and behaviours that could be conceptualised as 'being human'.

| Lara: | *"I think it literally is the time spent one-to-one where I think we could both just be ourselves, actually. Like, he felt that he could just be him and that was OK and I guess – obviously there were boundaries there, I wouldn't be telling him things that were not appropriate – but, I guess, I could just be me. I think that's the stuff that I appreciate the most – that our relationship was just so natural. I was just very real with him."* |

These seemed to be the times when they perceived the roles of 'worker' and 'looked after child' fading away and they felt that, on a basic human level, what was important in the moment was that they were able to be real and authentic with the child.

| Chloe: | *"I'm a crier. ...[ ]...There's been a few situations where I've cried and Cody now goes, "oh, Chloe, are you having a cry again?" and I said to him "Cody, I cry if there's a pretty sunset, I cry if there's this..." I said, "I just... all these emotions make me cry". And I will say to him "you know, you need to cry" and he's like "oh...yeah".*" |

Nancy:	*"I guess first when initially she packed her box, yeah, I was sad, but I didn't expect to cry and it literally just came over me because I was very touched and sad and kind of felt her vulnerability of like this child packing up boxes and there's no parent, it's only me. And, but I think it is very real, and then they do pick up on that."*

Maddie:	*"And it is really important and the sense that you care enough about me to get upset. And I think whatever we ask the children to do you have to be able to do yourself. So whether that's be vulnerable – express different emotions. If we're just this robotic… because we have to be, we have to be super calm and super patient. That's great to a point but it isn't very real. You have to be able to show anger in a safe way. You have to be able to show sadness in a safe way because you can't show sadness in a broken way. They can't see that they've broken you to a point you can't care for them because then you're replicating every parental relationship they've had."*

Often this appeared to incorporate an opportunity to role model vulnerability or fallibility for the child.

Maddie:	*"So, it was mainly that, of going back to him and saying, "you know what, I said no, I had no reason to say no, mate, I'm really sorry. Of course you can, let me just try and work out how I can make it happen"."*

Nancy:	*"I think there's something about being worthy of others, especially sort of, adults, admitting something that they've got wrong rather than insisting... And then I'll say something to her and then actually go back and say, "look, yeah, that wasn't reasonable – I'm sorry – keep your shoes on" or whatever. Like, I think, that feels like you're important enough that someone does that."*

Insight into what participants perceived to be the complex process of balancing the power in their relationship dyad with the child appeared to be an important factor for seven of the eight TCWs.

Isobel:	*"...so you have to almost find your balance of setting your boundary and letting him know what the expectations are, but in a way that doesn't feel like you're trying to be too authoritative because he wants to be the most powerful person in this relationship so if you can almost make him feel that he is – but you know that he isn't – but that's a win/win for both of you."*

This included the use of playfulness and fun as a method of de-escalation and doing something spontaneous and instinctive as a method of distraction.

Allie:	*"I made it into a game. I was a bit like "I tell you what, I bet that I can beat you across the car park with a wheelie bin". And with that we had a race with these wheelie bins and she forgot what she was upset about, she stopped punching me, she stopped kicking me, we didn't have to go into a restraint, that was it."*

The trust we have

Four of the participants reflected on trust and their perception of how important they felt it was to their relationship with the children. This seemed to include the TCW's perception of the mutual trust and respect they shared with the child – where it appeared to be important to the TCW that the child was able to trust they would do what they said they were going to do – but also that the child was trusting of the knowledge and information they were imparting to them.

Maddie:	*"I guess maybe that mutual respect was a really big part of our relationship and trust – I think we both really trusted each other."*

Isobel:	*"But I do think that the core work we do is about relationships. So, being able to trust that the relationship that we've got with somebody is genuine, that they're going to do what they say and be consistent with it. I think that's really, really important. And you want to role model a positive relationship, don't you? So, the trust has to be in there as well."*

Isobel:	*"...that was based on the fact, I guess, that I trusted that he was going to tolerate me hugging him without punching me in the face or whatever he might do and trusting that him being able to trust me, that whatever I said to him was actually going to happen and materialise and I wasn't just saying things to stop him from being violent."*

Lara:	*"I think he kind of got to know that I'd understood all the things that he was finding difficult so when we had to have the formal conversations, I think he felt well held – that I knew him enough and knew what it was kind of like for him and he trusted that what I said I was going to do, I was going to do."*

The complexities of the role I have with the child

For six of the participants, the complexities of the role they had with the child was a subtheme that seemed to arise specifically around their reflections on the challenges inherent in their key worker relationship with the child. This incorporated the sense of conflict the child could feel in having two maternal figures, and the rejection that some participants experienced from their key child and, in the face of this, their constant need to be resilient.

Chloe:	*"...the child projects their previous maternal figures onto this new key worker and it's either, 'you remind me of' or 'you are in place of so I don't want anything to do with', or it could be 'I have a loyalty to my own mum and my own carer that they've come from'...*

Nancy:	*"I was, I think, never her favourite person. [ ]...so, if it was a good day, she would be like "Oh Nancy, she's so annoying" but she would still accept me very much and it was a bit like, I guess, almost like mum – who you'd think "Oh my mum, she's so embarrassing but I'm actually glad she's there". Whereas there were other times when it was much more intense and I almost couldn't be with her because it was just, it'd be just too difficult."*

Isobel:	*"So we are, kind of, put on a bit of a pedestal but not always in a positive way because often it can be extremely challenging. Key worker and key child relationships are based really around rejection and being able to be rejected and be resilient, go back and do it again the next day."*

Libby:	*"Christmas and birthdays, often she'd love the presents on the day and then the next day they'd be trashed, they'd be rubbish, so I was feeling like I was not good enough. You know, my efforts were just not good enough and it was tricky."*

Three of the participants reflected on the special non-key worker relationship they had with a child and how not being the child's key worker did not lessen the intensity of the relationship and perhaps even benefitted it.

Maddie:	*"And I would feel… the feelings I had were the same as if he was my key child. You know, the amount of love I have for him and the preoccupation I have for him, how I'd advocate for him, but I always had a sense of relief of I'm not your key worker. …[ ]… So I had all the nice stuff of "I really love you" – and I did really love Matthew – and I will be with you as much as I can when I'm here, but was always quite grateful that actually that extra little bit where you are somehow mind to carrying just that extra little bit of weight, I was really relieved I didn't have it and I wouldn't have wanted it because it's really heavy."*

Theme 4: The difference that makes the difference

This superordinate theme relates to the feelings the TCWs expressed about their perceptions of the power of the therapeutic community – its positives and, sometimes, its challenges – what they believe it provides to the child and how it benefits them, particularly in providing the therapeutic framework for their relationship with the child. Within this, it captures participants' thoughts about the therapeutic moments inherent within every aspect of

everyday life in the community. The subthemes are: *The intrinsic therapeutic might of the community* and *The organic therapeutic moments in the everyday.*

The intrinsic therapeutic might of the community

Five of the eight participants reflected on their awareness of the therapeutic might of the community for them and the child.

Maddie:	*"You know, and he did everything that you'd never seen of him and that was an incredible thing to have. And it was really painful at the time and now it's something that I really treasure because it shows what we did with him and the point of this place."*

Participants articulated how they believed the community impacted the child and what emerged from their reflections was the sense that their relationship with the child did not consciously appear to be motivated by the need for outcomes.

Maddie:	*"You know, if nothing else – and I guess it's that benefit of being a bit more experienced and seeing different journeys of children where it can get very behaviour-focused – we're here to make them behave better. And to some extent we are because we want to integrate them into some sort of family life, but actually, if I strip back to what I want the children to feel through any interaction I have with them, it is to feel loved."*

A number of the participants expressed their pride at what they perceived to be the difference to the child's life.

Allie:	*"I think it reminds you of where she's come from, what she was like when she first moved to The Willows and where she is now. And her progress in placement has been phenomenal. She is a different child to the one that moved in. And it's just knowing you're a part of that actually makes you feel quite proud, really."*

Maddie:	*"And yet in that moment, it was like being smacked round the face and thinking no we've given you a relationship. You know? And that's huge. So, yeah, you still hurt people but you definitely know that I love you. [ ]...and thinking wow, what a privilege to give you that. That you know that I love you and you feel love – you love back."*

Nancy:	*"I feel like, still, really pleased with what we've achieved there and what he's achieved. Like I felt really proud of him – I remember that – and, like, and that was a really nice feeling. That he's able to do that. That he is able to have those bedtimes, which is for him which is calm and nice and stuff, you know."*

Libby:	*"It's that feeling of something has definitely worked here. That's the satisfying thing. I think that something, hopefully, in her life is better for the relationship we had. And for her to want to come back as well."*

The participants were also candid about what they believed were the challenges inherent in working within the community, their feelings that community does not always get it right, and that, sometimes, what they do for the child is simply not enough.

Isobel:	*"But, yeah, I do think we over-complicate things sometimes because maybe sometimes we're trying to be too therapeutic or we're trying to think too much about what's going on and sometimes you just have to treat them like children because they are children. They still need whatever a child might need. Like if I had a child and they were on the floor and having a tantrum, I'd probably get onto the floor with them. Like, that's the kind of thing that I think would work."*

Maddie:	*"…because I guess Matthew was really difficult the whole way through his placement and I think just times where you pull your hair out and you think we've done nothing with you. Behaviourally, your behaviour is as bad as it was when you came here. What have we done? You've been here two and half years, what have we done? Have we actually made you worse? And all the feelings that can… you know, when you so desperately want to help these children and they don't progress in the way that you would want them to. And it really challenges your feeling of being good enough and being adequate."*

Organic therapeutic moments in the ebb and flow of the everyday

Seven of the participants reflected on their perception that their therapeutic moments with the child tended to happen organically in the ebb and flow of everyday life in the community.

Maddie:	*"…you will achieve nothing therapeutically with them without a relationship. So the moments that you share – they are remembering memories but what they are remembering is how it felt to be in a relationship with you here and that's the therapy. You know, a kid could be brushing their teeth and say something about their past. It doesn't have to be that you are sitting down, in a space, you know, and right, this is therapy now. It's constant what you're doing."*

Chloe:	*"I mean we say "everyone makes mistakes" and we, sort of, model it with the children, you know, silly things like "ooh, I left that in the oven for 10 minutes too long and that's a mistake" and you pick up on all these little things that you are doing at the house and put it back to the child. I suppose that's part of the therapeutic part of it as well, is those little things."*

Isobel:	*"Oh yeah, it's exhausting – we are tired but, overall, we adore them. And I do hope that shows in their futures because I think a lot of children who have left and then come back – because we host parties – always say like, "Oh, I remember the holiday when I was 10" or "do you remember that time when we did this?" And they are always quite little things. So I do think that although it might feel like we're not doing anything immediately, in 10 years, Grace might look back and go "oh, do you remember that time that she bought me that makeup bag" – I'm going to do that for my little girl. Or whatever it is. I really hope that it can go somewhere in the future."*

Maddie:	*"I think my most special moments are the everyday bits. Because I think sometimes people come here and they hear therapeutic and they imagine where you have these moments where you do the therapy. You know and actually for me I think the therapy is in the normal everyday interactions."*

All verbalised that it was their belief that it was the little things that were meaningful to the child and they spoke about their awareness of the therapeutic power of the seemingly insignificant informal everyday interactions on the child.

Libby:	*"And these little tiny informal interactions are the building blocks of the therapeutic work. These silly things that we do – they are so small – but making sure they've got a sink of warm water run with their flannel, ready for them to come through. All of these things that are repeated every morning and they know that you are going to do them…"*

This included the profound impact of modelling in the informal interactions on the child, the transformative effect of constant micro-affirmations of love and care on the child, and the importance within the community of bedtimes.

Isobel:	*"...I was watching him and he was getting really worked up and he was putting his shoes on and he was packing a bag and he was going to go...[ ]... and he just walked out and he got to the gate and I just stood in front of him and just, like, held him and it wasn't, maybe, the smartest thing to do because that could have led to really extreme violence but I just stopped him from leaving and held him and said "you're fed up, let me do something". And he was able to physically relax and he was able to walk back in with me and make a plan and do something nice..."*

Maddie:	*"But to be the adult that gets to put a child to bed, give them a kiss on the forehead – if your relationship allows, if you know them well enough and it feels right – to be the one that makes them feel safe enough to let them settle down to sleep and tuck them in and say "goodnight sweetheart, love you". That to me, that's the therapy."*

All of the participants were clear about their belief that, for them, the therapy for the child was everywhere and in everything they did.

Maddie:	*"The most frustrating question that I ever get asked in my job is "so where's the therapy?" And sometimes you can spend ages with a social worker and they are like "but where is the therapy?" And you just want to bang your head and go "my God, it's everywhere. It's in the way we look after the environment, it's in the way that the adults look after, it's the meetings that we have. It's the way we wake the kids up in the morning, it's the way we put them to bed. It's everywhere"."*

Maddie:	*"Some people just can't get that and what they want to hear is that every Wednesday from 4 to 5 is when they have therapy. And somehow people find that easier to grasp and more valid than this idea that everything we do is done in a therapeutic manner."*

Discussion

This study aimed to explore the sense therapeutic care workers make of their informal interactions with the child within the everyday context of the community environment, and the meaning they ascribe to them. A particular focus was the extent to which they think of these interactions as a contributing factor in the child's therapeutic healing and development. The findings are considered in relation to theory and the empirical literature. Consideration is given to clinical implications, limitations of the study and areas for future research.

Overall, the results indicated that much of what TCWs define as therapeutic is manifest in their everyday practice and interactions with the children in the life space. It is in the physical environment, the primary care provided, and the focus on individuals and group dynamics. Fundamentally, it is in the importance placed on each child's ability to form healthy, stable and emotional relationships with the adults caring for them.

TCWs believed the quality and mutuality of their relationships with children, particularly mentalizing them and their needs, and providing focused, tailored attention to them, were the most crucial means of promoting personal change and growth in each child. TCWs saw the consistent provision of positive experiences within the 'facilitating environment' (Winnicott, 1990) of the community as the foundation of an effective therapeutic approach to caring. They were cognisant of using the immediacy of interventions in the life space, and purposeful and responsive interactions with children to create opportunities for in-the-moment learning (Smith et al., 2013).

Alignment with the extant literature

Many of the findings, represented by the 12 identified subthemes, align with the extant residential care literature, which highlight young people's desire for relationships with workers who advocate for them, make them feel they have worth, and are cared about as individuals (Augsberger & Swenson, 2015; Gallagher & Green, 2012; Moore et al., 2018). They valued workers who were persistent and resolute when things were tough (Moore et al., 2018). Similarly, in the current study, participants were aware that the children valued their persistence, consistency, constancy and continuity and perceived this to be important in filling the gap in the child's need.

The issue of trust has habitually been important for young people who were found to be more likely to discuss their concerns with workers they valued and trusted to keep them safe (Augsberger & Swenson, 2015; Moore et al., 2018). The perceptions of the TCWs support this, and they valued the mutual trust they shared with the child. That the child appeared to trust them epistemically (Fonagy & Allison, 2014) was also significant for them.

TCWs assuming the role of the 'reparative mum' correlates with the dogma of relationship-based practice (Trevithick, 2003) and the concept of employing a more intense and therapeutic use of their relationship with the child to offer them a 'corrective' or 'reparative' emotional experience to overcome the impact of failed and abusive prior relationships.

In 2002, Ward introduced the concept of opportunity led work. Steckley and Smith (2011) subsequently posited that the key to good practice in the child's life space was the caring utilisation of everyday events as opportunities for therapeutic benefit. One of the overarching findings of this study was that TCWs believed the vast majority their engagement with the children was informal. Nearly twenty years after Ward (2002) published his paper, and in alignment with Barton et al., (2012), it was notable that in their current

practice, the TCWs perceive the therapy – symbolised by their therapeutic informal interactions – to be in virtually all their relations with the child.

Nuances in the subthemes

The notable areas where the findings of this study diverge from the extant literature relate to specific nuances of the subthemes that align with the more conventional views of young people, and these are discussed below.

Complexities of key working

The fundamental importance of positive child-worker relationships has been highlighted within the literature for many years, with young people placing great significance on the therapeutic importance of their relationships with trusted care workers (Moore et al., 2018).

One of the findings of this study was that the framework through which participants viewed their informal interactions with the child was the unique and special, mutually meaningful relationship they shared. Most tended to focus on one or two special relationships, using this as a basis to explore their interactions. Within this, what was important was the nature of it – whether it was a key worker relationship or an exceptional non-key worker relationship that was characterised by an instinctive, special bond. This distinction fed into the subtheme of *the complexities of the role I have with the child*, which captured the challenges some participants perceived in their key child relationship that could sometimes hinder their therapeutic interactions. These participants often found themselves in a rejection-resilience cycle, where their determination to impart a reparative attachment experience meant they kept coming back despite ongoing rejection from the child.

Reciprocated love and physical touch

Despite White (2008) revivifying the word 'love' in relation to residential child care and sanctioning the centrality of love in ethical relationships, Steckley and Smith (2011) note that it was still generally seen as inappropriate and illustrative of the contentious area of relationship boundaries. In the current study, encapsulated in the subtheme of *the reparative power of genuine love* is the TCWs reflections on the genuine love they felt for the child and the importance for them in telling the child they loved them and that the child were able to feel that love.

