

**The Experience of Staff Working in a Trauma-Informed Framework of Practice with  
Unaccompanied Asylum-Seeking Young People Leaving Care**

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## **Lay Summary**

### **Background**

Whilst young people leaving care have many strengths having survived difficult childhood experiences, those experiences can, however, often lead to more negative outcomes compared to young people who have not been in care (e.g., worse educational, mental health, physical health outcomes). This is particularly for unaccompanied asylum-seeking young people, who are under the age of eighteen years old seeking asylum in the UK who have been separated from their parents or carers. These young people have difficult experiences in their home country, on their journey over to the UK, and upon arrival in the UK, leading to their unique needs. Research has shown services supporting young people transitioning out of care need to be trauma-informed, that is more understanding and compassionate towards young people and staff, to better meet their needs. Such research, although limited, has mainly focused on young people's experiences of leaving care, yet to provide the best care possible it is important to also hear the experience of staff.

### **Empirical Study**

This study aimed to explore the experience of staff working in a trauma-informed framework of practice with unaccompanied asylum-seeking young people who are leaving care. Participants were recruited from the National House Project (NHP), a charity that has developed Local House Projects (LHPs) around the UK to support young people aged sixteen and over who are leaving care. Participants had to currently work with the NHP and have experience of working with unaccompanied asylum-seeking young people who are leaving care. This qualitative study involved interviewing ten staff members from varying roles to explore their experiences of working with these young people.

Interviews were analysed using reflexive thematic analysis to identify patterns of meaning across the data. One overarching theme, three themes and eight subthemes were developed. The three themes were ‘understanding trauma’, ‘trauma can be hidden’, and ‘towards establishing secure attachments’, all within the overarching theme of ‘uncertainty’.

Findings show that staff had a good understanding of young people’s trauma and recognised their unique needs. Staff recommendations to enhance practice with these young people included better sharing of practices between staff, aiming to better understand cultural differences, and services working together more. The study indicates that leaving care services can benefit from implementing trauma-informed practice when working with these young people. Having trauma-informed leadership that is relational is important to its success. Young people’s involvement in the development of trauma-informed and relational practice and training is important. Future research should explore the experiences of staff and young people in services implementing such practice, with the development of monitoring and evaluation tools needed.

## **Systematic Review**

The systematic review aimed to understand the experience of staff working with young people leaving care across four settings: social care, mental health, education, and criminal justice settings. Previous reviews mainly focused on young people’s views and outcomes. Two previous reviews had explored staff experiences yet the majority of included studies were mixed samples of staff and young people’s experiences.

Three electronic databases were searched for qualitative studies exploring staff experiences of working with young people currently transitioning or preparing to transition out of care across the four settings. Fourteen studies met the criteria for inclusion in the review. These studies were analysed and found that staff showed ‘recognition of young



people's needs' including their *mental health needs* and *relational needs*. However 'system complexities' made it difficult for staff to meet young people's needs and these complexities included *reactive services*, *lack of continuity*, and *insufficient resources and training*. This resulted in a 'negative impact on staff' with them working in *overwhelmed teams*, developing *a sense of helplessness* which could result in *poor staff retention*.

Findings indicated that staff were working in traumatised systems which may lead to negative outcomes for young people and staff. Such services require the implementation of trauma-informed practice. Funding should go towards trauma-informed leadership to help transform the whole service. Future research should explore the experience of staff working with young people transitioning out of care, potentially implementing this recommendation. Such implementations of new practice or services should be observed over time to monitor progress and identify any barriers.

### **Integration, Impact, and Dissemination**

The empirical study and systematic review were closely connected in their shared focus on the experience of staff supporting young people leaving care. Overall, the findings indicated that staff in the empirical study had very different experiences compared to those in the systematic review. The individual and organisational impact of the findings were considered. Reflections were made on the research processes and how the researcher's background and experiences may have influenced these. It is recommended that services supporting young people leaving care should implement trauma-informed practice, particularly trauma-informed leadership. Within this the empirical study highlighted the additional considerations needed to best support young people from minoritised groups. Future research should focus on exploring the experiences of staff and young people leaving care across settings, and potentially within services implementing such practice. To ensure

that the research findings can reach as many people as possible, they will be shared with participants, the NHP, and aim to be published in journals.

## **Chapter 1:**

### **The Experience of Staff Working in a Trauma-Informed Framework of Practice with Unaccompanied Asylum-Seeking Young People Leaving Care**

## Abstract

In the UK the number of unaccompanied asylum-seeking young people in care is at its highest. These young people experience unique trauma resulting in complex needs, with trauma-informed practice best placed to meet them. This is particularly required when leaving care and making the already difficult transition to adulthood. However, little research exists exploring the use of trauma-informed practice with unaccompanied asylum-seeking young people. It is important to hear staff perspectives to ensure they are best meeting these young people's needs and are being contained themselves. The present study explored staff experience of working in a trauma-informed framework of practice with these young people who are leaving care.

Semi-structured interviews were conducted with ten staff members at the National House Project (NHP), a charity supporting young people leaving care. Interviews were analysed using reflexive thematic analysis which developed an overarching theme, three themes and eight subthemes. Themes included 'understanding trauma', 'trauma can be hidden', and 'towards establishing secure attachments', situated within the overarching theme of 'uncertainty'. Staff showed good understanding of these young people's *unique trauma* including *differing trauma triggers* and were *curious about coping responses*. Yet it was identified that trauma, if present, may be hidden by there being *thin stories* and *language and cultural differences*. Staff recommendations to enhance trauma-informed practice included *creative connection* between staff, striving towards *cultural competency*, and a *whole service approach*.

The study implies services supporting unaccompanied young people can benefit from implementing trauma-informed practice. Research highlights how having trauma-informed leadership increases its success. Young people's involvement in the development of trauma-informed practice and training is essential. Future research should explore staff and young

people's experiences of implementing such practice, with the development of monitoring and evaluation tools needed.

## **Introduction**

### **Background**

Unaccompanied asylum-seeking young people (referred to as young people throughout) are young people under the age of eighteen years old seeking asylum in the UK who are separated from their parents or carers (Sanchez-Clemente et al., 2023). The number of these young people in care in the UK is at its highest, with them making up 21% of the care population (DfE, 2023). These young people also make up 27% of eighteen year olds in the leaving care population (DfE, 2021). Being children in need, the local authority has a duty of care to provide the young people with the same level of care as any other looked after child (Children Act, 1989). This includes support to assist their transition to adulthood (Children (Leaving Care) Act, 2000), although such support can be more complicated depending on whether they have been granted their right to remain status.

### **Trauma Presentations in Unaccompanied Young People**

The young people have often experienced significant trauma, which has been conceptualised in three separate stages: in their country of origin, on their journey to the UK, and upon arrival in the UK (Sanchez-Clemente et al., 2023). The young people have fled their home country due to fear of death and persecution, forced military recruitment, war and natural disaster, with many experiencing some form of violence including sexual violence (Thomas et al., 2004). The young people then face difficult journey's over to the UK often with prolonged periods of time without food or water, forced labour, sexual exploitation, and physical abuse (Portnoy & Ward, 2020). Upon arrival in the UK the young people must adapt to a new cultural environment including learning a new language, facing discrimination and

abuse, alongside dealing with the ongoing uncertainty with asylum claims. It has been found that these post-migration factors are determinants of negative mental health outcomes (Bamford et al., 2021).

Having experienced such trauma, the young people have a high prevalence of mental health difficulties (Müller et al., 2019). These young people experience cumulative trauma indicating high and continuous trauma, found within young people from differing backgrounds and at different time points of their migration journeys (Pfeiffer et al., 2022). Trauma symptoms and post-traumatic stress disorder (PTSD) is more prevalent in these young people compared to others in care, including accompanied young people (Bamford et al., 2021) and those who are met by family on arrival in the UK (Van der Veer & Van Waning, 2004). This highlights the extra level of distress these young people experience having been alone throughout this journey. It is further thought that these young people may express trauma in different ways compared to other young people in care, displaying more re-experiencing and somatic symptoms including experiencing upsetting thoughts, bad dreams, headaches, stomach aches, and body pains (Kvestad et al., 2023).

Despite such trauma symptoms, research has found that the young people often display high levels of resilience and may have differing resilience factors compared to others in care (Rodriguez & Dobler, 2021). This is mainly due to the differing nature of their trauma as they have often developed secure attachments in childhood, compared to others in care who have often experienced developmental trauma from a caregiver (Rodriguez & Dobler, 2021). Further, there are factors found to promote resilience amongst such young people including connection with family and their country of origin, positive relationships in the UK, integration of their old and new culture and living in supported but less restrictive settings (Carlson et al., 2012; Mitra & Hodes, 2019).

## **Staff Experiences of Supporting Unaccompanied Young People**

Staff across multiple settings including social work, education, health, and voluntary sectors, have identified positive aspects of working with unaccompanied young people including their politeness, commitment and dedication, particularly to educational and career achievements (Hopkins & Hill, 2010). Staff also identified aspects which are unique to the young people compared to others in care. This included staff acknowledging the role of politics in this area of work, voicing the struggle of navigating their own roles within the constraints of the wider political system within which their practice operates, made more complex by immigration legislation constantly changing (Devenney, 2020). This can leave staff feeling frustrated and helpless, often experiencing an internal moral conflict between their own values in relation to the best interests of the young person and attempting to adhere to such legislation (Cemlyn & Nye, 2012; Dunkerley, 2005).

Driven by the constant changes in the wider political system, research has found that staff reported how working with these young people brings uncertainty to the forefront of their practice (Larkin, 2015). This includes uncertainty around assessments of these young people due to limited information available about their life before entering the UK, with pathway planning for the future challenging due to the uncertainty of them likely not having indefinite right to remain in the UK (Wade, 2011).

Staff also identified that these young people require additional support such as adapting to their cultural needs including overcoming potential language barriers, navigating legal processes and managing unique trauma presentations often with limited support networks (Sidery, 2019). Generally staff working across settings with the young people identified a need for training enabling them to better provide such additional support (Chase et al., 2008; Vostanis et al., 2024; Ward, 2022). It was also highlighted how day-to-day provision of support for these young people often falls to agencies in the voluntary sector

who receive limited feedback or space to process this emotive work (Basic & Matsuda, 2020).

The additional needs and considerations identified by staff are in line with the struggles unaccompanied young people have described. These included having a lack of information and understanding about available services particularly mental health services, misidentification with the legal process, and a lack of engagement with support due to stigma and cultural differences (Demazure et al., 2022).

### **Staff Experiences of Trauma-Informed Practice with Young People**

Trauma-informed practice is an organisational framework which encourages the understanding and responding to the impact of trauma on patients, staff and anyone involved with the system, underpinned by values such as choice, empowerment, safety, mutuality, and trust (Oral et al., 2020). Trauma-informed practice includes workforce development (e.g., training staff on trauma and the provision of regular spaces for reflection and addressing potential trauma); trauma-focused services (e.g., using trauma screening measures and evidence-based trauma-focused interventions); and organisational interventions (e.g., trauma-informed leadership and integrating trauma-informed principles into policy) (Hanson & Lang, 2016). However, despite many services across health and social care settings striving to transform to achieve such practice, it is widely recognised that trauma-informed practice has multiple definitions with no clear consensus on what it actually means (Fernández et al., 2023; Hanson & Lang, 2016). Due to this, despite recognising the need for trauma-informed practice with young people, this remains inconsistently interpreted and implemented within practice (Bendall et al., 2021; Hickie, 2020).

It has been found that a trauma-informed approach is most effective when trauma-informed leadership is present (Menschner & Maul, 2016). Leaders should be aware of how



trauma can impact anyone in the service with such knowledge being integrated into service delivery, ensuring practitioners are safe and supported to prevent burnout (Perry & Jackson, 2018). When implementing trauma-informed practice in schools, staff reported that having trauma-informed leadership was a prominent driver of change as it created a shared understanding and staff 'buy-in' (Avery et al., 2022). Moreover, staff reported that having leaders who support them in processing the impact of constant exposure to details of childhood trauma, encouraged a trauma-informed organisational culture (Galvin et al., 2022).

Considering young people in care specifically, one study explored staff experience of implementing a type of trauma-informed model, The Sanctuary Model, in an Australian residential care setting (Galvin et al., 2022). Staff identified helpful factors including reflective spaces and supervision, and a written framework for guidance. Identified barriers to implementing the trauma-informed model included a lack of resources, training that did not incorporate real-world examples making application in practice more difficult, and implementation being too informal.

A further study in an Australian residential care setting found residential care workers applied some elements of trauma-informed practice including self-awareness, providing a safe environment and empowering young people to have choice (Vamvakos & Berger, 2024). However staff felt they lacked the training to support positive behaviour changes within young people and also failed to identify their own trauma-informed actions in practice even when they aligned with trauma-informed principles. Yet both these studies did not focus on implementing this model when supporting unaccompanied young people or care leavers, and solely focused on the experience of residential care workers.

In more recent years it has been recognised that using a relational, trauma-informed approach when working with unaccompanied young people is required to better meet their

unique needs (Larkin, 2015). This approach helps to create a safe environment, helping unaccompanied young people to build trusting relationships, facilitate choice, a sense of belonging, and ensure that staff also feel contained (Hoare, 2022). However, there is limited research exploring the implementation of trauma-informed leadership and practice in services working with unaccompanied young people. Some services working with these young people have implemented different trauma-informed approaches, yet do not implement trauma-informed practice at an organisational level. This includes culturally adapted therapy groups for young people (King & Said, 2019), delivering trauma-informed psychoeducation informed by the young people to social workers (Hoare, 2022) and developing an integrated pathway of physical, sexual, and mental health services for the young people (Armitage et al., 2022). This research also mainly focused on the successful outcomes of such interventions for the young people, whilst staff experiences of implementing these interventions are not discussed.

There is one study in America where multiple states received funding to develop a trauma-informed approach to the delivery of care for unaccompanied young people at an organisational level (Borbon et al., 2023). This included promoting the use of trauma-focused evidenced-based interventions, providing trauma-awareness training for staff, creating trauma-informed systems within the community and improving accessibility of resources via translation. Grantees within these states reported using trauma-informed leadership for the delivery of care, improved outcomes for the young people. Whilst the transition of these young people leaving care was not a focus, the study made a key recommendation to approach this transition through a trauma-informed cultural lens ensuring the availability of robust aftercare services. Hence, this highlights a gap in the literature of exploring staff experiences working with unaccompanied young people who are also leaving care.

## **Rationale and Aim of Present Study**

The literature review highlighted how trauma-informed care is essential when working with unaccompanied young people, particularly when leaving care and making the already challenging transition to adulthood (Borbon et al., 2023). An identified gap in the research literature is exploring staff perspectives on implementing trauma-informed approaches in practice (Hickle, 2020), specifically when working with unaccompanied young people who are leaving care. It is essential to hear and understand staff experiences to ensure they are best meeting these young people's needs and to ensure their own wellbeing is considered.

The National House Project (NHP), the research site for this current study, is a charity working with young people aged sixteen and over who are leaving care. It has developed Local House Projects (LHPs) in different locations around the UK which operate at a local authority level to support young people. Young people can obtain a housing tenancy when part of the NHP, yet its mission is much broader aiming to build a sense of belonging and community for young people. The NHP has developed its ORCHIDS framework jointly with young people and staff, intended to provide structure to everyday interactions at the LHPs. ORCHIDS is an acronym which stands for Ownership, Responsibility, Community, Home, Interdependence, Direction and Sense of Wellbeing, and is underpinned by trauma-informed principles. The NHP receives psychological support from independent psychologists who offer training in attachment and trauma, collaboratively develop psychological team formulations for every young person who joins a LHP, and offer psychological consultation to staff providing a space for reflection and support.

A recent review of the NHP concluded that it was working in a trauma-informed way (Harvey et al., 2022). It found through observations and interviews that young people had developed a sense of belonging and a sense of feeling competent and autonomous, as well as

evidence of trauma-informed leadership. The NHP reported supporting increasing numbers of unaccompanied young people who have experienced unique trauma and may require additional support. It is recognised and recommended that implementing an effective trauma-informed approach for these young people will require additional adaptations to meet their unique needs compared to other individuals (Lusmen & Kreppner, 2024).

The study aims to address the gap in the literature by exploring the experience of staff working in a trauma-informed framework of practice with unaccompanied asylum-seeking young people who are leaving care. As discussed above the NHP implements a trauma-informed framework and includes unaccompanied asylum-seeking young people as part of the community.

The study will address the following research question: What is the experience of staff working in a trauma-informed framework of practice with unaccompanied asylum-seeking young people who are leaving care?

## **Method**

### **Design**

This study used a qualitative design conducting semi-structured interviews and applied reflexive thematic analysis (TA) (Braun & Clarke, 2006). This helped gain a rich, in-depth understanding of participants' experiences to address the research question.

### **Ethics**

Ethical approval for the project was obtained from Royal Holloway, University of London Ethics Committee, REC Project ID: 3821, on the 26<sup>th</sup> of September 2023 (Appendix A). Key ethical issues were highlighted in the participant information sheet (Appendix B) and consent form (Appendix C). The project further adhered to the BPS Code of Human Research Ethics (Oates et al., 2021). Ethical approval was not required from the NHS Health Research

Authority as recruitment was within a local authority setting. The CEO of the NHP provided a letter of approval for the research project (Appendix D).

## **Participants**

### ***Eligibility***

Inclusion criteria required participants to be currently working at the NHP regardless of their job role. Participants had to either currently be or had previously worked with unaccompanied asylum-seeking young people at the NHP. This included direct work, for example individual or group support, and indirect work, for example providing supervision for staff working with such young people or developing policies. There was no limit on the amount of experience participants had working with such young people.

### ***Recruitment***

Information about the study was discussed with both the CEO and the Director of the NHP. At the time of recruitment there were three LHPs working with unaccompanied asylum-seeking young people. The CEO and Director identified two of these LHPs to be suitable for recruitment, alongside the NHP leadership team. The CEO and Director alongside the project manager at each of the chosen LHPs identified potential participants (all of the staff working at the LHP) and provided the researcher with their contact details. The researcher emailed an invitation to participate in the study attaching the participant information sheet. Recruitment took place between November 2023 and January 2024.

### ***Sample***

Data saturation in reflexive TA has been commonly used, however, recently within qualitative research this concept has been criticised (Low, 2019; Malterud et al., 2016). The recommended sample size to achieve data saturation in qualitative research varies from 6-16 participants, hence it has been suggested that information power may be more useful (Braun

& Clarke, 2019). This encourages the researcher to reflect on data richness and its relevance to the research question rather than focusing on sample size (Braun & Clarke, 2022). A total of fifteen participants were identified and invited to take part in the study. Four did not respond and one consented to take part but did not proceed with the interview for an unknown reason. A total of ten participants were recruited for the study. Due to the limited sample of staff members across the NHP, participants' demographic data and job titles are not disclosed to ensure anonymity. In addition, pseudonyms were used for participants' quotes taken from the interviews reported in the results section.

## **Materials**

The study used a semi-structured interview schedule consisting of open-ended questions with follow up prompts. This enabled the exploration of participants' experiences working with unaccompanied asylum-seeking young people within the NHP's trauma-informed framework (See Appendix E for the full interview schedule). Existing literature informed the development of the interview schedule alongside discussions with the research supervisor. The researcher met with an expert by experience, an unaccompanied asylum-seeking young person currently part of the House Project community. They provided feedback on the topics included in the interview schedule, which was amended accordingly, with a key change being a more in-depth exploration of how staff work with cultural differences. Consultation with an expert by experience who was an unaccompanied asylum-seeking young person was used rather than piloting the interview with a staff member as it was important to the researcher that the voice of this group of young people was heard within the research. This also maximised interview participants as there are a limited number of staff working across the LHPs with these young people.

## **Procedure**

Participants who responded and expressed interest in taking part in the study were given the opportunity to ask any questions before signing the consent form. Prior to the interview taking place, participants were emailed the consent form which they read and signed online before sending back to the researcher. This included providing consent for the interview to be audio-recorded. Participants were also asked to complete a demographic form at the start of the interview (Appendix F).

Interviews took place between November 2023 and January 2024 online via Microsoft Teams. Interviews were not video recorded on Microsoft Teams but the transcription function was used and the interview was audio-recorded using a separate password protected audio-recording device. No interviews were terminated and no participants withdrew their data from the study. Interviews ranged from thirty-eight minutes to 1 hour 2 minutes with an overall average of fifty-one minutes. Each participant was then given a randomly allocated number and all data was saved using this number. Participant data was stored separately in password protected folders to ensure confidentiality and anonymity. At the end of the interview participants were asked if they would like to receive the debrief form which reiterated key points linked to data storage and withdrawal, alongside information for additional support if required following the interview (Appendix G). Participants were emailed to ask if they would like to view their quotes that were included in the study's write up, seven participants accepted this offer.