Similarly with the issue of touch, which is currently simultaneously conceptualised as both crucial and perilous in residential child care (Warwick, 2021). In the current study, TCWs were candid about routinely engaging in hugs with the children and that children frequently asked to be held. In alignment with the findings of Steckley (2012), they also reflected on their perception that the children sometimes engineered physical restraint in order to attain some kind of physical contact. Both support Steckley's (2018) conceptualisation of physical restraint as cathartic.

Limitations

A main limitation of this study is the lack of generalisability of findings. The research was conducted within two of the well-supported communities of one organisation. It is arguable that were this research conducted within other service contexts, the findings might be different. This study used a small, purposive sample of TCWs, all of whom were White and female. Only one was not British. This limits the generalisability to a wider population of TCWs (Smith et al., 2009).

There were certain methodological limitations with the collection of data. Although the sample was self-selected, the difference in how interviews were conducted in the two communities risked the introduction of bias. In one of the communities, it was requested that all interviews be conducted on a specific day in order to minimise disruption. Undertaking four interviews in one day meant interviewing staff working that day which introduced the possibility that those who participated may have felt obligated to do so. In the other community, interviews were conducted on Zoom many months later, at a time and date that worked for the participant which meant they may have felt less obligated to participate.

Clinical implications

The idea of residential group care is routinely criticised for being costly, ineffectual and unrepresentative of family values (Smith et al., 2013). Children are seen to be cared for in institutional settings with utilitarian rules, where the effect of contemporary discourses around the requirement for risk averse, efficient, and effective professional practice means interactions with children are synonymous with detached and emotionally disconnected care, and where a culture of fear may permeate around forming close and loving relationships (Brown et al., 2018).

However, the findings of this study suggest that communities that repudiate this and acknowledge that where they operate is a tumultuous and uncertain place in relation to love and boundaries, and who, in every interaction with the child in their life space, practice therapeutic, fearless, naturally and unashamed emotionally engaged and loving care, seem to be successfully meeting the complex and unpredictable needs of the children in their care.

The importance of trusted relationships

The therapeutic value of consistent, dependable, robust, and enduring relationships with trusted carers has been broadly recognised by young people in numerous studies (Moore et al., 2018). However, the administrative and relational barriers to this are widely acknowledged (Smith et al., 2013; Welch et al., 2018). The findings of this study emphasise the necessity for residential care systems to put attachment-informed, relationship-based practice, incorporating apposite, protective child-worker relationships, at the core of their practice, where workers are facilitated and empowered to develop this practice within a supportive organisational framework whilst in receipt of enhanced training on developing real and effectual relationships with the children.

Love and physical touch

Participants articulated their belief that expressing their genuine love for the child and their use of physical touch when needed, was important for their therapeutic healing and development. This has significant implications for residential childcare in general.

Love. The intimacy of the life space approach – the community setting and the encounters within it – makes the growth of loving relationships almost unavoidable (Smith, et al., 2013). However, the development of loving relationships requires an alternate interpretation of what is considered 'professional'. The emphasis on detachment and objectivity in relationships is often about self-protection but it creates an artificial impression of professionalism which impedes carers from fully implementing the therapeutic role they could otherwise play in children's lives. Professionalism in residential child care should be redefined as a policy goal.

Touch. Despite touch being seen as an essential feature of healthy childrearing (Field, 2014), and the inevitability of touch in residential childcare, assumptions deriving from child protection protocols have become so entrenched in policy and practice principles, that touch is now conceptualised as both vital and hazardous. The corollary of this is that understanding of touch can become abstruse, particularly in the context of the child's life space in residential childcare, where relationships are at the core of practice. As has been seen in the practices of the TCWs in these communities, touch needs to be understood as a nuanced, context-driven and relational practice where adroit attunement to the child's needs is needed for the carer to know how best to manage the issue, and rigid policies should not supplant professional judgement in such complex and individual areas of practice.

Being human

It has been acknowledged (Smith, 2009) that a dependence on risk averse practice can promote a circumspect, intransigent, defensive approach, and a disinclination to participate in inventive and instinctual engagement with the child (Brown et al., 2018). The results of this study highlight the therapeutic benefit of being intuitive, responsive, spontaneous and creative in everyday interactions – where the TCWs identified that some of the most meaningful and therapeutically important moments they shared with a child happened when they were open, honest, fallible, and acted instinctively and spontaneously to the child's need.

Continuing support

Research indicates that pre-existing supportive relationships are vital to successful transitions for youth in care (Welch et al., 2018), especially for those individuals who lack traditional support networks (Moore et al., 2018). Although the TCWs visit the children once they move on from the community, the study's findings that some of the children express

their desire to stay in contact with the TCW suggests that a formal policy to provide a framework for this might be helpful. It would require some of the cultures and policies that repudiate the continued provision of support and relationships to be challenged but would give the children the security of knowing this contact is authorised and protected whilst affording the TCW an official structure for doing so, thereby allaying any fears they may have of transgressing boundaries.

Research implications

This is the first rigorous qualitative study that has reported on the subjective perceptions of TCW in relation to their informal interactions with the child in the child's life space. For these findings to be more generalisable, future research is warranted into the experiences of TCWs across other types of settings including Local Authority services. This would enable a better understanding of the landscape, and whether findings can be generalised across settings.

This study solely features the views of the TCWs. To gain a more holistic understanding of the interactions, and whether the TCWs' perceptions are shared by the child, there is a need for more relational research where interviewing both members of the relationship individually, and together, offers the possibility of augmenting our current understanding.

As the distinction between the child's relationship with their key worker and their instinctive, organic relationship with another TCW has been highlighted, the field would benefit from further research with the child to explore their feelings towards both relationship dynamics. Observational research would allow for the study of the nature of the interactions between the child and the TCW.

While this study touched on some of the challenges inherent within establishing and maintaining the relationship with the child from the TCW's perspective, more research is needed on the barriers to establishing these therapeutic relationships from both members of the relationship dyad.

Further studies utilising quantitative and qualitative methodologies are required. More specifically, longitudinal research that investigates the impacts of these special therapeutic relationships with the children at multiple time points, as they mature, transfer to other settings and transition to adulthood and beyond would be illuminating.

Conclusion

The findings of this study generally align with the existing literature with some subtle differences. Findings elucidated TCWs' beliefs that virtually every interaction they have with the child is therapeutic. They were open about their special relationship and their belief that the genuine love they felt for the child underpinned the therapy inherent in their interactions. TCWs were also candid about their free use of appropriate physical touch and their belief that often the child just wanted to be held. These findings have important clinical implications.

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Section C: Appendix of supporting material

Appendix 1: Part A Research

1.1 Search Strategy

An advanced search identified relevant papers published up to January 2021 – week 3, using PSYCInfo, Web of Science, ASSIA and CINAHL databases. Search terms are listed below. Cross-referencing of references of all selected articles was undertaken to identify additional relevant papers. Inclusion and exclusion criteria were applied to abstracts and subsequently the body of the text for each potentially relevant article.

Because the study of the characteristics of natural mentors and natural mentoring relationships among children, young people and young adults involved in the foster care system is sparse and the landscape is disparate, it was important to be as comprehensive and inclusive as possible with the literature search. The search was not restricted by date published and the search terms were purposely made as broad and comprehensive as possible.

It became clear that an intensive and by-hand search of all studies would be required of not just the abstracts but also the fully body text.

Search terms

"residential child care" OR "looked after child*" OR LAC OR "looked after young pe*" OR "child* in care" OR "adolescent* in care" OR "young pe*" OR "young pe* in care" OR "children in residential*" OR "therapeutic communit*" OR residential* OR client* OR user* OR child* OR minor* OR youth* OR adolescent* OR "care leaver*" OR "care experience*"

AND

"looked after*" OR "looked-after" OR "in care" OR "state care" OR "foster care*" OR "residential care" OR "moral adoption"

AND

profile OR character*

AND

mentor* OR "natural mentor*" OR "non-parental adult" OR "nonparental adult" OR "supportive adult" OR "supportive relationship*"

1.2 Quality checklist tables

Tables moved to main body of report

1.3 Example of a data extraction form

NICE Quality appraisal checklist – qualitative studies

Yin's (2018) quality criteria in pink

Additional criteria added by author

AIM OF STUDY	We utilise a strengths perspective in the present investigation to examine the contribution of natural mentors to the lives of female foster youth of colour.	
KEY RESEARCH QUESTION	We address the following research questions: 1. How do foster youth describe their relationships with their natural mentors? 2. What do foster youth consider to be the essential components of this relationship? 3. How do foster youth benefit from these types of relationships? 4. How do these relationships come to be?	
What is the focus of the study?	Female foster youth of colour and their experiences with their natural mentors The experiences of female foster youth of colour between the ages of 13 and 20 with their natural mentors	
Does the study only focus on the characteristics of the relationship?	Yes, pretty much	
Is the study significant? Yin (2018): Are the underlying issues nationally important either in theoretical terms or in policy or practical terms?	Much less is known about the positive experiences and healthy relationships that may buffer these youth from the negative outcomes following emancipation. Studies evaluating the benefits of mentoring for youth are accumulating, and have demonstrated positive effects on emotional / psychological, problem / high-risk behaviour, social competence, academic / educational and career / employment outcomes i.e. on many of the outcomes on which foster youth fare poorly – yet minimal researched has examined the efficacy of mentoring programs for foster youth in particular. Recognising the unique characteristics of natural mentoring, formal mentoring programs are attempting to reproduce the types of benefits that have been documented to develop from natural mentoring relationships between youth and adults Because of the emerging interest in natural mentoring, we focus on natural mentoring in this investigations Although other at-risk and marginalised groups are represented in the natural mentoring literature, representation of female foster youth of colour is scarce – no studies that concentrate solely on female foster youth of colour.	

	This study fills an important gap in our current understanding of the role of natural mentors in the lives of this especially at-risk sub-population.	
Natural mentoring		
Definition used for natural mentoring	We defined natural mentor as an important adult, other than a parent, someone at least 21 years-old, who has had a significant influence or could be counted on in a time of need.	
Terms used for natural mentors	Natural mentor Natural mentors nominated by the youth included foster mothers, teachers, an extended family member, a school professional and a former programmatic mentor	
What does the study say about the importance of a natural mentor?	The presence of at least one caring adult who offers social support and connectedness has been identified as a protective factor for youth across a variety of risk conditions. Mentoring has been identified as one mechanism for cultivating caring relationships between at-risk youth and non-parental adults. Natural mentors are naturally occurring important adults in a youth's environment. Theoretically and developmentally, natural mentoring may provide a better fit than programmatic mentoring for foster youth. E.g. natural mentoring relationships form gradually and are therefore less likely to be pressured. The natural mentor is not a stranger to the youth, and as a result, the youth is less likely to have difficulty trusting the adult. Similarly, both youth and natural mentor are already in each other's environments and are likely to remain there. Consequently the chances that the relationship will endure over time are better, and the likelihood of positive outcomes increases.	
What does the study say about the importance of the characteristics?	In addition to the dearth of outcome studies on foster youth and mentoring, little attention has been paid to the processes involved in the mentor-foster youth relationship that brings about better outcomes. How do foster youth define their mentor relationships, and how do they perceive themselves to benefit from the relationships? Only one prior study has explored foster youth's perceptions of the behaviours of caring adults in regard to natural mentors (Laursen & Birmingham, 2003).	
THEORETICAL APPROACH	Qualitative	
Is a qualitative approach appropriate? *Does the research question*	Yes, a qualitative approach is appropriate as the research questions seek to explore the foster youths' relationships with their natural mentors and their experiences in foster care.	*Appropriate* *Inappropriate*

seek to understand processes or structures, or illuminate subjective experiences or meanings?		*Not sure*
Could a quantitative approach better have addressed the research question?		
Is the study clear in what it seeks to do?	The study is clear in what it seeks to do –	*Clear*
Is the purpose of the study discussed – aims/objectives/research questions?	the purpose of the study is discussed and the research questions are clearly laid out in the intro and again in the results.	*Unclear* *Mixed*
Is there adequate/appropriate references to the literature? **THEORY:**	Yes, there is adequate references to the literature.	
Are underpinning values/assumptions/theory discussed?	There appears to be no discussion of theory in this paper	
STUDY DESIGN		
What is the design of this study?	Using a strengths perspective, this exploratory study gathered qualitative data about the experiences of older foster youth with their natural mentors	
How defensible/rigorous is the research design/methodology?	The research design is appropriate to the research questions	*Defensible*
Is the design appropriate to the research question?	No a rationale was not given for using a qualitative approach.	*Indefensible* *Not sure*
Is a rationale given for using a qualitative approach?		
Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used?		
Is the selection of cases/sampling strategy theoretically justified?		
Participants	Seven female adolescents with foster care experience who indicated that they had a natural mentor relationship.	
	Youths ranged from 13 to 20 years old	
	All youth identified themselves as females of colour	
	Grade in school ranged from 7th to entering the second year of community college	
	The young women had known their natural mentors for an	

	average of 36.9 months	
How are participants defined in relation to be in care?	With foster care experience Foster care status for Southeastern DSS youth was identified as living either in a licensed foster care facility or living with a relative. Foster care status for the New England high school youth included independent living and emancipation	
Adequate background info for each participant given?	Adequate collective background information was provided. Good information was also provided on the procedures for recruiting participants.	
How were participants recruited?	Recruitment of participants was executed in two ways For DSS youth, an initial recruitment session was conducted at one of the monthly DSS independent living meetings. At subsequent meetings with new youths, the project was described to youth in small groups. All recruitment sessions consisted of providing youth with information about the project, including defining what a natural mentor was. Those who self-identified as having this kind of relationship were then eligible for study. For youth from the New England high school… (see paper)	
Inclusion & exclusion criteria	Those who identified themselves as having a natural mentoring relationship were eligible for the study. Or those at the school who the Director felt might be interested in participating and who she thought might have a natural mentoring relationship and then she contacted them and asked them if they were interested in participating.	
Are participants in care?	Described as having foster care experience	
Is natural mentoring specifically included in the study?	Yes	
Does the study look at the characteristics of the natural mentor or the relationship?	Yes	
Have the characteristics of the natural mentor or mentoring relationship been measured, analysed or discussed as an exclusive category?	Yes – the research questions specifically asked the foster youth to describe their relationships with their natural mentors and what they consider to be the essential components of this relationship and how they benefit from these types of relationships.	
DATA COLLECTION		
How well was the data collection carried out? *Are the data collection methods clearly described?* *Were the appropriate data*	Data collection appeared to be carried out appropriately. Data collection methods are clearly described	*Appropriately* *Inappropriately* *Not sure / inadequately*

collected to address the research question? *Was the data collection and record keeping systematic?*		*reported*
TRUSTWORTHINESS		
Is the role of the researcher clearly described? *Has the relationship between the researcher and the participants been adequately considered?* *Does the paper described how the research was explained and presented to participants?*	The role of the researcher is not really described. The relationship between the researcher and the participants has not really been adequately considered. The paper does describe how the research was explained and presented to participants.	*Clearly described* *Unclear* *Not described*
Is the context clearly described? *Are the characteristics of the participants and settings clearly defined?* *Were observations made in a sufficient variety of circumstances?* *Was context bias considered?*	The sample was drawn from a New England public high school (n=3) and a Southeastern Department of Social Services (n=4). There is a fair amount of information collectively on the participants e.g. their heritage The characteristics of the settings were clearly defined.	*Clear* *Unclear* *Not sure*
Were the methods reliable? *Was data collected by more than 1 method?* *Is there justification for triangulation, or for not triangulating?* *Do the methods investigate what they claim to?*	The methods seemed to be reliable Data was only collected by one method – one semi-structured interview with each participant There was no data triangulation and it probably is acceptable that there was not. The methods do investigate what they claim to	*Reliable* *Unreliable* *Not sure*
ANALYSIS	Analysis was guided by the grounded theory approach	
Is the data analysis sufficiently rigorous? *Is the procedure explicit i.e. is it clear how the data was analysed to arrive at the results?* *How systematic is the analysis, is the procedure reliable/dependable?* *Is it clear how the themes and concepts were derived*	The data analysis appears to be sufficiently rigorous. The procedure is described in detail. It is systematic and reliable/dependable. However, one thing to note is that the fourth research question – about how these relationships came to be – has not been addressed in the results.	*Rigorous* *Not rigorous* *Not sure / not reported*

from the data?		
Is the data rich? *How well are the contexts of the data described?* *Has the diversity of perspective and content been explored?* *How well has the detail and depth been demonstrated?* *Are responses compared and contrasted across groups / sites?*	The data is not as rich as it could have been. The seven participants identified themselves as females of color including Hispanic, Multi-racial and African American – this was not explored further and all responses were aggregated. Again responses were aggregated and were not compared and contrasted across the two sites. Also – the age of sample members ranged from 13 to 20 and the mentoring needs by age was not investigated.	*Rich* *Poor* *Not sure / not reported*
Is the analysis reliable? *Did more than 1 researcher theme and code transcripts/ data?* *If so, how were differences resolved?* *Did participants feed back on the transcripts /data if possible and relevant?* *Were negative / discrepant results addressed or ignored?*	Don't know There is no mention of whether more than one researcher coded the transcripts There is no mention of participants feeding back on the transcripts or the data Negative or discrepant results were not mentioned.	*Reliable* *Unreliable* *Not sure / not reported*
What were the findings? **Are the findings relevant to the aims of the study?**	Five themes related to foster youth's relationships with their natural mentors and their experiences in foster care emerged from the analysis. First research question concerning how youth describe their relationships with their natural mentors yielded the theme "relationship characteristics that matter" Second research question about youth's views of the essential relationship components generated the theme "support I receive". Third research question regarding how youth benefit from natural mentor relationships produced the themes "how I've changed" and "thoughts on my future". **Relationship characteristics that matter:** Several key relationship characteristics consistently identified: trust, love & caring, like parent & child *Trust:* Emerging over time and laying the foundation for positive relationship development. It being bi-directional *Love and caring:* Love and caring emerged as a salient relationship characteristic – developing as a result of being able to trust their natural mentors. Mentor listening and responding. Always being available. *Like parent & child:* Most foster youth described the relationship with their natural mentor as like a parent-child	*Relevant* *Irrelevant* *Partially relevant*

relationship. Feeling like a parent and child emerged as a result of all three characteristics: trust, love and caring.