## **Data Analysis**

All ten interviews were transcribed and transcriptions were stored in an encrypted folder on a password protected laptop that only the researcher had access to. Data was stored

in accordance with Royal Holloway, University of London Ethics Committee's data management guidance.

Reflexive TA was used in the study to gain a rich, in-depth understanding of participants' views and experiences of working with unaccompanied asylum-seeking young people within the NHP's trauma-informed framework (Braun & Clarke, 2022). Reflexive TA offered the possibility of an inductively-orientated experiential analysis, meaning coding and theme development were driven by participants' experiences, there was no attempt to fit the data into an existing theory (Braun & Clarke, 2022). This was preferred to other qualitative methods which use more predetermined theories and frameworks.

The theoretical flexibility of reflexive TA meant it gave a voice to staff experiences of working with a marginalised group of young people, whilst locating these experiences within wider social discourses (Braun & Clarke, 2006). Further lending to reflexive TA's flexibility, the inductive analysis captured semantic and latent meanings of the data, offering both descriptions and interpretations of the data whilst drawing on patterns of meaning across participant interviews. Within the differing methods of TA, reflexive TA was used as it emphasises the importance of the researcher's subjectivity, viewing it as an essential and valuable component to research through active engagement with reflexivity throughout the research process (Braun & Clarke, 2022).

Reflexive TA follows six stages: familiarisation, data coding, initial theme generation, developing and reviewing themes, refining, defining and naming themes, and writing up (Braun & Clarke, 2022). This was not a linear process and involved repetition between phases.

*Data familiarisation* involved being fully immersed in the data by rereading the transcripts alongside listening to the audio recordings of each interview. Any initial thoughts



were noted related to each transcript and about the dataset as a whole. *Data coding* involved working systematically through the transcripts to identify data that is relevant and apply code labels (Appendix H). Coding of the whole dataset was carried out more than once on physical copies of the dataset to ensure nothing was overlooked. As this process progressed there was a shift from an initial semantic to a more latent level of coding.

Codes were then organised into *initial themes* which involved clustering similar codes together (Appendix I). This process was also carried out in person with the researcher's supervisor to bring about new perspectives. Re-engagement with all codes and the entire dataset helped with *developing and reviewing themes*. Discussions with the researcher's supervisor confirming definitions of themes and subthemes to ensure they told a narrative representative of the whole dataset helped with *theme refining, defining and naming*.

Participant member checking was carried out to ensure data validity whereby all participants were invited to review initial themes and a thematic map. Three participants completed member checking, they all felt that the themes effectively summarised their experiences. Based on this feedback no modifications were made to the themes. *Writing up* involved presenting the themes in a meaningful way with relevant data extracts being shared.

## **Quality**

Elliot et al's (1999) seven-step quality framework was used to ensure the highest standards of qualitative research were met throughout the study. This framework felt the most relevant for reflexive TA due to its emphasis on the importance of reflexivity in research.

Below are the framework's seven steps and how they were adhered to:

1. Owing one's perspective – the researcher initially specified their theoretical stance.

The researcher kept a reflexive journal and had regular discussions with the research

supervisor. This outlined the researcher's personal perspectives and increased awareness of their own assumptions.

2. Situating the sample – participants' demographic information was collected to help the researcher situate the sample.
3. Grounding in examples – quotes from interviews are used in the results section to help demonstrate theme development. This enables the appraisal of the fit between the data and the researcher's understanding of themes.
4. Providing credibility checks – initial codes and themes were shared with the research supervisor who has extensive experience in this field. Participant member checking was also conducted and included sharing initial themes with participants and obtaining their feedback to increase data validity. This helped ensure the raw data supported the themes and subthemes.
5. Coherence – the themes and subthemes and relationships between them are described in detail throughout the results section. To aid understanding a thematic map visually showing this is provided.
6. Accomplishing general versus specific research tasks – participants were recruited from different LHPs and in differing job roles within the LHPs in an attempt to enhance the generalisability of findings. However, it should be noted that participants are recruited from a specific organisation which limits the generalisability of findings due to the specific framework implemented within the LHPs.
7. Resonating with readers – a lay summary of the study's findings is written in an accessible way to ensure readers can understand the findings and potential implications for clinical policy and practice.

Additionally, to ensure optimal standards of reflexive TA were maintained throughout the study, Braun and Clarke's (2021) guidelines were also adhered to. This guidance outlines

twenty questions linked to ensuring adequate choice and rationale for using reflexive TA and that a well-developed and justified analysis has been conducted.

## **Reflexivity**

Within reflexive TA, this study took an epistemological position of critical realism whereby human experiences are socially located, leading to the study's findings being interpretations of participants' experiences of working with unaccompanied asylum-seeking young people rather than objective, decontextualised truths (Braun & Clarke, 2022; Pilgrim 2014). The researcher viewed their subjectivity as a valuable component to the research process, however acknowledged that a level of interrogation is required to ensure subjectivity is meaningful (Braun & Clarke, 2022). The researcher remained aware of their position in relation to the social graces (Burnham, 2012), particularly their cultural background and political stance, and how this may impact their interpretation of participants' experiences of working with unaccompanied asylum-seeking young people.

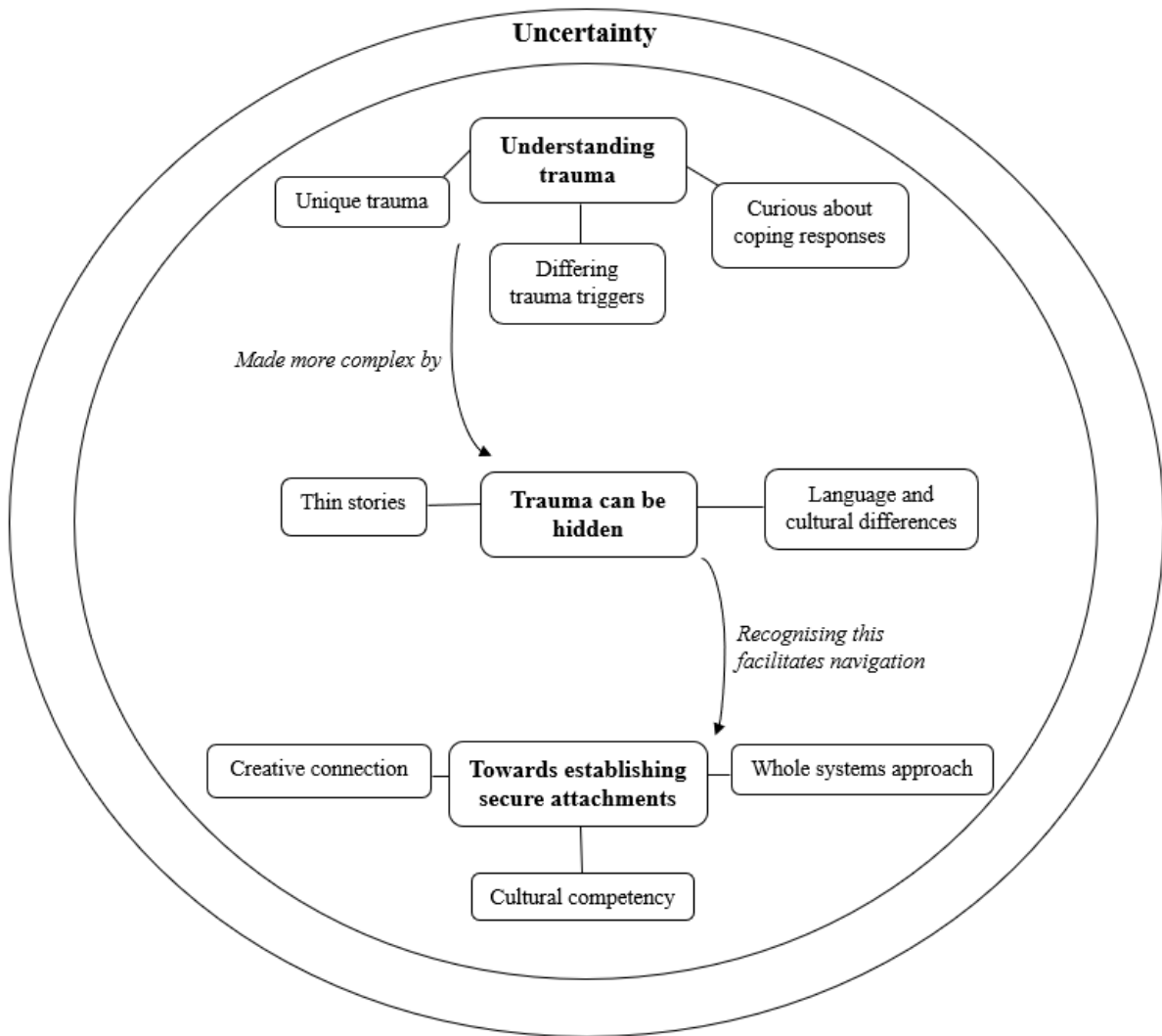
To assist with reflexivity a reflexive journal was kept from when the proposal of the project was submitted through until completion of its write-up as reflexivity is an ongoing process (Trainor & Bundon, 2021). The journal contained the researcher's thoughts, feelings, theoretical assumptions, values and personal perspectives linked to intersectionality, which is vital so the researcher is aware of how they shape the research.

## **Results**

An overarching theme, three themes and eight subthemes emerged from the reflexive TA of ten interviews. Several forms of a thematic map were produced before the final version, outlining the overarching theme, themes, subthemes, and the relationships between them (Figure 1).

**Figure 1**

*Thematic Map Showing the Overarching Theme, Themes, and Subthemes From the Reflexive Thematic Analysis.*



## **Uncertainty**

Uncertainty emerged as an overarching theme, driven by the political narrative and constantly changing legislation which had a top-down systemic impact. Demonstrating this, some staff felt the political context contributed to uncertainty with policy development for unaccompanied young people at the NHP. Staff recognised that as policy informs practice,

this uncertainty may filter down and be seen amongst staff working in the LHPs. This uncertainty often made it more challenging to work using a trauma-informed approach at an individual and organisational level, demonstrated throughout the themes.

## **Understanding Trauma**

This theme referred to how staff understood these young people's trauma experiences and presentations. Staff understood that the young people had experienced *unique trauma* and had *differing trauma triggers* compared to British born young people with whom they work. Despite having experienced unique trauma, staff noticed these young people often appeared to be practically coping well and staff were *curious about such coping responses*. It was thought that understanding the trauma presentations of the young people was an important first step to building a trusting relationship.