Support I receive:

Youth consistently discussed the importance of the social support they received from their mentors

Emotional support: Mentors availability to talk when a problem of issue arises

Informational support:

Appraisal support: Mentors offering their opinion about how they view a particular situation, or how they would choose to handle it. By sharing points of view, youth develop a better understanding of situation and how to handle them.

Instrumental support: Known as tangible support. This type of social support can take the form of either material items or assistance with tasks. Completion of the basic tasks of day-to-day life is typically the goal of instrumental support – provision of clothes, rides home from school, money for lunch & school supplies

Thoughts on my future:

Described the role that they see their natural mentor having in their lives in the future.

Are the findings convincing?	The findings are clearly presented however the fourth research question was not answered by the study.	*Convincing*
Are the findings clearly presented?	Extracts from the original data are included.	*Not convincing*
	The data seems to be appropriately referenced.	*Not sure*
Are the findings internally coherent?		
Are extracts from the original data included?		
Are the data appropriately referenced?		
Is the reporting clear and coherent?		
CONCLUSIONS **ANALYTIC GENERALISATION**		
Conclusions drawn by authors	They say that their study offers new information that is consistent with and builds on previous research, and suggests several important strategies for how to better serve all foster youth.	
	They say that this preliminary exploratory study suggests that female foster youth of color may experience a buffering effect	

	from the presence of a natural mentor.	
	That their results further suggest a potentially novel approach to relationship development i.e. focusing on the relationship characteristics chronologically may be the best way to achieve the full ladder of them – thinking of relationship development in terms of a "ladder" and focusing on the development of each important characteristic successively.	
	Youth consistently described the four types of support identified in the social support literature: emotional, informational, instrumental and appraisal support – provision of these types of support may likely promote trust, love and caring and sense of parent-child relationship that the foster youth recognised as being the salient characteristics in their natural mentoring relationships.	
Are the conclusions adequate? *How clear are the links between data, interpretation and conclusions?* *Are the conclusions plausible and coherent?* *Have alternative explanations been explored and discounted?* *Does this enhance understanding of the research topic?* *Are the implications of the research clearly defined?*	The conclusions do seem adequate and there are clear links between their conclusions and the data. The conclusions are plausible and coherent. Alternative explanations have not been explored or discounted. I believe this study does enhance the understanding of the research topic. Especially the ladder thing. Authors say: our study offers new information that is consistent with and builds on previous research, and suggests several important strategies for how to better serve all foster youth. They do talk about implications for future research: They say that the experiences and perceptions of the women should be viewed as potential topics for future larger studies. The impact of diverse characteristics of sample members on their views of mentoring is worthy of further exploration. That future research might explore the possibility of developmental differences in mentoring needs	*Adequate* *Inadequate* *Not sure*
Did they make analytic generalisations? Have they expanded on and generalised theories? Have they shed empirical light on some theoretical concepts of principles?	They do not make analytic generalisations. They have not expanded on generalised theories. They do acknowledge that their sample was small and non-representative which is why they don't make generalisations	

STRENGTHS & LIMITATIONS		
Strengths stated by the authors	The authors do not really explicitly state strengths	
Strengths proposed by me	The fact that they focused on women of color	
Is there adequate discussion of any limitations encountered?	The authors state that the small sample size is a limitation of the study. They say the sample was small and non-representative	*Adequate* *Inadequate* *Not sure*
Limitations proposed by me	The authors do not explicitly describe this as a limitation but you can get it from all the suggestions they make for future research – all involve their really broad participants and breaking them down into their diverse characteristics to explore that They are basically saying that they had a wide range of participants and their analysis grouped them all together and was too blunt	
ETHICS		
How clear and coherent is the reporting of ethics? Have ethical issues been taken into consideration? Are they adequately discussed e.g. do they address consent and anonymity? Have the consequences of the research been considered i.e. raising expectations, changing behaviour? Was the study approved by an ethics committee?	Not much else is said about ethical issues. All procedures were approved by the University of North Carolina at Chapel Hill Behavioral Sciences Institutional Review Board	*Appropriate* *Inappropriate* *Not sure / not reported*
Consent – was there an issue with consent?	No there does not appear to be an issue with consent. Because the DSS youth were minors and in the custody of the state, informed consent was obtained from each youth's legal guardian. Informed assent was also obtained from the participants themselves. Because the youth from the New England high school were between the ages of 18 and 20, they were able to provide their own informed consent.	
How were participants selected? **Did they select participant equitably?**	Youth with a natural mentoring relationship as defined by the authors were selected as possible participants and whoever was willing participated in the study. The sample was drawn from a New England public high school (n=3) and a Southeastern Department of Sociaol	

	Services (n=4)	
	Sites were identified through pre-existing contacts available to the first author, and participants were recruited with the assistance of site staff.	
OVERALL ASSESSMENT		
As far as can be ascertained from the paper, how well was the study conducted?	The study seemed to be conducted well	++ + -
Clinical significance (or relevance) **Is what they found significant?**	Natural mentoring has surfaced as one way to cultivate long-lasting, meaningful relationships for older youth at-risk for aging out of foster care. For example, an emerging line of thinking suggests that given their prior relationship experiences, foster youth may benefit more from natural mentor relationships than programmatic mentor relationships. Yet little is known about these relationships, and even less is known about the processes involved that may be factors in buffering these youth from poor outcomes once they exit the system. If the encouragement of natural mentor relationships is to meet the needs of the vulnerable population, learning from the youth who already have such relationships is imperative. This exploratory study represents a critical first step toward such an understanding.	
Clinical implications	They say that older foster youth can be supported by connecting youth to caring adults by incorporating natural mentor relationships into typical service provision processes. That promoting certain qualities and characteristics in natural mentor relationships may counter some of the negative aspects of foster care For example the many losses experienced in foster care can be offset by the trust love and caring and parent-child relationships offered by natural mentors. And that natural mentor interventions with foster youth should include supporting natural mentors in their efforts to cultivate these specific qualities. Providing natural mentors with the necessary resources to be able to offer different types of support.	
Research implications	Authors state that the experiences and perceptions revealed by the 7 young women in the study should be viewed as potential topic for future larger studies. The impact of diverse characteristics of sample members on their views of mentoring is worthy of further exploration. The age of sample members ranged from 13 to 20 – future research might explore the possibility of developmental differences in mentoring needs.	

	Future research might focus on the possible role of natural mentors with respect to reproduction and pregnancy issues for older youth in foster care.	

Appendix 2: Experimental materials

2.1 Interview schedule

Pre-Interview Briefing and interview schedule

Aims of investigation:

- To explore how TCWs 'make sense of' and interpret their informal interactions with the child in the child's life space.
- To gain a deep and rich understanding of their experiences of these informal interactions.
- To explore the meanings they assign to these interactions, and their interpretation of the child's experience of these interactions and the meaning the child assigns to them.
- To explore whether TCWs think of these informal interactions as therapeutic for the child.
- To understand and interpret the TCW's sense of the aspect of these interactions that might be therapeutic for the child.

Procedure of interview:

- Interview will last for approximately one hour.
- The interview will be digitally recorded.
- All participants will be asked similar questions during the interview.
- The questions will act as a guide for the interview.
- The aim is to hear your experience.

During the interview:

- If at any time you wish to stop the interview you may do so without giving a reason.
- You are in no way obliged to answer the questions provided by the researcher.

Confidentiality:

- Your participation in this project will remain confidential as explained in the participant information sheet.
- Your personal details will only be known by the researcher.
- Your personal details and digital recordings will be separated and held in a secure filing cabinet at the researchers' premises. All data will be encoded and password protected
- If you disclose information during the interview which leads to sufficient concern regarding your own or others safety, it may be necessary to notify a relevant third party without formal consent. If appropriate, before this occurred, the researcher

would inform the project supervisor to discuss the concern, unless a delay would result in a significant risk to health, well being or life.

Provision after interview:

- Following the interview you will be given further opportunities to ask questions regarding the project and any concerns you may have. If the researcher is unable to provide you with the correct answers for your questions she will endeavour to provide you with appropriate source of professional advice.
- You will be provided with a list of support services you may be interested in contacting if you feel you may wish to talk about your experience further.

Questions:

- You are free to ask the researcher or the research supervisor any further questions you may have about this research study.

Interview Schedule

Demographic questions to be asked:

Age	Gender
Nationality	Marital status
Geographic location	Length of time working in the community
Role within the therapeutic community	Whether a keyworker to a child in the community
Length of time keyworking the child	Number of previous keyworker relationships in the therapeutic community
Highest level of education attained	Whether IiST qualification attained or being worked towards

Question: How do Therapeutic Care Workers (TCWs) make sense of their informal interactions with the child in the child's life space within a therapeutic community setting?

Setting question:

Could you think about a relationship you currently have with a child in the community or have had in the past where you feel you have a close relationship with the child.

Question: Prompts:	Could you tell me a little bit about your relationship with the child? - How old is the child? How long have they been at [TC]? - Are you their keyworker? - How long have you been their keyworker? - If not, what is your relationship to the child? - Why do you think you have a close relationship with this child?
Question: Prompts:	Can you talk me through how your relationship with the child is different to the relationship they might have with another TCW? - What does a typical day with the child look like? - How much time do you spend with them over the course of a shift? - What does it mean to the child to have this relationship with you?
Question: Prompts:	How would you describe your interactions with the child? - How does interacting with the child in the informality of the child's life space effect your interactions? - How do these interactions differ from the more formal interactions you might have with the child? - Could you describe for me what an informal interaction with the child might look like? - How would you describe the dynamic between you and the child in these interactions? - What sort of things might you be doing together?
Questions:	What do you enjoy most about your interactions with the child? What do you enjoy least? What do you find most rewarding about your interactions with the child? What is most challenging about these kinds of interactions with the child?
Question:	Can you tell me about any recent interactions you had with the child that felt important for you and for them?

Prompts:	- What about the interaction was meaningful for you? - What do you think was meaningful about it for the child?
Questions:	If you think about your general relationship with the child, what aspects of it do you value the most? What aspect of your relationship do you think the child values the most?
Concluding question:	Is there anything we have missed in our conversation that you feel is important to tell me about your interactions and relationship with the child?
General prompts:	You mentioned that…could you tell me what that was like for you? Can you give me an example of…? You said…. Can you describe that in more detail for me? How was…. different to you? You said…. Walk me through what that was like for you?

Demographic questions about the child:

When answering these questions, could you indicate whether you were thinking of one child in particular, or whether your answers were informed by your experiences of interactions with many children?

If you were thinking of one child in particular, could you provide some information about the child?

- The child's age?
- How long the child has been at the community?
- How long have you known the child?
- If you are a keyworker to the child, how long you have been keyworking them?

Debriefing Schedule

Recap on purpose of study:

- To explore how TCWs 'make sense of' and interpret their informal interactions with the child in the child's life space.
- To gain a deep and rich understanding of their experiences of these informal interactions.

- To explore the meanings they assign to these interactions, and their interpretation of the child's experience of these interactions and the meaning the child assigns to them.
- To explore whether TCWs think of these informal interactions as therapeutic for the child.
- To understand and interpret the TCW's sense of the aspect of these interactions that might be therapeutic for the child.

Review of interview:

- You will be asked how you found the interview.
- You will be asked if you would have preferred anything to be done differently.
- You will be asked if there are any recommendations for the researcher to aid improvement of the investigation.

Unresolved issues:

- The researcher will ask you if you feel that any issues have been raised during the interview which may have concerned you.
- It is the researcher's duty to ensure any questions you ask are answered sufficiently. This may involve directing you towards the correct professional resources.

Future concerns and contact with researcher:

- If you have any concerns or further questions about this research please do not hesitate to contact myself or my project supervisor.
- My supervisor and I will be available for contact up to six months after participation for any issues relating to the research project.

2.2 Example of coded transcript and emergent themes

This has been removed from the electronic copy

2.3 Example clusters of related themes

Interview 2 – clusters of related themes

The uniqueness of each relationship dyad

Uniqueness of relationship

Uniqueness of what I offer

Specialness of their keyworker relationship

Individually offering each child specifically what they need

Different approach for different children

Uniqueness of each relationship dyad

Wider acknowledgement of the special relationship

This is a 'me' child

Tailoring my approach to fit the child

Tailored approach to past experiences

Tailored approach

Respect for prior experiences

Instinctively tailoring the approach to what will work based on what she knows about the child

Practicing dynamically

Dynamic approach

Adjusting approach according to feedback

The ability to reflect on her practice and practice reflexively and dynamically

Dynamic practice

Following the child's lead and respecting their wishes

Always being open to what the child is offering

Child-led conversations

Child-led practice.

Doing differently/Standing out from the crowd

Standing apart from the other staff

Different from the other staff

Different approach to other staff

Standing separate to the other staff

Standing with the child when others shied away

Seeing what others don't see

Seeing what others don't

I see what others don't

Really seeing the child that others don't

Seeing below the surface

Seeing a different person to other staff

Seeing something in the child that others don't

Seeing more in the child than others see

Seeing beyond the behaviour

Seeing beyond the discomfort

Seeing him differently but treating him the same

Seeing something in each other that others don't see

I see you

Being seen by someone who isn't your key worker

Doing something that lets the child know they've been seen

I choose you/Choosing each other

You choose me but I choose you too

Choosing each other

The child's agency in choosing her

Relationships form intuitively and naturally

I don't understand it but I'm drawn to the child

Mutualism in the relationship / a mutualistic relationship

Duality in the relationship

Mutually meaningful

Symbiotic relationship

Mutual unspoken understanding that they have a connection

She understands him and he trusts her

Both knowing their relationship is different

Consciously filling the gap

Filling the gap

Giving him what he needs

Knowing what he needs and giving it to him

Inherently knowing what he needs

Consciously filling the gap

Being firm and giving boundaries

Imposing limits

Clear with expectations

Authoritative figure

Being firm and giving boundaries

Guiding the children to do what's right

Behaviour related to feeling contained

Child's behaviour reflecting adult's ability to contain

Child's behaviour a reflection of adult's feelings about him

Behaviour a reflection of feelings of control

Behaviour proportionate to level of control

Feeling contained through adult control

Safety through understanding

Feeling safe through being understood

I trust you to contain me

Can I rely on you to keep me safe?

Do they know me? Do they understand me?

Can they keep me safe?

Knowing the child to keep him safe

When you're here, I feel safe

Protecting the child and preventing the negatives

You know me and you're keeping me safe

Protecting me, not others from me

I care about you enough not to let you do these things

Imposition of boundaries

Feeling seen and understood

Being known and understood

Feeling known and understood

Relief that you know me

I see you and I feel you

The child feels totally seen and understood

Knowing the child and showing her that she sees and understands her

Instinctively and naturally attuned

Being attuned to the child

Instinctively giving each child what they need in the natural interaction

Knowing what works for whom

You are not too much for me

Showing the child she is not scared and can tolerate his anger

He relaxes with me because he knows I can tolerate it

She contains him because she isn't afraid of him.

She will get him through it and come back the next day

He knows I'll come back.

Nothing you do will prevent me from coming back to you

Reparative corporate parenting

We'll change things to keep you safe but we won't send you away

You are on my mind/I think about you

When you keep me in mind you make me feel safe

Holding me in mind makes me feel safe

Being kept in mind

I know you care because you keep me in mind

Being thought about and kept in mind

Feeling lost without someone to always keep me in mind

I'll still think about you even when I'm not with you

The unspeakable shame of the real me

Finding the shame intolerable

Feeling shame

They saw the real me and didn't love me anymore

Child's shame at being rejected by their parents

The shame of having done something that causes himself to feel shame

The avoidance of labelling shame

Feelings of disgust and shame around something you did

What you did was disgusting and shameful

We are sending you away because we are ashamed of you

What did I do that was so wrong?