### ***Unique Trauma***

All ten staff spoke about trauma being unique and that “*young people that come into the country have usually got quite different traumas to the British born kids that we work with*” (Fran). Staff felt this was particularly due to these young people's journeys often having three separate traumatic parts. As Jos said:

*Not only did they witness what happened in their own country which was the reason why they had to leave, so then they had to leave their families they've already experienced and witnessed some trauma and then the journey itself is traumatic, and then arriving here in a new foreign land with new language and people who aren't welcoming, and on top of that the Home Office are always keeping you on a string.*

Most staff felt that it was difficult to personally relate to or fully comprehend the traumatic experiences these young people had faced. Whilst staff acknowledged that an individual does

not have to have experienced the same trauma as someone to provide effective support, staff felt the unique journeys of the young people and their “*experience of trauma that is potentially kind of war-torn which won't be part of the white European model of care and trauma*” (Joe) can create a disconnect. As India said:

*[the young people] come from war-torn countries and experienced all sorts of violence and being terribly scared of having family members killed, sometimes being the only family member left, so really trying to understand things that are so far out of our knowledge zone really.*

Some staff further reflected how their own cultural backgrounds and familial experiences helped to overcome such disconnect.

Staff also noticed that part of the young people’s unique trauma was the severity of their isolation compared to British born young people with whom they worked. Staff reflected on how many of the young people had no support network in the UK, often having family back in their home country creating a unique sense of longing for home. However staff acknowledged how the young people often sought comfort from each other “*having this shared experience, understanding and supporting each other which is really the way they bond (..) They're like oh we did the same journey here but in different ways*” (Jos).

Staff appeared aware that working with such trauma can trigger emotional responses within them such as feelings of sadness, helplessness, and frustration. They reported to feel contained in working with these young people’s unique traumas due to having supportive managers and regular contact with the in-house psychologist which “*helps us to be able to talk through anything that might have bubbled to the surface for us when we're dealing with young people's trauma because sometimes it can trigger stuff in us you know*” (Anna).

## ***Differing Trauma Triggers***

Staff reported that the young people often experienced differing triggers to their unique traumatic experiences. Staff felt that the young people were the most likely to go on the house projects residential trips, yet many staff described instances on such trips which triggered traumatic responses for these young people. Callum said:

*There was something about climbing the mountains that was quite retraumatising like in regards to escaping his home country and having to climb the mountains being shot at by the army.*

There were also instances outside of the residential trips where the unique trauma was triggered. Ava said:

*There were roadworks outside his flat and he'd likened the sounds of the drill in the road or whatever it might be to the noise of gun shots.*

Staff said in these situations it took time for them to fully understand and make the link between the trauma presentation and the trigger. Staff explained that this was because often the young people appeared to manage in the moment on the residential trips, with the trauma presentation worsening in the following days. Some staff acknowledged due to these young people's unique trauma, triggers tended to be less obvious and relatable. Staff reflected how they have learnt from these situations which had increased their awareness when planning such trips and looking out for such presentations. Ben reflected:

*You have to think really sensitively about every piece of work (..) like for example if young people have been on a boat crossing the channel and now we're doing raft building with them, how appropriate is that?*

Some staff also felt these situations could create anxiety around asking certain questions as *“we don’t want to open it up where it triggers previous traumas”* (Jos). They identified formulations and consultations with the in-house psychologist as helpful ways of navigating such anxiety and understanding differing trauma triggers. Although some staff acknowledged that at times particularly consultation spaces were used to *“manage feelings about how desperately sad it is so we do use that space possibly more to process that rather than troubleshooting or trying to make sense of the young people’s behaviours”* (Helen).

### ***Curious About Coping Responses***

Due to the unique traumas and differing triggers, staff were curious about young people’s coping responses, *“we’re hearing trauma but then it’s like how does that trauma come out we’re not seeing it, it’s confusing, it’s like where is that going? What’s going on here?”* (Jos). This curiosity was driven by staff recognising that despite their unique traumatic experiences, the young people appeared to manage well living independently compared to other young people, *“they’ve been through an awful lot but it’s like they’ve learnt to almost suppress it to a certain degree and just get on with it practically”* (Anna). This is to the extent that wider systems have started to question if the young people needed the support that the House Projects provide. As Helen said:

*Social workers have questioned whether we should be prioritising these young people on the House Projects in terms of whether they really need it, that additional support and whether they would be just fine getting a flat.*

Some staff felt this coping response was due to the young people being more resilient. They felt this resilience was due to having made the journey over to the UK independently. Some acknowledged that many of the young people had secure attachments growing up rather than experiencing developmental trauma which was more common within British born young



people with whom they work. Other staff identified the young people as practical copers, a response developed which masked their potential emotional distress, “*a lot of them do struggle with PTSD and kind of anxiety but they just manage it in a different way and the only time you really hear about it is when they can't manage*” (Callum). Due to this, many staff felt it was important to regularly check in with these young people particularly when they were alone in their flats. Asking curious questions, whilst going at the young person's pace, was also identified as a helpful strategy.

However, due to the young people coping well practically, staff spoke about a risk of these young people falling through the cracks. Anna said:

*They're kind of just left to get on with it like workers [from external services] just kind of seem to think they'll be fine (..) so I think as I said that can cause young people to kind of - just for the want of a better phrase - just be kind of literally left to get on with it.*

This was reflected across systems within the NHP as staff acknowledged the young people were discussed less regularly in community practice meetings, consultations or in supervision. Staff experienced uncertainty as to whether this was due to the young people not needing additional support or if their ability to cope practically masked this need.

### **Trauma can be Hidden**

This theme describes how trauma, if present for the young people, could be hidden due to unique aspects staff noticed that made understanding trauma more difficult. These included the *thin stories* the young people often had and *language and cultural differences*.

#### ***Thin Stories***

All staff noticed that the young people in the context of formulations had thinner stories compared to British born young people with whom they worked. Staff felt this was

due to “*having quite a big gap so we would be relying on how they’re presenting now, we wouldn’t know about their family history and childhood experiences*” (Fran). Some staff felt this was also due to the legal system shutting down young people’s stories, “*because actually if you think about it in the context of immigration if you come here and you have to say a certain story to be allowed to stay then that means any other stories have to be shut down*” (Callum). Staff felt at times naturally as humans they can start to incorrectly fill in the gaps in young people’s stories, contributing to their actual struggles being hidden. Some staff acknowledged that it was easier to connect and build relationships with the young people who have thicker stories, meaning they are more likely to talk about their struggles. As Helen noticed:

*Where you do get a rich story you hold on to it and it helps you to visualise them and kind of want to root for them a bit more, whereas sometimes the stories are they escaped conscription and you don’t know much and you don’t quite connect with them as much emotionally at the beginning (..) richer stories help especially when there is a language barrier you feel more connected.*

However some staff acknowledged that thinner stories should not be a barrier to building a good relationship which they felt would then encourage the young people to share their struggles. Anna said:

*It’s just working in a way (..) get close enough to them to understand the things that trigger them, the things that make them happy, the things that you can do to just be there when times are difficult. I think that gives us enough information to be able to support these young people effectively.*

Alongside the young people's thinner stories, staff commented on how the stories were often thought of as similar. Staff felt the term 'unaccompanied asylum-seeking children' wrongly indicates that these young people are a homogeneous group. The language used by wider systems to describe the journeys of the young people also contributed to their stories being thought of as similar. For example using methods of transport to describe these young people's journeys made them sound generic, the journeys "*get broken into vehicles don't they, so people will say it was a lorry it was a train it was the ship erm it was like yeah but it doesn't really have any meaning*" (Callum). Staff felt that such assumptions of similarity can hide the young people's individual and different experiences of trauma.

### ***Language and Cultural Differences***

Language and cultural differences can make it more difficult for these young people, who already have thin stories, to communicate their struggles. India commented:

*So English isn't their first language but their cultural backgrounds are different, and I suppose in terms of even stuff around physical touch, being able to kind of maybe try and read what young people are thinking by body language, a lot of stuff around eye contact erm things that we really don't understand.*

All ten staff spoke about language being a barrier when working with the young people. There was uncertainty around how House Projects work with the language barrier and staff were navigating this in different ways. This included speaking slower and individual check ins to assess understanding and provide the opportunity to ask questions. There were differing uses of interpreters, with some staff describing how using young people from previous cohorts as interpreters had been effective. A key challenge when using interpreters was at times there has been a "*couple of incidents where it's got a little heated if translations are not*

*done correctly (...) I'm sure it's easy to make mistakes and then that can upset or offend”*

(Fran), which may further prevent these young people talking about their struggles.

Whilst young people may struggle to communicate their difficulties due to the language barrier, staff also acknowledged how the young people may have differing cultural relationships with mental health, contributing further to their potential trauma being hidden. Staff recognised that the young people may have a different understanding of mental health or it may have a more negative connotation, *“they said I've been diagnosed with PTSD but that doesn't even exist in my country like mental health doesn't exist like there isn't awareness of it”* (Fran).

Staff also described a narrative whereby the young people appeared more grateful compared to British born young people with whom they work. Staff felt this could be due to multiple factors including feeling like they have been rescued by the care system (compared to British born young people who might view the care system as negative) and viewing life differently from British born young people, appreciating the privilege of being connected to the House Project and getting a tenancy for a flat. Some staff felt discomfort at the concept of young people feeling like they had to appear grateful as staff questioned how able the young people felt to voice their concerns. As India said:

*So these young people thinking like actually you're going to be helping me to find a home and you're going to be helping me to do all of this stuff, and if I say I don't want to do it or if I'm really rude to you or I'm feeling really angry about something actually that might mean that I'm just going to get sent back to that war-torn country.*

## **Towards Establishing Secure Attachments**

This theme referred to the recommendations that staff made to enhance the trauma-informed support provided for these young people, helping them to form trusting and safe relationships, moving towards establishing secure attachments. This included through *creative connection* to help facilitate conversations about the current support, ensuring *cultural competency* and working together using a *whole systems approach*. Such recommendations were thought about at an individual and systemic level to help these young people form secure attachments in a safe environment.

### ***Creative Connection***

Staff identified that connecting with the young people was important in building a trusting relationship. Staff recognised that due to language and cultural differences, connecting with young people must be achieved in creative ways. For example, “*thinking about activities that it's, you know, not vital to be able to speak English and just where any young person can go and kind of enjoy themselves*” (Fran). This included connecting over food “*because it's so important to everyone and it doesn't matter about background experience you know coming together to eat, cooking for each other*” (Ava). Staff also acknowledged the importance of empathy when connecting with these young people. Anna said:

*I always just try to put myself in their position, so if this was me at this age who had been through all of this what would I need to hear and what would I need from the people around me, erm you know I just try to always be the person who I would have needed if the roles were reversed.*

Although overall staff felt contained when working with these young people particularly through reflective spaces, it was reported that staff connecting and talking about

how to support the young people was “*an area where we need to start asking a little bit more*” (Ben). This included creating greater connection between existing House Projects who support young people with this background as “*it would be probably useful just to see how others would relay that same message linked to cultural differences*” (Donna). Staff suggested it would be helpful to use community of practice meetings or set up a separate space to connect and share experiences linked to supporting the young people. It was recognised by staff that by sharing and learning from such experiences, it would help to improve support for these young people and build trusting relationships, moving towards establishing secure attachments.

Getting the conversation going around working with the young people was suggested as a starting point within the NHP, helping to connect those working with or interested in the support provided for these young people.

*Let's bring a group of staff together that want to particularly start to think about what have we learned? What might we do differently? How might formulations work in a different way for these children? And where else might we get information from? (..) And then hopefully from that there will be things that we'll want to work on and develop from those conversations.*

### ***Cultural Competency***

Alongside creative connection, staff felt that ensuring cultural competency was an integral part of building trusting relationships with these young people. It was reported that it was vital for the ORCHIDS framework to be viewed through a cultural lens for these young people to create a shared understanding helping to facilitate the formation of secure attachments. Joe said:

*Ownership and responsibility depending on where they come from if you think about kind of society and the gender politics (..) an unaccompanied asylum-seeking young female what is their experience of taking responsibility if they've come from societies where you know women kind of are you know second class and are not involved in decision making (..) you've got to recognise the context and the journeys for these young people because you've got to change your approach to kind of, not to mitigate, but to enable them because of their experiences to engage fully in what we have to offer.*

Staff recognised that there was uncertainty as to how staff could adapt ORCHIDS when working with the young people. There was an acknowledgement that the young people “*may be doing the group sessions and getting the support from the facilitators but they're probably not uploading as much evidence as everybody else because of that accessibility issue*” (Ben). The concern was this could potentially leave the young people at a disadvantage in regard to employment and further education opportunities compared to other young people on the project.

Staff recognised taking self-responsibility to ensure cultural competency, “*sometimes a little bit of common sense and life skills and just getting to know that young person find out what their interests are (..) I think it's just really understanding their culture, doing your own research around this*” (Donna). This also included staff acknowledging their own background and recognising if culturally there may be a gap and connecting these young people with someone who can fill that gap. As Jos said “*my young person's social worker is white British female and she's amazing but recognised the importance of connecting the young person with a grand mentor of the same cultural background to him*”. Creating such cultural connections would help to facilitate these young people moving towards establishing secure attachments.

There was uncertainty around what training was currently available to staff linked to supporting the young people and a need was identified to check in with House Projects to see what this might look like. Staff felt training around difference and legal processes, including more specific aspects such as when the young people become parents would be helpful. Staff said it would be important to think about the format of such trainings as there was a sense of online training fatigue.

*Using existing forums like the community of practice to have kind of themed sharing of good practise and discussions, or having, you know, a space at conferences and events that are already happening to have the dialogue would be good (..) If it was you know led by young people with lived experience and was you know was very engaging, it would need to be quite sort of rich in experience (Helen).*

Some staff felt that such training would only be beneficial for House Projects that supported these young people, whereas others felt that training around understanding cultural differences may be of value to the whole service. It was thought that this would be helpful for staff who may work with the young people in the future and also for staff who are already working with British born young people from different cultures.

### ***Whole Systems Approach***

Staff emphasised that creative connection and cultural competency should be within the context of a whole systems approach, with all services working together to help build trusting relationships with these young people, facilitating the formation of secure attachments. Staff reported that the sharing of knowledge between wider systems has been helpful, describing several instances where they had sought advice from wider systems including the immigration unit and the specialist worker for unaccompanied asylum-seeking



children. However, staff acknowledged that a barrier to such joint working is when wider systems, particularly social care, are overwhelmed, *“what’s difficult is the numbers and work generated in wider systems”* (Callum). It was reported that when wider systems become overwhelmed this can cause delays with asylum claims being processed, creating uncertainty for staff at the NHP, *“often I get asked like ‘why is my mate’s claim come through when mine hasn’t?’”* (Fran).

Alongside systems sharing information, all ten staff acknowledged the importance of the location where these young people are placed, reporting that their House Project areas were diverse and *“resource rich erm it’s not just a House Project there’s other charities you know within the vicinity that people can get support there”* (Ben). Staff stressed the importance of the young people *“being connected to their culture, their kind of beliefs, their religion, and so they need access to all those things and we need to understand all those things(.) I think you know actually you’re just kind of asking for more mental health conditions if you put them in say the middle of nowhere”* (Callum).

Staff felt greater diversity is needed across all systems, both at the NHP and wider systems. Staff described the Care Leavers National Movement (CLNM) as the heart of the NHP yet acknowledged that none of the young people were yet to be represented there. Whilst acknowledging language and cultural differences as a contributing factor to the lack of representation, staff felt improving the accessibility of such forums would also help. As Donna said:

*Allow them to have a bigger platform where they can shout this and they can say oh you know this is what we’re about, this is what we do, erm this is what CLNM is and this is what an unaccompanied-asylum seeking young person feels, erm this is what I would like to you know make sure that all*

*house projects have you know interpreters or someone that we can use to support our sessions, and feeding into that nationally as well.*

Going forward, it was thought that a whole systems approach was needed to develop policies as “*we're in our real infancy in terms of policy-making for these young people (..) for that wider policy-making I think that we know very little and I think it's based on assumptions*” (India). Staff found psychologists’ input helpful and felt they are needed in the development of policies for the support for these young people.

Staff felt in order to have a whole systems approach, it was essential to have “*the skills of kind of sense checking where services are and where their personal and political views come from, erm the horrendous narrative that sits around these young people permeates into society and (..) you've got to make sure people working with that young person have the same approach*” (Joe). Staff felt a whole systems approach to policy development within a trauma-informed framework would help these young people form trusting relationships with staff across settings, moving towards establishing secure attachments. Staff had optimism about their trauma-informed way of working, yet acknowledged a barrier to adopting a whole service approach when external services were not working in the same way.

## **Discussion**

The study used a qualitative design to address its main aim of exploring the experience of staff working in a trauma-informed framework of practice with unaccompanied asylum-seeking young people who are leaving care. The study’s findings will be discussed in relation to existing literature, as will the study’s strengths and limitations, followed by its implications for clinical practice and future research.

## Main Findings

In line with a trauma-informed approach, it was found that staff had a good perception of the young people's trauma, captured within the theme 'understanding trauma'. Staff perceived there to be *unique trauma* and *differing trauma triggers* compared to the British born young people with whom they worked. In line with previous research, staff also conceptualised the young people's trauma in three separate stages: in their country of origin, on their journey to the UK, and upon arrival in the UK (Sanchez-Clemente et al., 2023). Such understanding and recognition of trauma is contrary to that of the general consensus of staff across child services in the literature, where a need was identified for training on working with these young people's trauma to better support their unique needs (Chase et al., 2008; Vostanis et al., 2024; Ward, 2022). This demonstrates how working in a trauma-informed framework can address this gap and develop practitioners' knowledge and skills in working with these young people's unique trauma.

Staff working across the two LHPs identified a key factor in aiding their understanding of these young people's trauma to be the process of completing a team formulation for each young person led by the in-house psychologist. Team formulations were an integral part of a trauma-informed approach helping staff understand more challenging behaviours including their functions and triggers, shifting the narrative from 'what is wrong with you?' to 'what has happened to you?' (Johnstone et al., 2018). Such formulations led by a psychologist have been shown to facilitate empathy and less blame towards young people, encouraging their needs to be met and their behaviour viewed through a trauma lens (Martin et al., 2022).

In addition to guiding the completion of team formulations, the in-house psychologists provide consultations and reflective group supervisions to staff. Such spaces are integral to providing an effective trauma-informed approach (Galvin et al., 2022) and staff

felt this alongside having supportive managers helped them to feel contained and manage difficult emotions linked to these young people's journeys. The provision of such spaces and senior staff being supportive and open to staff suggests that trauma-informed leadership is present at the NHP, facilitating containment within the system and viewing it through a trauma lens (Menschner & Maul, 2016).

A further aspect of understanding trauma was staff being *curious about coping responses* these young people displayed. Despite their traumatic experiences, the young people appeared to manage well living independently compared to other young people, with some staff acknowledging their resilience. As per the wider literature, staff recognised that this may be a coping strategy to manage an unstable potentially threatening environment, whereby these young people avoid addressing their past traumas as it does not feel safe to process them, so they appear to be coping well (Ehnholt & Yule, 2006).

Alternatively, some staff acknowledged the possibility that despite the young people's extensive traumatic experiences, not all of them go on to develop mental health struggles (Rodriguez & Dobler, 2021). This may be as the young people's emotional distress can be seen as a normal response considering their traumatic experiences, and their distress can be reduced if they receive appropriate support whilst adapting to their new country (Ballard-Kang, 2021). Consequently, the trauma-informed support from the NHP may help reduce emotional distress as it enhances factors found to promote resilience in such young people including fostering positive relationships, integration of old and new cultures and living in less restrictive settings (Rodriguez & Dobler, 2021). Hence, the nature of the trauma-informed environment and support at the NHP could explain why the young people were coping well. In line with a trauma-informed approach, having experienced significant trauma, staff recognised the importance of regularly checking in with these young people regardless of if they appeared to be coping well.

Staff identified unique additional barriers the young people experience which if trauma was present may explain why they were not displaying symptoms, captured in the theme ‘trauma can be hidden’. One barrier was the *thin stories* these young people often had, a challenge recognised in previous research which found that little information is known about the young people’s lives post-migration (Wade, 2011). The young people not sharing their stories with practitioners may be a coping strategy to help navigate the asylum process distancing themselves from the label of ‘asylum-seeker’ and its attached stigma (Chase, 2010). This is problematic as it means that these young people do not get the appropriate support for their individual unique needs. In line with a trauma-informed approach, staff felt that young people having thin stories should not be a barrier to building a good relationship. Supporting this, previous research described young people not talking about their stories as a functional distrust which can be broken down as a trusting relationship is developed (Kohli, 2006).