Damned for my mistake / Punished for my wrong

Shipped away for making a mistake

Being punished for a mistake for the rest of your life

I did something wrong and I lost the people who were important to me

I loved them and it was my fault I was sent away

Blaming himself for rejection by foster carers

I did something to make them stop loving me

I loved them and they sent me away

Intolerable to feel it was my fault I was sent away

My real self is bad

I was my true self and paid for it in the worst way possible

Love is not enough

I'll contain for you what you can't

Containing what they can't

Child eschewing the responsibility for himself

Being a container for the things he can't cope with

Containing what he can't and giving it back to him in chunks he can manage

Giving the child the responsibility they can handle

Being a container for his difficult emotions

Child being so totally held they can just enjoy being a child

Holding the bad stuff for him so he can just be a child

The importance of the key worker role

Having someone you like and trust to make decisions about your life.

Child is lost without a key worker

If a child is held by everyone then they are held by no one.

I hold the responsibility for my key child

The validation of the key worker relationship

The validation of your chosen adult accepting you as a key child

The shame of key worker rejection

The vulnerability of asking for someone to love me

I thought you liked me but you still rejected me

Another rejection by someone I thought cared for me

Nobody wants me.

The emotional toll of being a key worker

The emotional toll of being a key worker

Commitment – giving all of you to the role

Being able to give all of yourself to the child

The light and shade of being a keyworker

Key worker relationship based around rejection

Being resilient – being rejected and going back the next day

Rejection – resilience cycle

Liking the unlikeable child

I see you and I genuinely like you

The power of genuinely liking each other

I like you, I could do good work with you

The importance of liking the child

Liking a child when others do not

Mutual regard – the importance of liking each other

Therapy stems from genuinely mutually liking each other

The therapeutic moments happen because I like you so much.

The power to make a difference

Striving for and owning the special relationship

Wanting to make the connection

Pushing the relationship to make it happen

Tolerating the behaviours through wanting the relationship

The reparative power of genuine love

Feeling a genuine love for each other

Feeling love for the child

Love between the carer and the child

Having a love for each other

The love between them allows things that wouldn't be tolerated from others

She loves him

There is true fondness in the way she sees and talks about the child

There is genuine love for these children and it is absolutely accepted that this is the case

Being the reparative mother

Like a mum

The mumsy spectrum

Parental relationship – like a mum

Reparative parenting

Filling the mum role

The reparative mother

Caring for him like a mother would

Taking the parental role

Consciously filling the role of the mum with the child

Role modelling the prefect mum

Replicating the mum or big sister relationship

Being the mum the child has never had

Like a family

They need what a child needs from a parent – an attachment relationship, love, touch and a lot of trust

Replicating a natural parent-child interaction in a family

Actions which do not reinforce for the child that they are in a home

Facilitating the child to feel like they are in a family

Replicating a natural interaction between a parent and a child

Creating an environment where the child feels like a child

Each response is tailored to the child replicating the interactions in a family

The relationship being like that of a normal parent-child relationship, created through the time spent together and the small and informal interactions between them

My relationship with him is like my relationship with my child would be

The need for physical touch, love and caring

Importance of touch and having a cuddle, brushing hair

Therapeutic moments and conversations happen in the intimate moments

The moments happen quietly when she demonstrates love and caring

Intimate moments like washing child's hair

I will take care of you/I will be here for you

Continuity and consistency – like a family – like a home

You belong to me and I will take care of you

Belonging to someone who takes responsibility for you

The importance of consistency

The intolerable uncertainty of being in care

The intolerable impermanence of living in care

Above and beyond/I will not give up on you

Above and beyond

Being there for you when I don't have to be

Doing for the child what someone else wouldn't

Only I would notice these things and do these things

The meaning inherent in doing these things for a child that isn't your key child

Absolving the shame of the real me

I accept you for who you are and I'll be alongside you

No matter what you do – I'll still be here

Not shying away from the child when she did something bad or repulsive

I'm still here

You can show me your worst and I still choose to be here with you.

I'm sticking by you no matter what

You've shown me your worst and I still love you and care for you and want to be by your side

Unconditional acceptance

Because of not in spite of

If I can't help you I'll be alongside you while others help you

I'll be alongside you no matter what

I'll always be here for you

I know all of you and I still want to be alongside you

You are not shameful to me

Not finding the child disgusting and the child not feeling shame

You know my shame and you haven't rejected me

Others don't see you the way I do

Other adults' disgust and repulsion at child's behaviours

Other adults' discomfort and disgust at deviant behaviour

Fear of the child

Fear of being firm

Staff shying away from putting in boundaries due fear of the reaction

Staff fear of a catastrophic reaction

Difficulty of being confident and boundaried with a violent child

The child knowing that people are scared of him

Knowing people don't like him

The ultimate rejection of knowing people don't want to be alongside you

I will be alongside you

The importance of physically being beside the child

Purposely sticking with her key child when she is there

Purposely being alongside him

Consciously being where the child was

Putting herself in the child's space

Meeting them where they are at

Going to meet the child in the place where they are at

Understanding the child and meeting them where they are at

Ability to meet the child where they are at and know what to do to move them forwards

Meeting the child where he is at

Meeting the child where he's at by knowing and feeling where he's been

Meeting where he was at

Meeting and matching in the moment of need

Meeting and matching in his moment of need

Meeting and matching in his moment of need

Meeting and matching in his moment of need

It's the little things/Importance of the little things

Importance of the little things

Importance of the spontaneous seemingly insignificant interactions

The little things that make them feel seen

The small things that show you you are loved

It's the small gestures that are the important ones to the child

The small gestures that another adult might miss.

A small act that meant so much to the child

Placing importance on the small acts that mean so much to the child

Building trust through doing the little things

The children who have left and come back remember the little things

You have an impact on others and what you do matters

You are not invisible – what you do matters and impacts others

You've noticed me, I've had an impact on you, you've done something to show me

Mentalizing the child

Mentalizing the child / The power of mentalization

Understanding that the child will feel this is important

Mentalizing the child's terror at having no boundaries before

Mentalizing the child and articulating that to him

She mentalizes him constantly

I will do what I say I'm going to do

Following through – doing what you say you will do

You are important enough to me that I won't forget

Building trust by following through

The importance of doing what you say you'll do

I trust you will keep to your word

Epistemic trust

There is epistemic trust in their relationships.

He trusts what she tells him to be true

Mutual trust – I trust you and you trust me

I can trust you and you can trust me

Being aware of being trusted implicitly

Mutual relationship – child trusts carer and will do for them what they won't do for others

Feeling trusted enough for the child to share with her what is important to them

Real trust

Important that the child trusts her

Acceptance through trust

Having built the strong foundations of the relationship through the little things, the trust allowed her to act instinctively and give it to him and for him to accept it.

Tolerating her actions because he knows she cares

The mutual trust allows her to take a risk with him

Both knowing he could hurt her but he is choosing not to

You see and understand me and I give you my trust

Foregrounding the positive rather than the negative

Acknowledging the positive things instead of condemning the negative

Immediate reinforcement of positive actions

Showing the child that you are proud of them

Allowing a spontaneous human reaction to something positive

Celebrating the child's agency and making her feel good about what she had done

Profound impact of modelling in the informal interactions

Significance of the informal interactions in the life space

Teaching through the informal interaction

The child learning through the informal interaction

Spontaneous informal interactions

Role modelling of a meaningful moment for other children in the life space

All informal interactions are a chance for a positive learning experience

It is the informal interactions that they will remember when they come back in 10 years.

Sharing therapeutic conversations

Consciously using the relationship to enhance the therapeutic potential of the moments

Consciously creating moments to facilitate the therapeutic conversations he needs to have

Acting instinctively and spontaneously because it feels right

Eschewing the protocol and not over thinking

Having the confidence to act spontaneously

Doing something because it feels right

Not following procedure

Not following procedures

Acting in a way you instinctively want to not because procedures tell you you should

Her actions are not pre-planned and are not thought through

Her actions are instinctive they are not contrived

Doing something unexpected and instinctive to comfort a distressed child

She has done it on previous times

Missing informal therapeutic moments in efforts to be therapeutic

Trying too hard to be therapeutic and missing the opportunity for therapeutic moments through meeting the child where he is at

Authenticity

Authenticity of the interaction in the child's life space

Having the difficult conversations

Transparency and empathy

Being honest and open

Being human and being authentic

Being human

Instinctively holding him to comfort his distress

Giving another human being what they need – basic human touch – in their moment of need

Most staff would not have hugged him

The natural response is to hug a child

She knew she needed a hug and her humanity instinctively allowed her to do it

No one ever just gives him a hug when he is being violent

The importance of a real relationship

The relationship with the child is a real relationship

Importance of having the real relationship

Relationships are the core of what we do

Being able to trust that the relationship is genuine

Role modelling a positive relationship

It's because I care

Caring enough to want to try to find what is going to work for her and the child

Doing it because you care enough to want to do it not because you are paid to do it

Why you do this is everything to me / Being here because you want to and not because you are paid to be

The meaning inherent in an adult doing something for a child that they didn't ask for

Balance of power in relationship/Who has the power?

Authoritative power vs power of causing fear through violence

Child's desire for power from feeling so powerless all their life

The power of playfulness and humour

Use of humour and playfulness to balance the power in the relationship

Balancing the power dynamic through humour and teasing

Power/playfulness dynamic

Using playfulness to balance the power in the moment and imposing authority when required

Using humour to deliver an important boundary

Humour facilitating an important natural conversation

Humour important part of relationship but needs to be used with caution

Knowing and understanding the child to know how to utilise the humour

It's OK to be fallible

Fallibility

Role modelling fallibility

It's natural to make mistakes

We all make mistakes

Flexing the boundaries

It's not about safeguarding – those would never be broken. It's about a considered flexing of the boundaries

Or even an instinctive flexing of the boundaries

Knowing the child well enough to know when flexing the boundaries is the right thing to do

I want to be with you/alongside you

Creating a relaxed and trusting atmosphere by just being with the child to allow them to talk about what they want

Just being with the child

Giving time to be with and just observe the child

Sometimes is not about offering and is just about the listening

Feeling like she has got there with a child when they trust her enough to tell her something

Mutually meaningful – she cares enough about the child to create the circumstances for trust and when they trust her enough they choose to tell her

Trust (duplicates from other clusters)

She understands him and he trusts her

I trust you to contain me

Having someone you like and trust to make decisions about your life.

Being aware of being trusted implicitly

Mutual relationship – child trusts carer and will do for them what they won't do for others

Creating a relaxed and trusting atmosphere by just being with the child to allow them to talk about what they want

Feeling trusted enough for the child to share with her what is important to them

Important that the child trusts her

Feeling like she has got there with a child when they trust her enough to tell her something

Mutually meaningful – she cares enough about the child to create the circumstances for trust and when they trust her enough they choose to tell her

Building trust through doing the little things

Building trust through following through

Real trust

You see and understand me and I give you my trust

Being able to trust that the relationship is genuine

I can trust you and you can trust me

I trust you will keep to your word

Having built the strong foundations of the relationship through the little things, the trust allowed her to act instinctively and give it to him and for him to accept it.

There is epistemic trust in their relationships. He trusts what she tells him to be true

The mutual trust allows her to take a risk with him

They need what a child needs from a parent – an attachment relationship, love, touch and a lot of trust
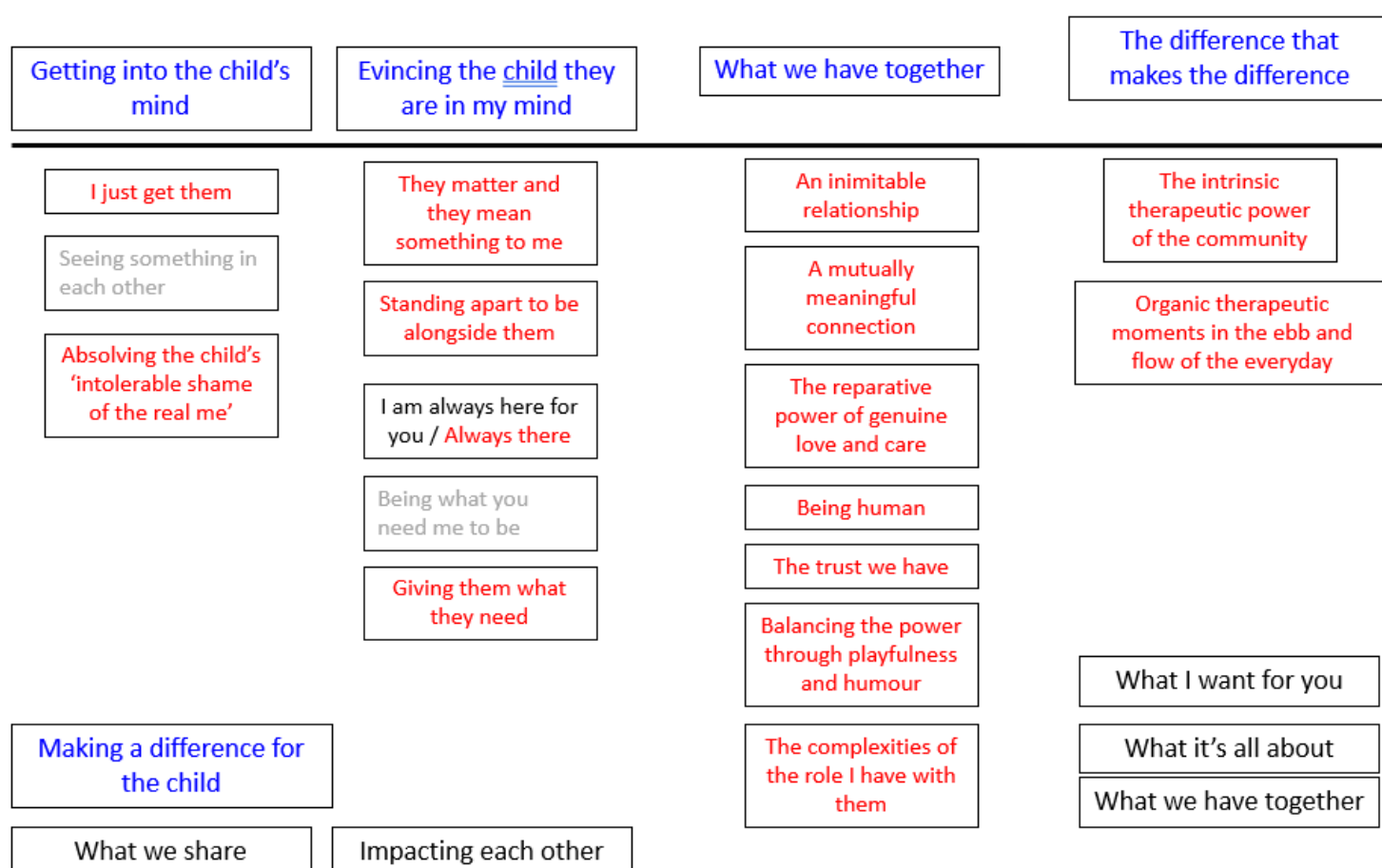
2.4 IPA sub-themes

	Sub-theme	Chloe (1)	Isobel (2)	Nancy (3)	Maddie (4)	Poppy (5)	Libby (6)	Lara (7)	Allie (8)
1	**An inimitable relationship**	A special relationship	A special relationship	A complex relationship	A special relationship	A unique and lovely relationship	An extraordinary relationship	An exceptional relationship	A unique and genuine relationship
2	**A mutually meaningful connection**	A mutually meaningful relationship	A mutually meaningful relationship		A mutually meaningful relationship	A mutually responsive relationship		A mutually meaningful relationship	A mutually meaningful relationship
3	**Seeing something in each other**				Seeing each other differently	Seeing something in you			
4	**Standing apart to be alongside you**	Standing apart from the crowd and alongside you	Standing apart from the crowd and alongside you	Standing apart from the crowd and alongside you	Standing apart from the crowd and alongside you	Different from the rest in dealing with you		Standing by you and standing apart from the crowd	Standing by you and standing apart from the crowd
5	**Being human**	Being human	Being human	Being human	Being human		Being human	Being human	Being human
6	**I get you**	I see you and I understand you	I see you and I understand you	I see you, I hear you and I understand you	I see you and I understand you	I get you	I see you, I hear you and I understand you	Seeing the real you	Seeing the real you
7	**Giving you what you need**	I will give you what you need	I will give you what you need	I will give you what you need	I will give you what you need	Giving you the consistency and security you need	I will give you what you need	I will give you what you need and keep you safe	I will give you what you need and keep you safe
8	**Being what you need me to be**				Being what you need me to be	Interacting with you in the right way			
9	**Absolving the intolerable shame of the real me**	Absolving the shame of the real me	Absolving the shame of the real me	Absolving the shame of the real me	Absolving the shame of the real me		Absolving the shame of the real me	Absolving the shame of the real me	Absolving the shame of the real me
10	**The complexities of the role I have with you**	The complexities of the role	The complexities of being a key worker	The complexities of my key worker relationship with	The complexities of being a key worker		The complexities of key working		The complexities of key working

#									
					you				
11	**The reparative power of genuine love and care**	The reparative power of genuine love	The reparative power of genuine love		The reparative power of genuine love	A genuine care for you	The reparative power of genuine love	The reparative power of genuine love	The reparative power of genuine love
12	**You matter and you mean something to me**	You matter and you mean something to me	You matter and you mean something to me	You matter and you mean something to me	You matter and you mean something to me		You matter and you mean something to me		You matter and you mean something to me
13	**I am always here for you**	I will be there for you	I will be there for you		I will be there for you	I am always here for you			
14	**Organic therapeutic moments in the informality of the everyday**	The impact of our everyday interactions	The impact of our everyday interactions	The impact of our everyday interactions	The impact of our everyday interactions		The impact of our everyday interactions	The impact of our everyday interactions	The impact of our everyday interactions
15	**The trust we have**		Trusting each other		We trust each other		Your trust in me	Trust and respect	
16	**The balancing power of playfulness and humour**	Balancing the power through humour and play	Balancing the power through humour and play	Balancing the power through humour		The power of playfulness in my approach with you	Balancing the power through humour and playfulness	Balancing the power through humour and play	Balancing the power with humour and playfulness
17	**The intrinsic therapeutic power of the community**			The power of the community to make a difference	The power of the community		The power of the community	The intrinsic therapeutic power of the community	The power of the community to absolve the trauma of being in care

2.5 IPA superordinate themes and their sub-themes

Where's the therapy? How do Therapeutic Care workers make sense of their informal interactions with the child in the child's life space within a therapeutic community setting?

Getting into the child's mind	Evincing the child they are in my mind	What we have together	The difference that makes the difference
I just get them	They matter and they mean something to me	An inimitable relationship	The intrinsic therapeutic power of the community
Seeing something in each other	Standing apart to be alongside them	A mutually meaningful connection	Organic therapeutic moments in the ebb and flow of the everyday
Absolving the child's 'intolerable shame of the real me'	I am always here for you / Always there	The reparative power of genuine love and care	
	Being what you need me to be	Being human	
	Giving them what they need	The trust we have	
		Balancing the power through playfulness and humour	What I want for you
			What it's all about
Making a difference for the child		The complexities of the role I have with them	What we have together
What we share	Impacting each other		

2.6 Extended examples of quotes

The initial connection and how it came about

Close non-key worker relationships

Putting yourself there to ensure you make a connection with a particular child

Chloe:　*"...it became really apparent that he really didn't have relationships with any of the adult group here because he'd set that up himself, I suppose, and we went along with it, which I think can be really unhealthy. Especially for him when he needed people to build relationships with."*

"I think it's really easy when you start in a job to see what other people are doing and mirror what they are doing. People were leaving him be and I think I just got to a point where I thought, "why am I doing that? I wonder why I'm following what people are doing when this child needs somebody…"

"And from that moment, it really shocked me how that little tiny gesture made him, like, "right, OK, she's now a go-to person"."

Isobel:　*"But the fact that then we came in, and at this point because I didn't have a key child, and because I was still establishing myself, I wouldn't have had as many really good relationships, so I think I was probably very open to having that good relationship with somebody."*

"...at that point I probably would have been more conscious about pushing the relationships to happen. So, for her, she probably felt like I was around quite a lot because I was putting myself where she was. Like, always doing little things."

Nancy:　*"...so when she came and I was very new, she was still very new herself, but I was alongside her a lot and so I do feel… and she often, like, picks me for settlings and, um, and I feel like I've got a very good relationship with her. She is someone who, if she had any trouble with her key worker, would accept my support…"*

Realising you have a connection with a child from which you want to grow a close relationship

Isobel:　*"I'm still always wanting to offer myself to be with him when things are really difficult, and I still try and make him feel as thought about as I can whilst being someone else's key worker. And I do think that that can be quite powerful as well, because I am a key worker for another child, but it doesn't mean that I'm going to stop thinking about you even if I'm not physically with you."*

Realising that both you and the child feel the connection and want to develop the relationship

Chloe:　*"...you find that children gravitate often to different staff members…"*

Poppy: *"They obviously like certain adults more than others and then once you establish that little thing then that child wants to spend more time with you and you naturally do and your relationship gets stronger and it snowballs in that way…"*

"It's just natural that you do have ones that you form a closer relationship with."

"There's something that really clicks and you just sort of gel. I don't know exactly what it is. It works a bit on both sides. Like from the day that I started, Daisy may have felt like a slight preference for me over somebody else. And I feel that slight preference for her over another child. You just click with someone sometimes and then because of that little thing then it just keeps strengthening."

Libby: *"…there was a young boy that I had a really close relationship with and he wasn't my key child but there was something between us. That's the beauty of working with a network of people because if the key worker – key child thing maybe isn't the same as it was in my experience, then there will be someone else in the community… there will be some sort of relationship there that fits. It doesn't always have to be the key worker – key child relationship. But in my case, for some reason, something… I guess it's relationships isn't it? …something worked."*

Close key worker relationships

Isobel: *"We have a… I don't want to say mixed relationship… but it is, probably.*

"So the expectation is always going to be that I'm a bit more firm and I will tell you to stop this, or I will stop you from doing that if I don't think it's the right thing. Um, and then I'll base whether I'll continue to be like that on the response that I get back from the child…[ ]…So I think I'll always go in with a baseline approach and that's just what my practice is, um, and then it will probably tailor to each child within the first, like, month or two of being at The Willows."

Maddie: *"…and he accepted me really well and there was something where… there was, I think, there was a quality to what we have from the very start and maybe – I'd understood it that he'd always had a really anxious mum and then there was something he could spot in me that I didn't have that…"*

Lara: *"…when he arrived he was quite feral, actually, if I'm honest. He was a very, very angry child. …[ ]… I'd definitely be on the receipt of a lot of projections. Where all the things that he probably wanted to scream and shout at his mum, he'd be screaming and shouting at me. I think I saw rejection from him in those kinds of ways, but actually, I felt that we always had quite a close relationship. And, I think, quite early on he recognised that I heard him and I understood him and as much as he could be really, really angry at me, I think he knew quite early on, like, deep down that I did understand him and actually I was doing things in his best interest."*

Libby: *"But our relationship developed… over the time that she was there, our relationship developed massively and I would never have anticipated how much of a connection we would have had when she walked through the door. It was really important."*

"I was then put in this role of potentially, mum, and being quite different to the model she was used to. And she was… she could be quite rejecting of me"

"So I think, gradually as time went on, she knew that I was going to be there."

Nancy: *"...my key child, Lily, with her it was very much that I think she was definitely attached to me but it was very much a lot of rejection. So, I was kind of the person who was always there and I think she knew I was very dependable but …[ ] …I was, I think, never her favourite person. …[ ]…if it was a good day, …[ ].. she would still accept me. Whereas there were other times when it was much more intense and I almost couldn't be with her because it was just, it'd be just too difficult."*

Getting into the child's mind

Just 'getting' the child

Mentalizing the child:

Nancy: *"And so, and I think there was like some moments that I remember really well – and it's really hard sometimes – when I could tell she was quite upset. …[ ]…And it's really hard because it's quite rejecting but I was very aware and I was like "God, she can't even tolerate that, like, I'm actually being here for you saying I care and that was just too much". And what I make of it was that, yeah, it's just too frightening because she's not had it or she doesn't know if she accepts it now, will it stay or will it be abandoned again, because that was, I guess, very much how she felt – just sort of left and then taken into care."*

Lara: *"I don't think I ever really took it personally so, if anything, I just felt really sad for him because I was like, now I know you're going to think that you've ruined our relationship. He never ruined our relationship. He never did."*

Isobel: *"But, I think he doesn't want people to feel afraid of him because that's such an uncontaining way to feel… [ ]. So you have to show him that you're the adult and he's the child and I'll care for you and we'll go to bed and I'll tuck you in and give you a kiss and then we'll go… That's so natural isn't it? It's not natural to be terrified of a 10-year-old."*

The child feeling heard:

Chloe: *"And he felt really listened to because he said that one of the things he was really worried about was that the other children at the house would hurt his mum. And we made sure that actually all the children went out just as his mum and dad arrived and, I think, you could tell his anxiety, as soon as the other children were out, it was like he'd taken a big like "whooo, OK, they're going to be out".*

The child knowing he is heard and understood:

Lara: *"...quite early on he recognised that I heard him and I understood him and as much as he could be really, really angry at me, I think he knew quite early on, like, deep down that I did understand him and actually I was doing things in his best interest."*

The child feeling understood:

Libby: *"I feel like he knew he was known, that I understood and I got him. So he wasn't an angel and he... sometimes I knew what he was going to do and I could... there was just some sort of understanding between us and sometimes you can communicate with just a look. And you could see that he was about to escalate and the anxiety would be really heightened and you could just look at him and he'd be like "ah, yeah, phew". Like the relief of somebody having him completely in mind and knowing what he's going through and then he'd just be brought right back down again. It's not even like a verbal thing sometimes – you can just have that connection."*

Safety through understanding:

Isobel: *"So I think he's afraid of himself and what he will do if he's unsupervised or he's kept out of mind and so he feels safe and contained when he knows that the adults that are around him, understand him and are able to keep him safe in the right ways."*

          "...I think it's how he, whether he thinks that adult understands him enough that the reasoning is to keep him safe..."

Isobel: *""And giving him the level of responsibility that I know he can cope with because I think when I'm about he finds me just a containing presence because he knows I understand him and I work with him in a way, which although he finds frustrating, I know he also really enjoys that because you can see from the way he presents that he is more relaxed, he's not hurting people when I'm here, he's not being unkind to other children when I'm here, or smashing things, because I offer the containment for him."*

Allie: *"Where as now we've been working together for a long time and she knows that I get it and I will listen to her, we don't tend to have many of those moments and now she will use me in a proper way."*

Absolving the intolerable shame of the child's real self

Allie: *"And I think that's why she used to push me away to start with so that I didn't see these struggles because she was worried that if I saw it, I wouldn't want to know her anymore. So, I've always thought that it was important for me to say to her "you can call me whatever name you like, I will still be here tomorrow, you can hit me, I will still be here". And I think, for her, it's just that reassurance that I'm not going to run out on her, I am going to come back, I am going to see this journey through with her."*

Lara: *"...we painted his bedroom together once...[ ]. And that was a clear message to him that he was staying. Because a lot of these children, I think, are always worrying that they're going to act badly and you're not going to be able to manage them and they're going to have to be moved on like in all their other previous placements."*

Libby: *"Not to leave them on their own with those feelings. And they don't always want to talk, they are not going to sit down and disclose or necessarily talk a lot but just being together – if it's clearing up or playing or whatever, reading a book. I sometimes do their hair, that would be quite a nice thing to do just to make them feel looked after."*

Chloe: *"I think that's super important for the child but for you as well. You know, for the child, first of all, to realise...[ ]..."I have tried to hurt you but you are still here and you're not going to run away". Most of them have experienced in their life, someone's been hurt and they've run or they've abandoned them. They feel abandoned by foster carers and parents and the reason they're here is because their previous placements haven't worked and a lot of it is to do with violence – they haven't been able to manage the violence."*

Isobel: *"I think he gets the sense a lot of the time that people are scared of him and that people find him really hard to be alongside because he's so volatile but I'm hoping he doesn't get that sense from me. So I'm hoping that's what it is that makes him feel like he's able to relax a little bit more when he's with me cos he knows that I'm going to keep coming back and I can tolerate it. I've had to physically restrain him lots of times in the past and he knows that I can cope with it and I'm not going to let him hurt other people."*

Maddie: *"And we will help you to be able to do things differently but you're worth sticking with. That they are more than their behaviour. Yes, I don't like what you just did – which is always the message – but I really love you and I want to help you to be able to do something a bit differently."*

Maddie: *"You know, I can't imagine what it is like for these kids with the level of shame they must feel for things that they've been through and the environments they've lived in and the relationships that they've loved and lost. I think overcoming that is a massive part of what we do."*

Allie: *"On the very few occasions that she might try pushing me away or we've had a fall-out over something, I always say to her "you can push me away, you can be nasty to me, you can do all that but I will be back". And I just reassure her that I'm not going anywhere because I think that is half of her problem. Through her life, so many people have come in for such short periods of time. It's that security that she's after."*

Evincing the child they are in my mind

Letting the child know they matter and they mean something to me

    You are on my mind:

Maddie: *"But I would always assume that that is there if they want it. I would always take them to school and I would always pick them up. I would always go to their sports events and things because it's that consistency and reliability, I guess, that, if you're here, I'm in your head the whole time."*

You knowing you are on my mind:

Chloe: *"But it was like "this adult really cares about me, she's shown and interest.""*

"I was just going into his room and tidying his room while he was at school. And little gestures like that… and he'll come home and go "oh, I bet Chloe's done this". Or I always put a hat on a certain teddy bear and he knows that I've done it. So, it's those little communications, I suppose…"

Isobel: *"Well, he's verbalised before that he finds it easier when I'm in the house because he knows when I'm here, I'm thinking about him and, as long as I'm thinking about him, I'm keeping him safe."*

Maddie: *"I think the main thing is they should know - and I think mine knew - that they are your focus."*
"And even if my key child didn't want to, I would always save them a space because I'd always want them to look and think "there's a space for me"."

Libby: *"I'd go without her, and so she knows I've had her in mind while I've been away from her and I've brought her back lovely things but sometimes it was just too much. And that was hard. That was hard. To be in touch with that kind of emotion between us was really difficult."*

It's because I care:

Poppy: *"I don't know if, for her, the fact that every time I can tell that she's done it. I've been the one to say about going to get changed rather than ignoring it. I don't know if she's that as a caring thing, like a comforting thing. I don't know if she's picked up on the fact that at some points I'm the only one taking her to do it like 4 or 5 times a day."*

You mean something to me / what matters to you, matters to me:

Nancy: *"And sometimes, children will do that, they'll be like "oh, can you look after this for me" and they'll give you something. And often it can be quite, like, in passing, sort of, way. But I always see that as something quite precious – when they give you something – like a little figure or cuddly toy – whatever, and they'll be like "just hold this for me" and it might be that they are playing with someone else, but I always think that it means something to them, like, sort of, that it's safe with you – whatever it is."*

Working hard and going above and beyond:

Maddie: *"When I go on annual leave, I take her teddy bear home with me because if I take her*

teddy bear home she knows I'm going back because I've got to go back to return the teddy bear. While the teddy bear is at home with me, I take pictures of the teddy bear and the teddy bear returns with a photo diary of what we've been up to."

Lara: *"I think he actually felt cared for and that I recognised that he wasn't OK and he just needed that little bit extra or to feel a little bit more special or… Yeah just to feel noticed and not just a number in a children's home."*

(What happens to) you means something to me:

Nancy: *"I just, you know what, 10 year old girl leaving care. Oh it just really got to me and like so cried and just gave her a hug and she was a bit like "oh, don't cry" but just a bit embarrassed almost but not… and curious perhaps a bit."*

The intolerable sadness of saying goodbye

Nancy: *"...it just gets to you, it's weird – it's like such a strong attachment and it was so intense, perhaps – that when she left – and it surprised me as well – I mean I knew it was going to be sad and I was in tears and I've seen a lot of people like that on their last day, and I suppose you're holding a lot of their sadness, perhaps."*

Maddie: *"...and we really cried together. And Matthew never cried – Matthew never cried out of sadness, I guess, he cried when he was held and when he was angry – and I just was so full of the idea of leaving him. And I suppose it was our proper good bye and he cried and we just sat and quietly cried for a little bit."*

Standing apart to stand alongside the child

Liking the unlikeable child

Chloe: *"I've got a relationship with another boy… that the staff group will, sort of go "oh, I don't want to spend time with him because he's a bit of a nightmare to spend time with"…*

Poppy: *"I just find her so likeable that I think I'm just so patient with her really. Maybe I've just got a little bit of extra patience for her that other people don't have and you need the patience."*

Lara: *"And I guess a lot of people didn't like him because he was just annoying and little and aggressive and violent and would, you know… So a lot of people didn't like him so I felt it was a real struggle to get people to like him. I felt like I was always fighting his corner. To even get people to send him on trips out and to allow him to have nice things…"*

Seeing something in the child that others don't see

Nancy: *"...and he had gone through months and months of, like, really hard period and there was a point where he was going to leave because we were going to say, it's not working here, it's too violent, it's too many things. And I was one of the adults who felt quite strongly that he should stay and it was quite split really. And I could see why people were frustrated but I could just see a lot of his vulnerability – I think I always have."*

Allie: *"And I think people just see a different side, because they see that intimidating side. Where as I see the side that she is just a little girl. She's trying to… I think, as well, it's a bit about knowing her background."*

Doing differently to the rest (because it's what the child needs)

Chloe: *"I think it's really easy when you start in a job to see what other people are doing and mirror what they are doing. People were leaving him be and I think I just got to a point where I thought, "why am I doing that? I wonder why I'm following what people are doing when this child needs somebody…"*

Isobel: *"It's just the norm for me. Like, I understand this now. So I will treat him the same as all the other children. But I do wonder if some adults, um, find it – because it's uncomfortable – …[ ]… and I think maybe because of that, it makes people feel a little bit unsure when they're with him and maybe they will respond to him in a different way because of the sense that they get from him…"*

Nancy: *"And I could really see that so I found it easy to do it but there was a lot of adults who felt really frustrated because "other children are asleep, he's not, he's keeping everyone here" – which he was in a way because we can only go to bed when he is asleep – um, but I could see beyond it and some people could and some people couldn't."*

Standing apart to advocate for the child / Advocating for the child when no one else will