Another barrier staff identified as contributing to potential trauma being hidden is *language and cultural differences*, with such differences being known to create barriers to these young people communicating their needs (Craig & Warfa, 2006). All staff acknowledged language as a barrier with these young people, yet there was no standardised use of addressing this across the LHPs. Whilst there were creative ways of overcoming the language barrier, some staff did not use interpreters even within individual sessions. Using interpreters is recommended as the best way to provide an equitable and accessible service particularly when working with refugees (Patel et al., 2018). However, struggles with interpreters particularly with refugee and migrant populations are acknowledged including a lack of consistency, fear of stigma, breach of confidentiality especially when the interpreter is from the same community, and misunderstandings of mental health concepts due to cultural differences in language (Krystallidou et al., 2024).

Staff acknowledged that due to cultural differences these young people may have a different understanding of mental health. For example, in the literature it acknowledges the western notion of catharsis that it is important for an individual who has experienced trauma to tell their story (Portnoy & Ward, 2020). However, often these young people are wary of addressing past trauma as they understand a sense of coping and wellbeing as leaving the past behind and to focus on the future (Chase et al., 2008). These young people can also have negative perceptions of mental health and may not consider it a priority (Demazure et al., 2022). This highlights cultural differences in the understanding of mental health and coping strategies and may explain why trauma if present in these young people may be hidden.

A further cultural difference staff reported was that young people appeared more grateful compared to British born young people whom they work with. Staff ideas on the reasoning for this are in line with previous research. This includes due to their past experiences these young people have a different outlook on life and a determination to succeed in the UK (Groark et al., 2011). They also may fear negative consequences including deportation of expressing how they truly feel, making them appear grateful (Hynes, 2009). Some staff felt discomfort at the labelling and notion of these young people appearing grateful. Such feelings of discomfort may be triggered as these young people appearing grateful may unintentionally and even unconsciously result in staff viewing young people as ‘deserving’ and ‘undeserving’ of support (Kohli, 2006). This was particularly in the context of these young people appearing grateful, alongside them sharing in-depth accounts about the extensive suffering endured. This led to an admiration of their resilience and practitioners were more likely to view them as ‘deserving’ of support. The young people pick up on such notions with many reporting they have been categorised as ‘undeserving’ mainly by social services (Chase, 2010).

Staff made recommendations towards improving trauma-informed practice for these young people captured in the theme ‘towards establishing secure attachments’. This draws on attachment theory (Bowlby, 1973) whereby staff at the NHP are seen as the attachment figures or ‘secure base’ from which these young people can work towards independence. Whilst it may be difficult for the NHP to replace these young people’s key attachment relationships, research suggests that they can develop strong emotional connections that may fulfil some of the key attachment functions by providing a sense of closeness, safety and security during stressful situations (Juang et al., 2018). For this to happen staff must appear reliable and available, be practically helpful through having knowledge of the asylum-seeking process, yet emotionally attuned to the complexities these young people face through cultural understanding (Kohli, 2011).

In addition, staff acknowledged that *creative connection* is needed between themselves as they reported that support provided for these young people is not typically discussed in reflective spaces, consultations and meetings between all the LHPs. There is a notion in the wider care systems that young people who display more challenging behaviours understandably receive more attention, yet this often comes at a cost for those who are doing well (Mendes & Baidawi, 2012). This means that the current support for these young people does not get discussed and it is unknown whether this meets their identified unique needs. Staff reported the need to ask more curious questions and bring together those currently working with these young people to share experiences. Teams coming together to share experiences when implementing such an approach has been found to lead to more effective trauma-informed practice with these young people (Borbon et al., 2023).

Another aspect of ‘towards establishing secure attachments’ is *cultural competency*. Staff and services are deemed culturally competent when they offer culturally appropriate care to all those with whom they work. Yet there is emerging critique of the term cultural

competency which suggests that individuals can never be fully competent in all cultures as there is always more that an individual can learn (Lekas et al., 2020). As such there may be greater value in staff and the NHP aiming for a position of cultural humility. Cultural humility is having a respectful attitude towards individuals from other cultures, it is a process of critical self-reflection which includes challenging our own cultural biases with the recognition that such learning is a lifelong process (Foronda, 2020).

All staff acknowledged the importance of having a cultural understanding of each young person they work with, often taking on self-responsibility to educate themselves. Within a trauma-informed approach this relates to the concept of cultural safety, defined as “an environment which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge, and experience, of learning together with dignity, and truly listening” (Williams, 1999, p. 213). Culturally appropriate trauma-informed support has been shown to increase perceived safety, a main aim of a trauma-informed approach (Ballard-Kang, 2021). Staff appeared to enable young people to maintain a continuous bond with individuals within their own culture, as well as helping them form new relationships with peers and adults in the UK. This is recommended as the best way for these young people to navigate two different cultures for optimal wellbeing outcomes (Rodriguez & Dobler, 2021).

Whilst staff had a good understanding of trauma and working with trauma, some staff felt further training on navigating the unique trauma and cultural needs of these young people would be helpful. This also included knowledge on the legal processes associated with these young people. This is reflective of the additional needs of these young people recognised in the literature, indicating the adaptations required to the trauma-informed framework to meet these young people’s unique needs (Sanchez-Clemente et al., 2023). This supports the notion



that the exact nature of any trauma-informed approach will need to be tailored depending on the young person's experience of trauma (van der Kolk, 2014).

Staff further acknowledged the importance of a *whole systems approach* to trauma-informed practice when working with these young people. This can be considered in the context of systemic practice within clinical psychology (Dallos & Draper, 2015). Systemic practice recognises that an individual is not isolated but part of a larger system, and problems can arise in the context of individuals relationships and interactions with others within this system. Currently at times there are relational challenges between the NHP and external services due to their differing approaches to working which negatively impacted staff and the provision of support for young people. Hence, if services involved with these young people worked together within a trauma-informed approach which aims to better develop relationships and attachments, this may provide better support for young people and staff.

Joint up working when supporting these young people is a key recommendation in recent guidance for improving trauma-informed care for asylum-seekers (Lusmen & Kreppner, 2024). Staff felt that supporting these young people in resource rich areas with services working together best met their needs. Supporting this, when implementing a trauma-informed approach, by establishing partnerships with schools, charities and religious groups, this led to more effective trauma-informed practice with these young people (Borbon et al., 2023). Further, the integration of community partners in trauma-informed training and service programs can improve its content and effectiveness (Topitzes et al., 2019). It is also essential that the young people are placed in locations whereby they feel a sense of belonging and connection to their identity (Chase, 2013).

However, navigating joint up working can be challenging as the evidence base to support practice and policy with these young people, particularly those leaving care is scarce

(Gullo et al., 2021). This means that not all services working with the NHP will be implementing the same approach, making joint up working more challenging. Demonstrating this, staff reported how wider systems supporting these young people, particularly in social care settings, questioned if they required such support as they appeared to be coping well practically. Leaders at the NHP described attempts to educate and help wider systems see these young people through a trauma lens, demonstrating trauma-informed leadership (Menschner & Maul, 2016).

### **Strengths and Limitations**

A key strength of the study was its qualitative exploration. The study gave a voice to the experience of staff in a novel area of research. The perspectives of staff and service users in qualitative research is integral to ensuring services and policies are meeting their needs. To give a voice to service users within the study, it included expert-by-experience involvement with an unaccompanied asylum-seeking young person who provided feedback on the topics used in the interview schedule. This led to interview schedule modifications including a greater focus on exploring cultural adaptations and also using more accessible language. However, piloting the interview schedule with a staff member may have led to differing or additional modifications. Moreover, the study used member reflections to obtain general thoughts on the analysis and feedback on the initial themes and subthemes. To further improve the credibility of the study's findings it could have used an independent reviewer to examine the coded transcripts and provide feedback on the themes, more in line with the qualitative quality guidelines (Elliot et al., 1999).

Selection bias may have occurred through the use of purposive and snowball sampling methods. At the time of recruitment there were three LHPs where unaccompanied young people were part of the community. As only two of the three LHPs were recruited from, project leads could have recommended staff who they knew worked well with these young

people, potentially skewing the data. Although interviewing ten participants from varying job roles, including those on the frontline and those in management and leadership roles, allowed for varying experiences. This also improved generalisability of the study's findings within the NHP, however made comparing experiences more difficult as staff were coming from differing stances.

It should further be considered whether the study's findings can be generalised outside of the NHP. When considering the wider context of children's social care services, there is a general consensus reported that services are overwhelmed, underfunded, and experience high levels of staff burnout with a high staff turnover (Colton & Roberts, 2007). Such struggles were not prominent in the current study, and it is therefore important to acknowledge the uniqueness of the framework which underpins the NHP's way of working which may contribute to participants having a more positive experience. Whilst the NHP employs a specific framework and way of working which may limit the generalisability of these findings, the framework is underpinned by trauma-informed principles and the NHP recommendations for improvements to their practice are in line with recent guidelines for all professionals working with unaccompanied young people (Lusmen & Kreppner, 2024). This suggests that the framework at the NHP is in line with universal recommendations on using a trauma-informed approach with these young people and could help inform wider services attempting to implement this approach.

Ensuring confidentiality of the participants was essential to facilitate open and transparent interviews. For confidentiality and anonymity to be upheld, participant demographic information, although collected, was not disclosed within the study reducing its generalisability. Additionally, participants might have worried about being identified, particularly as frontline staff knew the study was open for all staff at the NHP including leaders, could have impacted upon their responses leading to social desirability bias. The

researcher took steps to mitigate this by assuring confidentiality and also asking participants if they wanted to review their quotes planned to be included within the study's write up. However it is unknown whether such steps can erase social desirability completely, indicating the study's findings should be interpreted cautiously.

Although the researcher had experience working in a trauma-informed approach, they lacked experience working in a social care setting with unaccompanied young people. The study is also situated within a current rife political context. These factors could have influenced the study's findings as the researcher's skills, values, and experiences can impact their interpretation of the data (Braun & Clarke, 2022). However, the researcher kept a reflexive journal throughout the research process and had regular discussions with the research supervisor which helped acknowledge their contribution to the research.