Chloe: *"I've tried to say to people since…they say, "oh, he's so hard to get to know, we can't even…" He's not hard to get to know at all. I said, "you need to be interested in what he's interested in and all he wants is that love and the care… that we are able to do."*

Maddie: *"I did a lot of work with his mum and built up a real relationship with his mum, his social worker, you know, really getting alongside people, really advocating because nobody wanted him to go home to his mum, so it was all about, you know driving everything that way, so my relationship felt a bit different and, yet, what it gave him, I think, to know how much I wanted what he wanted and how much I was going to fight for him to get what he wanted, meant that we developed a really trusting, healthy, genuine relationship, where he really knew that I was going to fight for him."*

Acting instinctively and spontaneously because it feels right

Maddie: *"And then it gets to a point where you can have judgement. You can just go with your gut – is it safe? Does the child feel contained? Does the child feel happy, loved, valued? It's OK then. As long as it's not some big crazy thing that's going to throw the whole culture out or have this domino effect on the other kids that you've allowed one child to do this. Yeah, it's OK. We have to have some overall structure to this place but they also need to be treated individually."*

Lara: *"...as a TCW, I'd be like oh my line manager might not agree with this. My team leader might not agree with this. Or, oh that's not the done thing so I'm not allowed to do it but actually, I think I would value much more if the staff understood like, I know this isn't the done thing but the child was saying this and I heard them and so I did this. I'd be like, yeah, great, I'm glad you did do that. I think that's really hard to teach anyone or kind of explain."*

Always there no matter what

I will be there for you

Allie: *"I think it's just our relationship is about stability, it's about knowing that I am there for her, I do care for her and I'm not going anywhere."*

Libby: *"I was there with her, I wasn't meant to be on shift that night but I stayed with her – I slept on the hospital floor – and she had a dolly, like a soft dolly with her, and she was throwing it at my head as I was laying on the floor. And I was still there, in this hot hospital room with her while we were waiting for this procedure the following day. So I would like to think that, you know, we were going through all of these really difficult things together and I was still there."*

I will be alongside you

Lara: *"I think especially like if an incident happened, even if I'd ended up having to physically restrain him, I'd still remain alongside him afterwards. ...[ ]… or even be outside his bedroom door where he's smashed everything up, I'd still be talking to him through the door. And then getting him back to the stage where he's OK and we can move on to do something else."*

Libby: *"Being on their own is often a really terrifying feeling for them, especially - it seems to be a lot at bedtimes – but at any time. Especially after an incident where things have been really heightened. So, I think, just having somebody just alongside them helps to just bring them back down, to recover. And to just start to maybe reparate a little bit if things have been targeted at you."*

Giving the child what they need

Meeting and matching in the moment of need

Maddie: *"So my relationship with Dexter felt significant in a really different way of, actually, in my head, I was in this boy's life to get him back to his mum. I wasn't in there to be his*

substitute mum. He never needed that from me."

"I think you're in a key worker role, you maybe want to be mum, somehow – and actually with Dexter I never wanted to be mum, I wanted to get him back to his mum, so it always felt like I was in his life for a purpose and that purpose became really important for me to fulfill."

Lara: *"And it's like "yeah, well, they're not normally allowed this but actually I think on this occasion, actually they're a bit fragile and maybe this is what they needed…"*

Meeting the child where they are at

Libby: *"...sometimes the children can't tolerate the physical closeness and you have to find other ways to show them how you can care about them. So, it may be just cooking in the kitchen or baking together or playing football – doing something you can just be around each other without closeness…"*

Your need to be physically held

Chloe: *"I read him a story before bed and he said "will you rock me to sleep?" So he put his head in my arm and I just rocked him to sleep and I thought, you know, it makes the whole thing. And we wouldn't normally encourage you to rock a child to sleep but it was his birthday the day after as well, so there was so much going on for hi and I thought "this has actually been really positive"."*

Isobel: *"...but, um, I think that's like a really natural thing to hug a child – like he's only 9, well, nearly 10, but like you do hug children a lot – especially when they're upset and even though he manages being upset in a very different way to most children, you can still try the initial responses."*

Nancy: *"So, I think he needed to be held – it's just really sad because he can't say it in any other way…"*

Libby: *"...when we used to go out, she used to sometimes pretend to fall asleep in the back of the car and we'd pull up at Hillcrest and I'd turn around and I sort of knew she was pretending but it was almost like she wanted that experience of being lifted… like gently lifted out of the car and carried in, you know? Like you do with a small child. So we had these little, unspoken moments between us that felt really huge."*

Physically 'held' and emotionally contained

Chloe: *"And there is oftentimes when you intervene with a child and you feel that they need physical containment. I've never worked somewhere where I've thought that before, but they do. And a couple of the children we've got at the moment will say, "will you pretend to hold me?" So I'll say, "no, I'll just have a hug". "I don't want a hug, I want you to physically pretend.""*

"I think it makes him feel safe and that he's not in control of his body. I think that he thinks that, "if I'm in control, I'll do something I'll regret and I don't want to be seen to be in control". I think that is his thought process with it…"

Nancy: *"…he showed us – he was being violent – he had lots of other options he could have gone out on a drive with an adult, he could have played – we weren't even saying "no, just be in your bed in your room" because we don't do that. But all the options aren't right because the feelings are so big and he can't deal with them and so he needs to be held but he can't say or ask for it in a different way, unfortunately."*

I'll contain for you what you can't

Isobel: *"I think he finds responsibility such a horrible thing to bear because I think he feels responsible for so many things in his life, he's been made to feel responsible for coming into care, now I think he subconsciously feels responsible for leaving his foster carers. So, I think, for me, I hold that I am the person that holds his responsibility and I give it back to him in small manageable chunks."*

Isobel: *"And giving him the level of responsibility that I know he can cope with because I think when I'm about he finds me just a containing presence because he knows I understand him and I work with him in a way, which although he finds frustrating, I know he also really enjoys that because you can see from the way he presents that he is more relaxed, he's not hurting people when I'm here, he's not being unkind to other children when I'm here, or smashing things, because I offer the containment for him."*

Persistence, consistency, constancy and continuity

Nancy: *"She was like "you can't tell me what to do and I don't have to drink" but I just kept at it. I guess – to me – that's the real care that you are willing to do that."*

Poppy: *"I think it is just really nice to know that you're having an impact on her and that she's recognised that I am a consistency for her. It's really rewarding to know that she's noticed and that she has the comfort of knowing that I'm there and I'm predictable and I'm someone that she can rely on."*

Libby: *"The fact that it was repeated – I think that's the other thing that is really important, is that, the interactions between us, of me trying to have a positive model or a reliable model that keeps coming back, it has to be repeated over and over and over again."*

Lara: *"I think the fact that I was his key worker for the whole duration of his placement. I think that was key actually. And considering the child he was when he came in, he's now in the same foster placement that he was in when he left here which is also quite unusual actually. So I feel like, actually, consistency is kind of the key."*

Allie: *"I think, for Sophie is definitely the continuity. It's having someone solid in her life that isn't coming and going. Even at The Willows, we've had a lot of staff come and go and the fact that I was there the day she moved in and I will be there the day she moves out, I think that, for her, has produced, you know, someone who has been solid, someone who has been stable."*

The interplay between flexing boundaries and holding firm / Appropriately flexing the boundaries

Isobel: *"And like, although he does really enjoy boundaries, you have to know him to know when he can tolerate it and when you have to be more flexible with him because sometimes everything else is so intolerable that will just be the thing that breaks for him."*

Nancy: *"So there is that, you have to think in that way, I guess, therapeutically, and think, "OK, this means something". And it's that balance between the boundaries and the meaning and working through it."*

Maddie: *"As a staff team of 25-30 parents co-parenting children it's a really difficult one to get right. And I think particularly when people are newer and less experienced, they want hard and fast rules, they want hard and fast boundaries. And it won't work like that and that's normal parenting – I don't think any parent would have hard and fast rules for their children. But the challenge of that many adults and that many children does make it tough. I guess, again, it's that being real, isn't it."*

Lara: *"And I guess, like, he had real issues around eating as well, but being able to allow him to have treat things and not be like "right well you don't eat this so you're not having that" and being really strict and boundaried. Obviously it's about being sensible and still making sure he's got what he needed but still being able to, I guess, like allow him those treat things. And not everything feeling really rigid."*

The significance of our impact on each other

An inimitable relationship

A unique and special relationship

Lara: *"I felt like we had such a bond that I guess this isn't… this won't be lots of other key worker's experiences. Because when I think back to my previous key child, Arlo, um, I never had that kind of connection with him at all. It just wasn't there."*

Poppy: *"I've been really aware of our relationship and how it is different to hers with other staff. And my colleagues have made comments about it. And other people pick up on it and I get asked to be with her when she's struggling – that is quite rewarding – knowing you have a calming effect on her…"*

Maddie: *"I suppose for me and I hope for most key workers, and it varies – the commitment to key working varies – but, I guess, for me, that child – I carry all of them with me to some extent – but whenever I've key worked, they really do become part of my life."*

Libby: *"So the really hard blood, sweat and tears, really hard work, in the moment is really difficult and it can be really upsetting and emotional. But then what comes out of that, I think the relationship that's born out of that – that's the best bit. So the bond and relationship that you get with that child – like I said with Bailey – the bit where you get to a point in your relationship where you almost know what they're going to do before they do and you can help them to think about things in a way that they can take in. So, I think the hard work is hard, but then what you get out of it is brilliant."*

Instinctively and naturally attuned

Allie: *"I think we are very close because our lives seem to be very parallel. And it's really funny because she knows when I'm not feeling great and I know when she's not feeling great but we don't actually have to tell each other…"*

Genuinely liking each other

Allie: *"And by the time we got back to the house we had just completely and utterly cleared the air. She had said her bit, I had said my bit and it was almost… it's almost like being friends again. You know like when you fall out with a friend, it's that putting it back together and allowing each other time to speak and just being able to say what we both wanted to say in a controlled way with no anger, no shouting, no raised voices, no interruptions from anyone else. And it was just an open and honest conversation."*

Maddie: *"…he really liked getting to know me, I think. You know, over and above, not just… it was just a bit of a different relationship where, we really wanted to get to know the different bits about each other."*

Our journey (our relationship journey)

Allie: *"…with me and Sophie, we've actually built a relationship and it wasn't a quick process – it's been gradual – but now we have built a lovely relationship and, I think, for me, it's that. It's just the journey, as I call it. It's the journey from start to finish."*

Lara: *"And, so, in a way it kind of felt like we grew together, kind of in our time. Because when I first became his key worker I had just become a deputy team leader, and then at the end of his… in his leaving process, I then became a team leader and then I became an assistant director. So, I kind of felt like our progression moved together really."*

Libby: *"But our relationship developed… over the time that she was there, our relationship developed massively and I would never have anticipated how much of a connection we would have had when she walked through the door. It was really important."*

Isobel: *"So, yeah, I think being able to build up the relationship… but then I have known him since… we moved in… he moved in and I started working here from the same month so we've gone through our journey very similarly, so we have got that as well."*

A mutually meaningful connection

Choosing each other

Poppy: *"There's something that really clicks and you just sort of gel. I don't know exactly what it is. It works a bit on both sides. Like from the day that I started, Daisy may have felt like a slight preference for me over somebody else. And I feel that slight preference for her over another child. You just click with someone sometimes and then because of that little thing then it just keeps strengthening"*

Allie: *"I've made no secret of it. If I could foster her tomorrow, I would do it. She is very much… she's like a daughter to me, really, in the time that we've spent together. I know it's not professional to say that but that's the way I look at our relationship, really. And I love it. I love spending time with her."*

A mutualistic relationship

Libby: *"It was a completely different relationship to the one I've just described. Like he was really loving and warm and I got a lot back from him. Like, I definitely felt very maternal towards him and he was very vulnerable."*

Lara: *"I feel like by the time he left – and I still do actually – I have, like, actually, if he turned up at the door today, I would do whatever I could to help him. And I feel like there was actually a real… we went through so much, and I think I could honestly say that I loved and cared for him and it felt really genuine and, er, I guess he taught me a lot and I guess I taught him a lot."*

Symbiosis – having a positive impact on each other's world

Lara: *"I felt like I was able to model, kind of, how it should be. Or maybe there was a part of me that was able to get what I needed by doing those things with him."*

Poppy: *"Where I formed a close relationship with her, she probably is more likely to listen. If she's about to have a bit of a melt down she will be more likely to listen to me. And I think it works both ways because I've got a close relationship with her and I've learnt the way to speak to her specifically. Where as I think some of my colleagues go in a bit in a way that wouldn't work for her that maybe works for another child"*

The reparative power of genuine love

Maddie: *"…for me it really does come down to what I make a child feel because everything else comes from that. If they're feeling loved they'll behave like a loved child. So, if you get that bit right, everything else comes from that. Where as if you make them feel crap about*

themselves, you'll achieve nothing – they can only behave in… you know… if they feel shame they can only behave in negative ways, as we all will if we feel shame. So any moments where I make them feel loved and valued, that's it for me."

Being the reparative mum

Isobel: *"So we are trying to – in my understanding – we're representing a parent, we're being treated not very nicely by these children but we are not going to put them into care, they're not going to be taken into care or they're not going to go somewhere else, we're going to be resilient, keep coming back, keep wanting to care for them and love them, and, yeah, I think that is how he would understand it."*

Isobel: *"…I do think I totally offer a big sister or mumsy presence…[ ]… but for Grace, she… has never really met her biological mum so I think when I met her that's kind of the space that I wanted to take up for her."*

Maddie: *"They need a particular type of parent. They need a very patient parent and a very loving, thoughtful and reflective parent, but they also do need you to just be yourself and be human."*

Maddie: *"And they haven't had that and every kid needs that. That's where your secure base comes from, that's where you develop from and trying to give that to kids who are like 8, 9 years old is tough. I just love the normality of it. I just love being their parent essentially. And I'd want them to always feel that. I don't want them to ever feel that I'm a TCW or… I just want to be their parent and fulfill that for all of them."*

Libby: *"…she might have accidentally called me "mum" a few times – and maybe accidentally on purpose, or accidentally, so I think she may have seen me in that role, a little bit, which must have… I mean, judging by her reaction, it felt unbearable at points and really confusing and conflicting."*

The family dynamic

Isobel: *"I do think it's kind of a bit of a big-sistery, mumsy, cos it's like "oh, let's just go wash your hair or let's just go paint your nails" and it's offering something which I don't think she really would have had before."*

Maddie: *"So me and Matthew developed a really close relationship and then it became very much a mum and dad thing between me and his key worker."*

Maddie: *"…you know when they've come from other residential homes and they're so cold and clinical and they've just been a child in a unit. And I want them to come here and I want them to be a child that is loved like they would be if they were at home. You are naturally constricted by the setting but I want them to feel like they are - that they are worthy, I guess."*

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Maddie: *"That is what I would want it to be. That they are more than a child in care. Because I think they grow up with a lot of labels and that might be 'child in care' looked after child' – it makes me cringe when they have to sit and hear these things. Looked after child, you know, your LAC review. Excluded child or they have PET meetings. They have so much where their life is so much more complicated and clinical and labelled than it needs to be and I just want to strip it back and for them to feel like a child and to feel loved and that the setting around them just sort of blurs away a little bit."*

Allie: *"And I think I've actually provided her with a sense of what a family should feel like…"*

Allie: *"So, it's just things like that. Like, we play football, we play rounders, we just do what I would class as what you do as a family. You know, sit down and having dinner, just things like that. [ ]…what we provide is probably closest to a family life that a lot of the children have had."*

Truly loving each other like mother and child

Maddie: *"And in that moment, it's you and them and they know that you're really pleased to see them or that you love them or whatever it is that you're giving them in that moment that just makes them feel like a worthy child. As close to a normal childhood experience that you can."*

The power of feeling loved and telling each other

Maddie: *"I think any time they can hear you say – and I don't tell all of them I love them – I wait until I really feel it. I think that's always something. If they say it back – that's priceless. And I can remember every time a child has said that."*

Libby: *"…and we then we did get to a point towards the end where she would ask me "do you love me? I love you." And it got more bearable and genuine – like it felt genuine."*

Lara: *"I feel like he got that real sense of containment and that sense of love, actually. I think he really did feel it."*

Being human

Being human

Isobel: *"…so I just went in and got on the table and laid on it. I was just like "let's just lay down, it's bedtime. Let's just chill out, it's very late. I'm very tired", and he eventually, like, got to my level and I was able to carry him upstairs and put him to bed."*

Lara: *"I think it literally is the time spent one-to-one where I think we could both just be ourselves, actually. Like, he felt that he could just be him and that was OK and I guess – obviously there were boundaries there, I wouldn't be telling him things that were not*

appropriate – but, I guess, I could just be me. I think that's the stuff that I appreciate the most – that our relationship was just so natural. I was just very real with him."

Being real and authentic

Chloe: *"I'm a crier. …[ ]…There's been a few situations where I've cried and Cody now goes, "oh, Chloe, are you having a cry again?" and I said to him "Cody, I cry if there's a pretty sunset, I cry if there's this…" I said, "I just… all these emotions make me cry". And I will say to him "you know, you need to cry" and he's like "oh…yeah".*

Nancy: *"And I think I put up with a lot from her, I think I have, and…[ ]…there was moments when I have just had enough and I've said "look, actually, that is enough". And I suppose perhaps also like a mum would be. And then she changed a bit and I thought to myself "ah, I should have been more assertive all along" but it's that bit probably where it took quite a lot, but equally I'd got to a point where I was like "yeah, no, I'm not just a punch bag"."*

Nancy: *"I guess first when initially she packed her box, yeah, I was sad, but I didn't expect to cry and it literally just came over me because I was very touched and sad and kind of felt her vulnerability of like this child packing up boxes and there's no parent, it's only me. And, but I think it is very real, and then they do pick up on that."*

Maddie: *"Authenticity I think is a huge thing… You can't be anything else other than yourself here. And you have to adjust yourself because you couldn't just be reacting all the time – it wouldn't work for the children – but you have to stay true to yourself. And that, at times, will mean that you will snap, that you will get things a bit wrong and you won't say the most thoughtful thing. It wouldn't be right to just follow textbook. It wouldn't make sense – you're not helping these kids makes sense of the world at all."*

Role modelling vulnerability

Chloe: *"Because people don't cry in front of the children, because they think it shows they're weak or something like that. But I just think, these children need to cry and I say that to them. They don't cry because they react in other ways… it's really rare that you see children – a few of them – crying at the house. Which is so bizarre because they're a child, you know?"*

It's OK to be fallible

Nancy: *"I think there's something about being worthy of others, especially sort of, adults, admitting something that they've got wrong rather than insisting... And then I'll say something to her and then actually go back and say, "look, yeah, that wasn't reasonable – I'm sorry – keep your shoes on" or whatever. Like, I think, that feels like you're important enough that someone does that."*

Maddie: *"So, it was mainly that, of going back to him and saying, "you know what, I said no, I*

had no reason to say no, mate, I'm really sorry. Of course you can, let me just try and work out how I can make it happen"."

The trust we have

Epistemic trust

Isobel: *"…if I'd have told her I was going to buy it and hadn't, that's going to… it's not going to be catastrophic, but it will definitely make her less likely to believe me the next time I reassure her I'm going to do something."*

Isobel: *"…that was based on the fact, I guess, that I trusted that he was going to tolerate me hugging him without punching me in the face or whatever he might do and trusting that him being able to trust me, that whatever I said to him was actually going to happen and materialise and I wasn't just saying things to stop him from being violent."*

Mutual trust and respect

Isobel: *"But I do think that the core work we do is about relationships. So, being able to trust that the relationship that we've got with somebody is genuine, that they're going to do what they say and be consistent with it. I think that's really, really important. And you want to role model a positive relationship, don't you? So, the trust has to be in there as well."*

Isobel: *"Being able to feel like I'm trusted enough as a person that this child can give me this piece of information, it makes me feel really good. It's a really nice feeling to be able to do that, even if it's not a nice piece of information but it feels nice to take it off them for a bit and have it yourself and then maybe you can like digest it and give it back a little bit easier."*

Maddie: *"I guess maybe that mutual respect was a really big part of our relationship and trust – I think we both really trusted each other."*

Lara: *"You know, there is the flexibility but it is like a mutual kind of respect, and I feel like that is the vital bit and, for me, for all of the children, it's always been about the respect element. And like, I respect them and I'd hope that they would then respect me. And that has been my experience throughout, actually, that they do."*

I will do what I say I'm going to do

Isobel: *"I don't know why I would do that, and other people wouldn't do that? Other people probably would do that as well, if they saw her doing a similar thing, but, I think they are the kind of things that I know she will recognise as something really important whereas other adults might… [ ] …not know how important that would be for her so then maybe it slips their mind or they just don't order it or it gets forgotten about or something."*

Lara: *"I think he kind of got to know that I'd understood all the things that he was finding*

difficult so when we had to have the formal conversations, I think he felt well held – that I knew him enough and knew what it was kind of like for him and he trusted that what I said I was going to do, I was going to do."

I'm here because I want to be here

Isobel: *"So I think being able to trust the relationship you've built and that it's not… cos some children will say "oh, you're only here because you get paid to be here", "you only like me because you're paid to like me", so being able to build a genuine relationship, like based on things that real relationships are built on – and trust is obviously a core one of them – so I think that is what it would be like."*

Isobel: *"But he probably wouldn't have tolerated that from other people but I'm hoping it's because he knows that I was there because I wanted to be there. Like, no one asked me to follow him outside, no one asked me to get on the table. I said, "no, I'm going to go deal with this". And I think this has worked for us a few times before, so he's able to trust that I'll get him through it and then come back the next day and do what I've said I'm going to do or whatever it is."*

Lara: *"...a lot of the children in the group would say things like "Ugh, you only work here because you get paid to be here". ...[ ]... actually I want to be here and I really like you all so that's why I'm here. It's not about being paid"."*

Balancing the power through humour and playfulness

Isobel: *"...so you have to almost find your balance of setting your boundary and letting him know what the expectations are, but in a way that doesn't feel like you're trying to be too authoritative because he wants to be the most powerful person in this relationship so if you can almost make him feel that he is, but you know that he isn't, but that's a win/win for both of you."*

The power of playfulness and humour

Poppy: *"I will try the playful approach first over anything and speak to her quite lightly. Because if you go in – some of my colleagues maybe go in really firm – and she will be swearing or she will be being rude or defiant – for most of the other children that would work but I always would go in playfully with her, and most of the time that will work."*

Allie: *"So the minute you shout at Sophie or show her anger, it's almost like she goes into defence mechanism so it's much better if you can have humour with her. She'll respond better to humour than that anger because it just reminds her of mum. And so, so I just try to keep things jovial with her, um, it's hard to explain really. It is just banter. It's just that taking the mickey out of each other and she can do it to me as much as I do it to her."*

De-escalation with playfulness and fun

Isobel: *"I do think adults will shy away from talking to him about it or putting boundaries in*

about it because you just don't know how catastrophic his response might be. But for me and him it works really well that I will joke with him almost about it. [ ] ...and he can tolerate that because I don't think he feels like he's being told off but, also, I'm recognising something's gone wrong, I haven't forgotten about it and we're going to talk about it at some point."

Allie: *"I made it into a game. I was a bit like "I tell you what, I bet that I can beat you across the car park with a wheelie bin". And with that we had a race with these wheelie bins and she forgot what she was upset about, she stopped punching me, she stopped kicking me, we didn't have to go into a restraint, that was it."*

Being instinctive and spontaneous

Allie: *"It's a two-way street. We all teach our kids how to do things mainly by showing them, so yesterday, the whole point was showing 'well, look, I can get on the trampoline without having an argument about it'. And I think, because I'd done it and none of them were expecting it – I think it was just that pure shock that they forgot what they were doing because of what I was doing. So I do think it plays a bit part. You have to put yourself out there sometimes."*

The complexities of the role I have with the child

The complexities of the key worker relationship

Chloe: *"...the child projects their previous maternal figures onto this new key worker and it's either, 'you remind me of' or 'you are in place of so I don't want anything to do with', or it could be 'I have a loyalty to my own mum and my own carer that they've come from'...*

Nancy: *"I was, I think, never her favourite person. [ ]...so, if it was a good day, she would be like "Oh Nancy, she's so annoying" but she would still accept me very much and it was a bit like, I guess, almost like mum – who you'd think "Oh my mum, she's so embarrassing but I'm actually glad she's there". Whereas there were other times when it was much more intense and I almost couldn't be with her because it was just, it'd be just too difficult."*

Nancy: *"...sometimes it was hard for me because I was constantly rejected but then other people would be like "oh no, she said to me, like, I know Nancy's always there". So she'd say, like, these nice things about me but never, like, to me."*

Maddie: *"...when you come in and you have the hand over and you hear that your child has been really difficult and that feeling of I should be able to stop this. I should be able to fix them. I should be able to have the conversation that makes them want to do something differently."*

Libby: *"So we know that the care is shared amongst the team – because that's why they're here – they need a network of people looking after them. But I suppose when you're assigned as the key worker, there is a part of you that knows that you are going to be the one,*

probably – not always – probably, assigned, or that ends up adopting that maternal role.”

Lara: *“...he had a, I guess, really complex relationship with his mum, um, and so, I felt that, especially around the times of contact, where contact was due with his mum, I'd definitely be on the receipt of a lot of projections. Where all the things that he probably wanted to scream and shout at his mum, he'd be screaming and shouting at me.”*

Allie: *“I named it with her, actually, and I just sort of said, “you've actually made me feel really rubbish the past couple of says. You keep saying that I've said things that I haven't said.” Um, I said “it makes me look bad to other people. It makes me look like I'm telling you things that are untrue”. And I was honest with her. I said “it makes me feel awful because you know it's not true, I know it's not true and it's actually hurting me”.”*

The rejection/resilience cycle

Nancy: *“...if I'd be like “oh, I really want to spend some time with you”, she'd often reject that, or any other care. Yeah, it was very much on her terms and very… sometimes she would come up and cuddle me but then equally the next second she'd be like “urgh”, which is hard…”*

Nancy: *“...generally she was just often – for a while – very openly rejecting and saying “I hate Nancy, I don't want her here”– so that was really difficult – but then it got to a point where she would say “oh Nancy, can you bring me a drink?” or “can I have some strawberries?” or something. So I would like still do that… So I'd never say “no”, or be like “well, no, you've been really rude to me and now you want me to…”. So, some people would do that, whereas I guess, I feel that I think in this instance, deeper, and that she's asking me, like, for care, and she doesn't know how else to tolerate it but that feels alright.”*

Libby: *“Christmas and birthdays, often she'd love the presents on the day and then the next day they'd be trashed, they'd be rubbish, so I was feeling like I was not good enough. You know, my efforts were just not good enough and it was tricky.”*

My validation through the key worker relationship

Libby: *“It's a big part of you. And it makes you feel like you belong – it gives you a real sense of belonging to the community because you've been accepted and you are worthy of key working and you can do it. It makes you feel part of the place as well. But yeah, they are definitely a loss once they have gone.”*

A special relationship without the complexities of key working

Maddie: *“And I would feel… the feelings I had were the same as if he was my key child. You know, the amount of love I have for him and the preoccupation I have for him, how I'd advocate for him, but I always had a sense of relief of I'm not your key worker. So there was a point where I could still think I didn't have to have the responsibility or the guilt when*

you leave him. So I had all the nice stuff of I really love you – and I did really love Matthew – and I will be with you as much as I can when I'm here, but was always quite grateful that actually that extra little bit where you are somehow mind to carrying just that extra little bit of weight, I was really relieved I didn't have it and I wouldn't have wanted it because it's really heavy."

Poppy: *"I said to her, which I think was a really big thing for her: "just because I'm not your key worker it doesn't mean that you can't use me whenever you need me. I'm always here. We can always spend time together. If you need to talk, I'm always here."*

The difference that makes the difference

The intrinsic therapeutic might of the community

The unbearable insecurity of being in care

Chloe: *"...he's been told that he will be moving in the next couple of months so that's a really huge thing for him. That's on his mind. He was told that he might go back to his mum. That was massive. ...[ ]... So he was then really worried about that."*

Isobel: *"...Cody, he's actually in the process of leaving so he's going to find out today that he's leaving, I think, and then where he's going and what his future's going to hold for him but he's been finding it really... he knows that a social worker is coming today, so the last few weeks have been so intolerable for him – he's found it so difficult – and he's been running away and damaging things and hurting people..."*

Allie: *"...she is 13 in December and we only take them to 13. And, at the moment, she heavily, on her mind, has moving on. And I think it frightens the living daylights out of her. She's been asking when she's moving and we've assured her that at the moment there's no plans for her to go anywhere. ...[ ]... but she knows that it's not forever and I think she's so petrified and she's already said to me, when she moves, can she have my email, can we keep in touch, will I still see her, can she phone me."*

The power of the community and network

Maddie: *"You know, and he did everything that you'd never seen of him and that was an incredible thing to have. And it was really painful at the time and now it's something that I really treasure because it shows what we did with him and the point of this place."*

Libby: *"So the fact that she wanted to come back felt really important too. And she saw it as a safe place. And often the children that are placed with us, it's the longest placement they have had in their lives – even home. It's the place that they consider their home."*

Lara: *"And, I think, it got to a point where he was able then to realise that, actually, he knew that what he'd got from his mum wasn't going to be enough. He wasn't looked after, he didn't get what he needed. And it probably wasn't until the last year of his placement when I think that really sunk in and actually, I think it was quite a nice moment where he*

was able to realise that he was getting what he needed.”

Providing the framework/environment for our relationship to happen

Maddie: *“And yet in that moment, it was like being smacked round the face and thinking no we’ve given you a relationship. You know? And that’s huge. So, yeah, you still hurt people but you definitely know that I love you. [ ]…and thinking wow, what a privilege to give you that. That you know that I love you and you feel love – you love back.”*

Striving to make it feel like a family

Isobel: *“…in that moment, it wouldn’t have felt so much like she was in a children’s home because I didn’t have to go “oh, I’ll just go to the office and order that” because that’s not natural, you don’t have an office in a home. Or “I’ll just go double check that with somebody” because a parent wouldn’t go and double check with somebody else to buy their child a bag. So I think it probably made her feel a bit more – I don’t know – homely, or a bit more child-like because it was a very normal interaction. And it was just very unplanned and very authentic.”*

Nancy: *“I would say that it’s probably all informal because the idea is that we parent the children. So we talk about adults in the house rather than staff. And I think we try and - I mean it’s not completely, we have got institutionalised language, I think it just creeps in, but I think we are very aware of it.”*

Maddie: *“And, actually, to be treated as an individual is so important and I think in any institution to be interacted with in a way that makes you feel unique and individual is so important.”*

Your journey and transformation

Maddie: *“And it’s not a moment I’ll ever forget. It was so everything that Matthew wasn’t able to do – to be vulnerable, to be sad, to make an attachment – all came through in this most powerful emotional moment, right at the end of it.”*

Allie: *“I think it reminds you of where she’s come from, what she was like when she first moved to The Willows and where she is now. And her progress in placement has been phenomenal. She is a different child to the one that moved in. And it’s just knowing you’re a part of that actually makes you feel quite proud, really.”*

My pride at the difference we made

Nancy: *“I remember distinctly thinking "this is a really good piece of work that I have - with others – have done”. And you don’t have that, like, so discretely all the time but I genuinely felt like, I was like, this felt really good – just sitting outside his bedroom and thinking “oh, he’s now able to just go to bed”. So, almost like, it is finally enough.”*

Nancy: *“I feel like, still, really pleased with what we’ve achieved there and what he’s achieved.*

Like I felt really proud of him – I remember that – and, like, and that was a really nice feeling. That he's able to do that. That he is able to have those bedtimes, which is for him which is calm and nice and stuff, you know."

Libby: *"It's that feeling of something has definitely worked here. That's the satisfying thing. I think that something, hopefully, in her life is better for the relationship we had. And for her to want to come back as well."*

Sometimes it isn't enough / We don't always get it right

Isobel: *"But, yeah, I do think we over-complicate things sometimes because maybe sometimes we're trying to be too therapeutic or we're trying to think too much about what's going on and sometimes you just have to treat them like children because they are children. They still need whatever a child might need. Like if I had a child and they were on the floor and having a tantrum, I'd probably get onto the floor with them. Like, that's the kind of thing that I think would work."*

Maddie: *"...because I guess Matthew was really difficult the whole way through his placement and I think just times where you pull your hair out and you think we've done nothing with you. Behaviourally, your behaviour is as bad as it was when you came here. What have we done? You've been here two and half years, what have we done? Have we actually made you worse? And all the feelings that can... you know, when you so desperately want to help these children and they don't progress in the way that you would want them to. And it really challenges your feeling of being good enough and being adequate."*

Maddie: *"And with the kids it would be where they challenge my love and my belief in The Willows. So, where a kid doesn't progress. And they won't all progress because our model of working with some of these kids isn't necessarily a good match but I think anything where they really make you think what if we're just not really good at what we do. [ ]...where you really look back and think, what about if we're just getting it all wrong and we're not good enough."*

The challenges of the community and network

Chloe: *"Well, it's difficult in this community because there's so many people so you can assume that someone else is doing it... but, if they're not, and everyone is thinking that someone else is doing it... I think that the really difficult thing for the children and the adults that are here is the consistency... trying to communicate to twenty other people what's going on – that's the hard part."*

Isobel: *"...sometimes we do over think things, I think. Like, if you're making a decision about something, sometimes it has to go through a certain person or you're like, "oh I just need to go and ask so-and-so about this". So I think if you can... I think people need to be better at making a decision and just doing it themselves because we can't always go through every single other avenue that we can. And I know that I am able to spend £10 buying her a bag – that's fine – so just to do it...and it's very natural. Like, if children need things, you buy children things. You don't go and ask somebody else if you are*

allowed to buy them a bag. Like it's very natural that you see someone need something – especially a child who you're in a parental role to – "oh, you need that? I'll buy it." Not "oh you need that, I'll go and ask someone else for you" or like, "I'll go double check it with somebody else".