### **Implications and Recommendations**

The findings from this study provide important clinical implications. This study is the first to qualitatively explore the experience of staff at the NHP working in a trauma-informed framework of practice with unaccompanied young people who are leaving care. This study has contributed novel findings to help inform practice and policy for children's services when working with these young people, a body of research which is currently scarce particularly for those who are leaving care (Gullo et al., 2021). Despite the study's limitations, it provides valuable insights into how implementing trauma-informed practice can help staff to better support unaccompanied young people in a social care context. It is insufficient to just deliver trauma-informed interventions to these young people. Rather, it is recommended that services consider incorporating an organisational level approach which encompasses trauma-informed leadership. For example, leaders who understand that others and themselves may struggle with past or current traumatic experiences who are able to recognise the signs of struggling and communicate compassionately, Such leaders should facilitate an environment where staff

feel heard and protected whilst ensuring staff have the knowledge and skills to interact compassionately and provide trauma-informed interventions. Such practice should also be embedded into service policy. This means staff feel more contained within a potentially traumatised system which can also help improve care for young people.

A key recommendation for the NHP and wider children's services is to harness lived experience, an important part of a trauma-informed approach. This means ensuring these young people are involved when developing trauma-informed policies. These young people's lived experiences are invaluable and they are best placed to help develop appropriate support. For the NHP speaking with these young people can improve understanding on viewing the ORCHIDS framework through a cultural lens, as well as developing further training addressing the gaps in supporting their unique trauma. All children's services can benefit from providing training on working with trauma and difference, best developed and facilitated when done jointly with young people from relevant backgrounds. It is further recommended that children's services have the support of a psychologist at an individual staff level and an organisational level when developing trauma-informed approaches and policies. All staff at the NHP valued having the support of psychologists in containing the system, contributing to developing trainings and frameworks, and saw such support as integral to continued development.

It should be acknowledged that many children's services, particularly in social care, have not been created implementing trauma-informed practice. Developing and transforming to such practice may be challenging for some services, particularly in the context of political legislative restraints and a lack of resources. Therefore, it is recommended that in such instances services acknowledge the importance of the location within which they place these young people to prevent further traumatic experiences. This includes ensuring these are in resource rich areas with accessible support for their unique needs, and that they provide a

sense of belonging whilst enabling connection to their identity. This is important for the NHP to consider when thinking about other more remote LHPs having these young people join their communities. Additionally, it is suggested to employ a specialist worker for unaccompanied young people who can help educate others about their needs. It is also essential for those supporting these young people to share their experiences internally within their teams and externally with wider services to learn and guide each other with developing the support for these young people.

The NHP would benefit from future research exploring the experience of staff working with unaccompanied young people across more LHPs as they start to support the increasing number of these young people. It is noted that the two LHPs from which the study recruited are known to be excellent at working within the trauma-informed framework. Hence it would be helpful to obtain the experiences of those working in less established LHPs with these young people for comparison. It is important that future research at the NHP also explores the young people's experiences of receiving support within a trauma-informed framework to ensure that such support is meeting their needs. The young people's experiences can then be compared to the experience of staff, with both perspectives leading to optimal service provision.

It would also be helpful to explore the experience of staff in wider children's systems working with these young people. This includes those who may have implemented trauma-informed practice for comparison to the current study and to improve generalisability. This can also include services who may not have implemented such practice for comparison. Exploring the experience of staff across wider services would also enable participants demographic information and occupation to be included within the study write up helping the reader to better situate the sample. It would also be useful to obtain the experience of staff who are creating legislation linked to these young people to understand their thinking and

allow for comparison to staff experiences who are working on the frontline. The field would also benefit from future research developing tools to monitor and evaluate the implementation of trauma-informed practice with these young people.

### **Conclusions**

This study used a qualitative approach, applying reflexive TA to understand the experience of staff working in a trauma-informed framework of practice with unaccompanied asylum-seeking young people who are leaving care. Despite acknowledged limitations, the study has highlighted the NHP's innovative framework to supporting young people and staff, facilitating understanding of working with unaccompanied young people's unique needs in a social care setting. The study's findings suggest that implementing trauma-informed practice when working with unaccompanied young people is beneficial for them and staff. The findings highlight important considerations for these young people and staff which can inform policy and wider children's services. However, the political legislative restraints and uncertainty surrounding these young people are acknowledged and may make implementing trauma-informed practice more challenging. Future research should focus on exploring staff and young people's experiences of trauma-informed practice across a range of children's services. Alongside this, it is important to develop tools to monitor and evaluate the implementation of trauma-informed practice.

## **Chapter 2:**

### **The Experience of Staff Working in Social Care, Mental Health, Education, and Criminal Justice Settings with Young People Leaving Care**



## Abstract

It is recognised globally that care leavers experience more negative outcomes compared to their non-care experienced peers. With often complex trauma backgrounds, care leavers require holistic support, yet this tends to breakdown during the transition from care. Existing reviews focused on young people's experiences of leaving care, yet to achieve optimal service provision it is important to also hear staff perspectives.

This review aimed to systematically examine staff experiences in social care, mental health, education, and criminal justice settings working with young people transitioning or preparing to transition out of the care system. Studies had to be empirical, peer-reviewed, written or translated into English, and have a qualitative design. Studies samples consisted of staff working across the four settings supporting such young people.

Searches conducted on three databases: PsycINFO, Web of Science, and Scopus, resulted in fourteen studies for inclusion. Studies were critically appraised using the CASP qualitative checklist. Findings were analysed using thematic synthesis, developing three themes and eight subthemes. Findings showed staff had a 'recognition of young people's needs' particularly their *mental health needs* and *relational needs*. Yet 'system complexities' including *reactive services*, *lack of continuity*, and *insufficient resources and training* were identified as barriers to meeting these recognised needs. It is conceptualised this had a 'negative impact on staff', working in *overwhelmed teams*, developing a *sense of helplessness* potentially resulting in *poor staff retention*.

Findings suggest that systems require the implementation of trauma-informed practice, with increased funding to employ trauma-informed leadership facilitating top-down change. This could include the formation of transitional services providing continuity of care and reducing staff pressures. Future research should explore staff experiences supporting

young people transitioning out of care across settings and countries to increase generalisability of findings. Longitudinal studies should be considered to observe changes across time when implementing service changes.

## **Introduction**

### **Background**

Young people typically leave care at the age of sixteen to eighteen years old depending on country specific laws and policies (Häggman-Laitila et al., 2020). For example, in the UK, a care leaver is defined as an individual who has been in the care of the Local Authority for a period of thirteen weeks or more spanning their sixteenth birthday (The Children (Leaving Care) Act, 2000). Care leavers are expected to become independent and transition to adulthood much earlier than non-care experienced individuals, whilst lacking the support systems to do this (Pound & Sims-Schouten, 2022). Whilst services do exist to support young people during this transition, provision is inconsistent across countries due to differences in cultural practices, approaches to child protection policies, and funding in child welfare services (Mendes & Snow, 2016).

Demonstrating this, synthesised data from ten countries regarding leaving care legislation in different jurisdictions, found six of the countries had targeted legislation regarding entitlements for care leavers (Argentina, England, Norway, Romania, South Africa, and Canada) (Van Breda et al., 2020). Further in seven of the countries, care leavers had the option to remain in their current placement (i.e., extended care) after reaching the age of eighteen (England, Netherlands, Norway, Romania, South Africa, Switzerland, and two Canadian provinces). In addition to the global variations in legislation, it was found that even when legislation is in place for care leavers, little support is provided in practice (Strahl et al., 2021). This suggests that on a global scale, the needs of care leavers are not being met during

their transition out of care, with the disadvantage faced by the care experienced community described as “the civil rights issue of our time” (MacAlister, 2022, p. 24).

### **Care Leavers Needs and Outcomes**

Children in care have often experienced developmental trauma such as significant abuse or neglect, usually from a caregiver or where a caregiver has failed to protect them from this (Rodriguez & Dobler, 2021). Such experiences in early childhood can disrupt the formation of secure attachments leading to difficulties forming relationships in adulthood. As such, the social, emotional and mental health needs of looked after children are significantly higher than the general population (DfE, 2024). This implies that when young people leave care such difficulties will likely continue. Young people can experience further trauma from being in care itself, for example placement breakdowns are frequent and placement instability is associated with a more problematic transition from care (Stein, 2008). The transition out of care can also be traumatic, particularly if this occurs suddenly without preparation, too early considering the care leaver's developmental phase, without sufficient support, and without necessary continuity of care (Häggman-Laitila et al., 2020).

Consequently, care leavers have worse outcomes compared to the general population, with this recognised as a worldwide phenomenon (Häggman-Laitila et al., 2018). This includes care leavers being more likely to be undereducated due to poor school attendance and attainment, unemployed, experience financial and housing struggles, suffer from mental health difficulties and lack social support (Gunawardena & Stich, 2021). Only 6% of care leavers aged nineteen to twenty-one years old go into higher education and those that do are nearly twice as likely to drop out compared to their peers (DfE, 2019). Young people leaving care are also overrepresented in the criminal justice system (Hunter et al., 2023) and are more likely to be young parents (Roberts, 2017). Care leavers with differences which may require additional or adapted support including disabilities, differing cultural backgrounds, and those

from the LGBTQ+ community, experience enhanced struggles when transitioning out of the care system (Crous et al., 2020; Spurway et al., 2023; Ward, 2011).

This highlights how young people leaving care require holistic support from multiple services to best meet their often complex needs (Häggman-Laitila et al., 2020). It should be acknowledged that not all care leavers experience poor outcomes, yet those who struggle with adjustment to leaving care are more likely to have gaps in multi-agency support during this transition (Mann-Feder & Goyette, 2019).

### **Young People's Experiences of Transitioning Out of Care**

Due to previous trauma experiences and the breakdown of familial relationships, young people establishing good relationships with practitioners is essential to providing effective support across settings including social care, higher education, and criminal justice (Jobe & Gorin, 2013; Pinkney & Walker, 2020; Staines et al., 2023). However, such relational needs of young people transitioning out of care are often neglected, with young people feeling better continuity and sustained contacts in their collaborative relationships with professionals is needed, extending beyond crisis situations and after leaving care (Schwartz, 2017). Young people feel the support they receive, usually from multiple services, lacks consistency as a whole, with them recognising their support often falls to an individual staff member in a single service (Kaasinen et al., 2022). High staff turnover was also described by young people as a barrier to establishing secure relationships during the transition out of care (Ridley et al., 2016).

A systematic review exploring young people's experiences of social support during their transition from care identified the qualities that young people valued in their relationships with professionals (Hiles et al., 2013). Such values included consistency and longevity, reliability, showing an interest and desire to help, holding positive but realistic

expectations of them, and having access to support out of hours. When young people described positive experiences of leaving care these qualities were present in their relationships with professionals.