Lara: *"And I think maybe sometimes, um, I guess everyone ends up being a bit too serious because they're here and it's like these children are presenting with real difficulties but actually there can be a little bit of a lack of fun, a lack of a sense of humour and it can end up feeling a little bit too structured and a little bit too rigid."*

It's not consciously about outcomes / It's not motivated by the need for outcomes

Maddie: *"You know, if nothing else – and I guess it's that benefit of being a bit more experienced and seeing different journeys of children where it can get very behaviour-focused – we're here to make them behave better. And to some extent we are because we want to integrate them into some sort of family life, but actually, if I strip back to what I want the children to feel through any interaction I have with them, it is to feel loved."*

Organic therapeutic moments in the ebb and flow of the everyday

It's the little things that mean so much

Chloe: *"And from that moment, it really shocked me how that little tiny gesture made him, like, "right, OK, she's now a go-to person"."*

Nancy: *"So I think it's to do with a few things and you are taking their belongings really seriously as well – what's important to them. So I have like before, where there's a toy dog and I've put a little bowl of water on the table for them, or something. So, it's like, these things, what's nice is like sometimes when things are really stressful, that gets really lost, and it's a real shame because that's the nice stuff but I think that is what they get something from it."*

Maddie: *"Because it's just little things building their self-esteem and reducing their shame. You can do that in such small ways the whole time. Taking them for a trip out and coming back and saying I've had a great time with you."*

Libby: *"And these little tiny informal interactions are the building blocks of the therapeutic work. These silly things that we do – they are so small – but making sure they've got a sink of warm water run with their flannel, ready for them to come through. All of these things that are repeated every morning and they know that you are going to do them…"*

The therapeutic power of the seemingly insignificant informal everyday interactions

Isobel: *"Oh yeah, it's exhausting – we are tired but, overall, we adore them. And I do hope that shows in their futures because I think a lot of children who have left and then come back – because we host parties – always say like, "Oh, I remember the holiday when I was 10"*

or "do you remember that time when we did this?" And they are always quite little things. So I do think that although it might feel like we're not doing anything immediately, in 10 years, Grace might look back and go "oh, do you remember that time that she bought me that makeup bag" – I'm going to do that for my little girl. Or whatever it is. I really hope that it can go somewhere in the future."

Maddie: *"I think my most special moments are the everyday bits. Because I think sometimes people come here and they hear therapeutic and they imagine where you have these moments where you do the therapy. You know and actually for me I think the therapy is in the normal everyday interactions."*

Maddie: *"...you will achieve nothing therapeutically with them without a relationship. So the moments that you share – they are remembering memories but what they are remembering is how it felt to be in a relationship with you here and that's the therapy. You know, a kid could be brushing their teeth and say something about their past. It doesn't have to be that you are sitting down, in a space, you know, and right, this is therapy now. It's constant what you're doing."*

Libby: *"You're going to make sure they've cleaned the back teeth. You're going to make sure that they've looked after what they need to do and you're going to get them dressed. You're going to make sure that they've got a coat on when they go outside. These little informal things that happen throughout the day – there is so many of them – so I think that's the huge part."*

Lara: *"I felt like a lot of the conversations would happen really organically. If I ever tried to sit down… If I needed to talk to him about something or if I needed to sit down… I felt like the most therapeutic work happened in the most organic form, when you're just busy doing something, there's no pressure."*

The profound impact of modelling in the informal interactions

Isobel: *"And I was just like "oh that's so frustrating because she spent so long and we're always encouraging her to look after her stuff better and she's finally done it", so I thought "I just need to do it right now to show her that I've seen her do it and I'm proud of her and to follow it through". And it's also a good learning skill for her – if I look after my stuff, I'll get nicer stuff."*

Libby: *"I did show when I was upset or disappointed. I think when I showed to Alice that I was disappointed – she'd really hurt a member of staff – and when I showed her how upset I was, it really – again – with the relationship between us, it meant something to her. It wasn't always positive between us and that, I think, is part of the modelling isn't it? That it's real. And it's OK. We can survive it. And even though I show it, it's OK, I'm still here."*

The transformative effect of constant micro-affirmations of love and care

Isobel: *"...I was watching him and he was getting really worked up and he was putting his shoes on and he was packing a bag and he was going to go…[ ]… and he just walked out and he got to the gate and I just stood in front of him and just, like, held him and it wasn't, maybe, the smartest thing to do because that could have led to really extreme violence but I just stopped him from leaving and held him and said "you're fed up, let me do something". And he was able to physically relax and he was able to walk back in with me and make a plan and do something nice…"*

The importance of settlings

Nancy: *"And it's quite an important thing because it, sort of… I think that's what's meaningful… so, if they choose an adult or they don't choose an adult, that says a lot. And especially, so some children will always choose their key worker when they are there. Some children, like me, they just never chose me – and that was hard sometimes – but that was one of those things."*

Maddie: *"But to be the adult that gets to put a child to bed, give them a kiss on the forehead if your relationship allows – if you know them well enough and it feels right – to be the one that makes them feel safe enough to let them settle down to sleep and tuck them in and say "goodnight sweetheart, love you". That to me, that's the therapy."*

Poppy: *"That settling period is very motherly. Like, she is so cuddly and she will suck her thumb and she looks like a little toddler during that time… [ ]. In those ten minutes Daisy is the only thing that you're thinking about. Just having an adult putting her to bed and making sure she's safe."*

The therapy is everywhere – it's in everything we do, all of the time

Isobel: *"But I think it's really positive if you can sit and spend time with a child and they feel comfortable enough and relaxed enough with you that they are just able to talk about things. It's just really rewarding to be able to listen to them…"*

Maddie: *"The most frustrating question that I ever get asked in my job is "so where's the therapy?" And sometimes you can spend ages with a social worker and they are like "but where is the therapy?" And you just want to bang your head and go "my God, it's everywhere. It's in the way we look after the environment, it's in the way that the adults look after, it's the meetings that we have. It's the way we wake the kids up in the morning, it's the way we put them to bed. It's everywhere"."*

Appendix 3: Ethics

3.1 Ethics approval letter

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3.2 Ethics approval form

This has been removed from the electronic copy

3.3 Information sheet for participants

Canterbury
Christ Church
University

Salomons Institute for Applied Psychology
One Meadow Road, Tunbridge Wells, Kent TN1 2YG

www.canterbury.ac.uk/appliedpsychology

Information about the research

Where's the therapy? How do Therapeutic Care Workers make sense of their informal interactions with the child in the child's life space within a therapeutic community setting?

Hello. My name is Jen Finlay and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve for you.

Talk to others about the study if you wish.
(Part 1 tells you the purpose of this study and what will happen to you if you take part.
Part 2 gives you more detailed information about the conduct of the study).

What is the purpose of the study?
The research aims to develop an understanding of how Therapeutic Care Workers (TCWs) make sense of their informal interactions with the child in the child's life space.
It aims to explore the extent to which TCWs think of these interactions as therapeutic for the child, to gain an understanding of TCWs' experiences of these informal therapeutic interactions and to explore their interpretation of the child's experience of these interactions and the meaning the child assigns to them.

Research on the keyworker/child relationship across various settings, and on the experiences of children and young people of living in a therapeutic community, has highlighted that the young service users ascribe great value to their interactions with their primary carer, outside of formal therapy, in the informality of their life space – the ebb and flow of their everyday lives. As yet, there are no known studies exploring the sense that the primary carers in a therapeutic community make of these interactions with the child and the extent to which they think of them as a contributing factor in the child's therapeutic healing and development.

Why have I been invited?
You have been invited to participate in this study because you are a TCW who works in one of the ▆▆▆▆▆▆▆▆▆ therapeutic communities for the younger age group of children. You have been with ▆▆▆▆▆▆▆▆ for at least six months and you currently have, or have in the past, had a close relationship with one of the children you support.

██████████████ HR department has informed me that 28 TCWs across the ████████ and ████████ communities meet these inclusion criteria. Having already conducted interviews at ████████ it would be ideal to interview a further four to six TCWs from ████████.

Do I have to take part?

It is up to you to decide whether to join the study. You are in no way obliged to take part and should not feel coerced to do so. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason.

What will happen to me if I take part?

If you choose to take part, due to the current situation with Covid-19, I will conduct a one-to-one interview with you by Zoom. The interview is likely to take place whilst you are working and I will contact you directly to arrange a time that works for you and your work commitments. You will only need to meet with me once and the interview is expected to last around 1 – 1.25 hours. The interview will be audio-recorded on a digital recording device. The only people who will have access to the recordings are my supervisor at Salomons, Dr. Alex Hassett and I.

Before we start the interview, I will ask you the demographic questions detailed in the following table:

Age	Gender
Nationality	Marital status
Geographic location	Length of time working in the community
Role within the therapeutic community	Whether a keyworker to a child in the community
Length of time keyworking a child, if applicable	Number of previous keyworker relationships in the therapeutic community
Highest level of education attained	Whether ████ qualification attained or being worked towards

What will I be asked to do?

You will be asked to talk about your interactions with the child with whom you have a close relationship (this may or may not be your key child) with a particular focus on your informal interactions with the child in the child's life space. You will be asked a few questions through the course of the interview.

What are the possible benefits of taking part?

The possible benefits of taking part in the research are an opportunity to have your experience heard and included in the research, as well as to represent other people who work with children in similar environments. It is hoped that the research will enable those who support looked after children - organisations such as ████████████, those who support the children and young people in these environments, and social workers – to develop a greater understanding of what the informal interaction between the worker and the child might contribute to the child's therapeutic healing and development.

What are the possible disadvantages and risks of taking part?
It is fully acknowledged that talking about your experiences may be difficult as it involves an examination of all aspects of your relationship with the child, what it means for you and what you interpret it means for the child. You will not have to answer any questions that you do not want to. You can also stop the interview at any time and you will be given information about sources of support after the interview.

What if there is a problem?
Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

Will information from or about me from taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. There are some rare situations in which information would have to be shared with others. The details are included in Part 2.

This completes part 1.
If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

Part 2 of the information sheet

What will happen if I don't want to carry on with the study?
If you withdraw from the study, we would like to use the data collected up to your withdrawal.

It will not be possible for your data to be extracted or destroyed if you have participated in a focus group.

What if there is a problem?

Concerns and Complaints
If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me, Jen Finlay, and I will get back to you as soon as possible.

If you remain dissatisfied and wish to complain formally, you can do this by contacting:

Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology fergal.jones@canterbury.ac.uk

Will information from or about me from taking part in the study be kept confidential?
All information collected about you throughout the course of the research will be kept strictly confidential. Your name and any identifying information will be kept securely and separately from your audio-recording and the subsequent data analysis.

The data collected will be stored electronically in a password-protected environment. Consent forms will be stored in a securely locked environment. Audio recordings will be destroyed on completion of the study. Personal information and consent forms will be retained for five years post completion of the study.

The only person who will have access to view the data that includes participants' identities will be the researcher.

Interview transcripts will be coded and fully anonymised. Any identifiable details regarding the participant including the identity of the therapeutic community in which they work, will be removed before the transcript is seen by anyone else in the research team. Any verbatim extracts of interview transcripts in the research report or any publications will be fully anonymised, and carefully selected to ensure other people cannot identify you. Fully anonymised transcripts will be kept for up to 10 years after completion of the study to support any further analysis for publication, after which they will be disposed of securely.

The only time when I would be obliged to pass on information from you to a third party would be if, as a result of something you told me, I were to become concerned about your safety or the safety of someone else. If this were the case, the information would be passed on to the Community Director or the Institute Director.

Participants have the right to check the accuracy of data held about them and correct any errors.

What will happen to the results of the research study?
The results of this research will be written up in a final paper which will be disseminated to you through ███████████████.

The results from this study may also be published.

No participant will be identified in any report or publication. In the write up, the quotes used from participant interviews and focus group discussions will be fully anonymised and care will be taken to ensure that any identifiers such as gender or location of community are removed.

Who is sponsoring and funding the research?
Salomons Institute, CCCU.

Who has reviewed the study?
This study has been reviewed and given favourable opinion by the ████████████████ ███████ Ethics Committee.

Information sheet date: 20/07/2020
Information sheet version: 3
CCCU protocol number:

If you would like to participate in this study, you will be asked to sign a consent form prior to your participation. You will be given a copy of this information sheet and a signed consent form to keep for your records.

Further information and contact details

Principal Investigator:

Jen Finlay (j.m.finlay525@canterbury.ac.uk)

If you would like any further information about this research:

1. General information about research:
   If you would like to find out some general information about research, I can provide you with documents and/or websites you can visit. Please feel free to leave a message for me on a 24-hour voicemail phone line at 01227 927070. Please say that the message is for me, Jen Finlay, and leave a contact number so that I can get back to you.

2. Specific information about this research project:
   If you would like to speak to me to find out more about the study or have questions about it answered, you can again leave a message for me on a 24-hour voicemail phone line at 01227 927070. Please say that the message is for me, Jen Finlay, and leave a contact number so that I can get back to you.

3. Advice as to whether you should participate:
   For advice as to whether you should participate in this study, the most appropriate person for you to contact is your supervisor and/or the Community Director.

4. Who to approach if you are dissatisfied with the study and would like to complain:
   If you have any questions or concerns about how the study has been conducted, please contact:

   The study's Principal Supervisor:

   Professor Alex Hassett
   Principle Lecturer and Senior Consultant
   Salomons Centre for Applied Psychology
   Canterbury Christ Church University
   1 Meadow Road
   Tunbridge Wells
   TN1 2YG
   alex.hassett@canterbury.ac.uk

   or

   The study's External Supervisor:

   █████████████████████
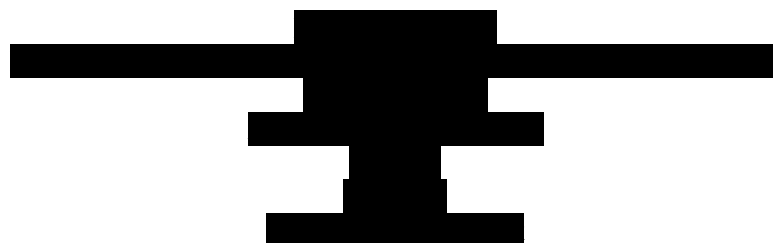
   or

   The Clinical Psychology Programme Research Director:

   Dr Fergal Jones
   Clinical Psychology Programme Research Director

Salomons Institute for Applied Psychology
Canterbury Christ Church University
1 Meadow Road
Tunbridge Wells
TN1 2YG
fergal.jones@canterbury.ac.uk

3.4 Consent form

Canterbury
Christ Church
University

Salomons Institute for Applied Psychology
One Meadow Road, Tunbridge Wells, Kent TN1 2YG

Ethics approval number: Approved
Version number: 1
Participant Identification number for this study:

CONSENT FORM

Title of Project: **How do Therapeutic Care Workers make sense of their informal interactions with the child within a therapeutic community?**
Name of Researcher: **Jen Finlay**

Please initial box

1. I confirm that I have read and understand the information sheet dated.................... (version............) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

3. I understand that data collected during the study may be looked at by the lead supervisor Dr Alex Hassett. I give permission for this individual to have access to my data.

4. I understand that data collected during the study may be looked at by the second supervisor Barbara O'Reilly. I give permission for this individual to have access to my data.

5. I understand that information I divulge in an interview or focus group may be passed on to the Community Director or the ███████ Director if it is felt by the researcher to be harmful or concerning

6. I agree to the use of audio/video-recording by the researcher

7. I agree that anonymous verbatim quotes from my interview and other anonymous data may be used in published reports of the study findings

8. I agree for my anonymous data to be used in further research studies

<div style="border:1px solid; width:40px; height:50px; display:inline-block;"></div>

9. I agree to take part in the above study.

<div style="border:1px solid; width:40px; height:50px; display:inline-block;"></div>

Name of Participant_____ Date_____

Signature _____

Name of Person taking consent _____ Date_____

Signature _____

3.5 Debrief report

Where's the therapy? How do Therapeutic Care workers make sense of their informal interactions with the child in the child's life space within a therapeutic community setting?"

Study Debrief

Thank you very much for participating in this study.

This report explains the purpose of the study and signposts where you might be able to find out more information about the different psychotherapies presented.

What was the purpose of the study?

This study aimed to explore how Therapeutic Care Workers (TCWs) make sense of their informal interactions with the child in the child's 'life space' (Steckley & Smith, 2011), and their perceptions of the meaning the child assigns to them.

How did the study investigate this?

This qualitative study reports data from in-depth interviews with eight female TCWs (mean age 32 years, SD = 6.7) currently working in one of two therapeutic communities, which were analysed qualitatively using Interpretative Phenomenological Analysis.

What did we find?

Four superordinate themes are reported: Getting into the child's mind; Evincing the child they are in my mind; What we have together; and The difference that makes the difference. The findings highlight the TCWs' belief that the special relationship they have with the child, and the genuine love and caring they feel for the child, means that 'therapy' is inherent within every interaction they have with the child in the ebb and flow of their everyday lives.

What does this tell us?

Overall, the findings suggested a synergy between relevant theory, the empirical literature and TCW's perceptions of their informal interactions with the child in the community

environment. Nuances that distinguish the findings from the extant literature were identified. Further research is warranted to extend the evidence-base.

If I have any further questions, who can I contact?

Please email the primary researcher of the study, Jen Finlay: j.m.finlay525@canterbury.ac.uk with any further questions. Thank you again for your kind participation in this study.