Further, various programmes for young people leaving care have been implemented worldwide to enhance support during the transition, yet a systematic review found that only half of these programmes provide comprehensive support (Häggman-Laitila et al., 2020). Whilst care leavers were generally satisfied with the content of such programmes, they reported a need for more autonomy and involvement in the preparation for leaving care. This would help empower care leavers to establish a new adult identity to help manage independent living (Daly, 2012).

### **Staff Experiences of Supporting Young People Leaving Care**

It is important to understand practitioners' experiences of supporting young people leaving care to meet the identified relational needs of young people and form collaborative relationships, which may be more difficult due to the young people's trauma backgrounds (Devaney et al., 2023). It has been found that staff feel they lack the knowledge and ability to cope with the complex emotional and behavioural struggles of children in care, made worse by poor working conditions including heavy workloads, poor pay, and limited supervision (Colton & Roberts, 2007). Consequently, professionals from fourteen disciplines across children's services in Ireland described themselves as working in a 'traumatised and traumatising system' (McElvaney & Tatlow-Golden, 2016). In higher education settings in the UK there is a growing concern for increased staff stress and burnout due to higher workloads and an increase in the need to support young people with complex mental health struggles (Brewster et al., 2022).

Additionally, when the perspectives of both care leavers and their case workers in Israel were explored, whilst they agreed on some challenges during the transition including limited financial resources and the lack of support from parents, there were also differences in challenges raised (Sulimani-Aidan & Melkman, 2018). These included case workers recognising the low awareness and realisation of rights that care leavers had, yet care leavers did not recognise this as a challenge. Care leavers put more emphasis on their sense of loneliness being a struggle during the transition, whilst case workers acknowledged this they failed to recognise it as a main challenge for care leavers. This demonstrates how research exploring perspectives of both young people leaving care and practitioners who guide them through this transition provides a more comprehensive understanding to inform practice and policy.

## **Summary**

Systematic reviews across countries have predominantly focused on evaluating care leavers outcomes and intervention effectiveness (Häggman-Laitila et al., 2020; O'Donnell et al., 2020; Taylor et al., 2021), and care leavers experiences of transitioning out of care (Häggman-Laitila et al., 2018; Hiles et al., 2013). Research exploring staff experiences, whilst acknowledging at times their job roles can be rewarding, highlights mostly negative perspectives across settings (Brewster et al., 2022; Colton & Roberts, 2007; McElvaney & Tatlow-Golden, 2016). When looking to improve practice, it is important to listen to the voices of all those working with these vulnerable young people, to obtain a better understanding of the challenges that professionals experience, and to identify opportunities for developing best practice (McElvaney & Tatlow-Golden, 2016).

## Previous Reviews

To date, one systematic review has explored practitioners' experiences of working with young people transitioning out of care (Gill et al., 2020). It identified the need for better service provision, increased resources to enable practitioners to provide more effective services, role clarity, specialised training, and practitioners expressed frustration over policies that were difficult to implement in practice. However, this review solely focused on the experiences of supporting a subgroup of care leavers who are young parents, limiting its generalisability. It also included foster carers experience who take on a more caregiver role compared to professionals, as well as including practitioners' experiences of working with children in care as well as those transitioning out of care. A further systematic review was conducted exploring the effect of provisions on the mental health of young adult care leavers, yet of the six studies included only one looked at practitioner perspectives (Rice & O'Connor, 2023).

Additionally, two scoping reviews were conducted (Blair et al., 2024; Prendergast et al., 2024). The first explored the provision of allied health professional services, specifically speech and language therapy, occupational health, and arts-based therapy for children in care and young people leaving care (Blair et al., 2024). It identified several barriers to the accessibility of allied health professional services and a need for joint up working between multidisciplinary teams. Yet, only one of the thirteen studies included in the review explored professional perspectives, with the rest focusing on children in care and leaving care experiences. The second review explored international barriers and enablers to care leavers engagement with support (Prendergast et al., 2024). It identified a need for flexible and accessible services, a gradual introduction to the aftercare concept and a proactive approach by professionals, particularly immediately after leaving care. Again, of the eighteen studies included in the review two were a mixed sample of care leavers and professional

perspectives, with only one study solely exploring professionals' perspectives. It should also be acknowledged that scoping reviews do not consider the quality of the included studies limiting the validity of their findings (Peters et al., 2015).

### **Aims of the Current Review**

The current review aims to add to the literature by solely exploring the experience of staff working with young people leaving care, to provide a shared understanding, alongside the existing systematic reviews of care leavers experiences, to better inform policy (Devaney et al., 2023). The review will explore the experience of staff supporting young people transitioning out of care across settings, as there is an identified need for a holistic approach with good inter-agency working across systems in the provision of care for young people. Hence this should be replicated in research.

The current body of literature requires further clarification, with a systematic review enabling synthesis of research to gain a better understanding of the experience of staff working with young people transitioning out of care. A systematic review will build upon scoping reviews and enable the quality of the current evidence base to be established (Munn et al., 2018). The review will use qualitative studies to obtain a comprehensive understanding of individuals experiences and the aims stated below do not lend themselves to quantitative approaches. The review aims to systematically examine the experience of staff working with care leavers through the question: What are staff in social care, mental health, education, and criminal justice settings experience of working with young people transitioning or preparing to transition out of the care system? The review's aims are:

- 1) To synthesise the current literature on the experience of staff working with young people leaving care across settings.



- 2) Identify gaps and limitations in the existing literature to inform future research on staff working with young people leaving care.

## **Method**

### **Search Strategy**

The systematic review methodology was informed by the Cochrane guidelines (Higgins et al., 2023) and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Page et al., 2021). The PRISMA statement contains twenty-seven items developed to increase transparency and validity of systematic reviews methodology. A protocol was developed to inform the review process. The full protocol was registered on PROSPERO (CRD42024510846) as prospective registration helps to reduce potential bias as any changes from the initial planned protocol can be assessed and facilitate optimal transparency to improve replicability (Booth & Jones-Diette, 2018).

Initial scoping searches were carried out to help develop the search terms. These search terms were reviewed and defined through discussions with the research supervisor and a librarian at Royal Holloway, University of London. The search was conducted across three electronic databases including PsycINFO, Web of Science, and Scopus. Additional searches were conducted by hand searching reference lists of included studies and Google Scholar. Across the three databases search terms were applied to ‘titles’, ‘abstracts’ and ‘keywords’ and the ‘advanced search’ function was used. Boolean operators helped to conduct a more precise search; broadening each block of search terms (by using OR Boolean operator) yet narrowing the overall search (by using AND Boolean operator). Truncations enabled the search of variations of key words facilitating a broader search to maximise relevant articles. The following search terms were used (See Appendix J for the full search strategy):

- "service prov\*" OR "care prov\*" OR "mental health service\*" OR "mental health prov\*" OR professional\* OR clinician\* OR counsel\* OR psycholog\* OR therap\* OR psychotherap\* OR practitioner\* OR "art therapist\*" OR "drama therapist\*" OR trainee\* OR "assistant psychologist\*" OR "social services" OR "social care" OR "social work\*" OR "support work\*" OR "outreach work\*" OR "key worker\*" OR "case worker\*" OR "care worker\*" OR education OR school\* OR college OR "sixth form" OR teach\* OR "teaching assistant\*" OR mentor\* OR "pastoral care" OR prison OR "criminal justice system" OR "youth offend\*" OR "young offend\*" OR "prison officer\*" OR "youth custody"
- experience\* OR journeys OR thoughts OR feelings OR interactions OR engagement OR lived-experiences OR reflect\* OR feedback OR views OR opinions OR reviews
- "care leav\*" OR "leaving care" OR "foster care" OR "residential care" OR "kinship care" OR "out of home care"
- qualitative OR "thematic analysis" OR "grounded theory" OR "interpretive phenomenological analysis" OR ipa OR "phenomenological model" OR "discourse analysis" OR "focus group" OR "semi-structured interview" OR interview OR "narrative analysis" OR "narrative model" OR "content analysis" OR "ethnography" OR "ethnographic model" OR "case study" OR "case study model" AND "historical model"

### **Eligibility Criteria**

An inclusion and exclusion criteria was developed to determine which studies should be included.

### ***Types of Studies***

Only qualitative studies were included with data collected via interviews, focus groups and qualitative questionnaires. Studies had to be empirical, to have collected and analysed qualitative data rather than being commentaries or reflective pieces. Studies had to be available in the English language, this could include translated copies of studies originally published in another language. Studies had to be published in a peer-reviewed journal as this increased their reliability (Kelly et al., 2014). There was no limit on the date of publication.

### ***Participant Characteristics and Context***

Samples must be staff who are supporting young people transitioning or preparing to transition out of care either directly or indirectly through policy development. The age of the young people will vary depending on what age they must legally transition out of care in the country they are living in. The young people may be from a range of care settings including but not limited to residential care, foster care, or kinship care.

Staff must be working in a social care, mental health, education, or criminal justice setting. There are no exclusions on the type of support staff may be providing across the different settings, this may include individual support, group support, interventions, advocacy or policy-making. Foster carers are excluded as they have a differing role compared to other professionals across the settings as they live with the young person. Studies with mixed samples (e.g., staff and care leavers experiences) can only be included if staff experiences have been analysed and reported separately.

### **Study Selection**

The researcher carried out the searches across the three data bases (PsycINFO, Web of Science, and Scopus) on the 11<sup>th</sup> October 2023. The search results were exported to Rayyan, a data management software, and duplicates were identified and removed. The titles and

abstracts of the remaining studies were screened against the eligibility criteria. The full texts of the studies that met the criteria were retrieved and read to see if they met the inclusion criteria for the review. Reference lists of included studies were hand searched, alongside Google Scholar being searched, to identify any additional studies which potentially met the inclusion criteria. Full texts were retrieved and read for each of these studies and were assessed against the eligibility criteria.

A second reviewer screened 25% of the full-text studies against the eligibility criteria to determine the reliability of the included studies. Reliability was calculated using Cohen's Kappa, with a value of 1, displaying perfect agreement between the reviewers. Additionally, the researcher conducted a quality assessment of all studies included in the review. The second reviewer completed a quality assessment on 35% of the studies. Interrater reliability was Cohen's Kappa 0.58, indicating moderate interrater reliability. Any disagreements were discussed by referring back to the quality tool. If an agreement could still not be reached, it was discussed with a third independent reviewer.

### **Quality Assessment**

The Critical Appraisal Skills Programme (CASP, 2018) was used to conduct the methodological quality appraisal of the fourteen studies included in the review. The CASP checklist contains ten questions looking at studies appropriateness and consideration of key components including methodology, data collection and ethical standards. A guide to help navigate how to use the CASP checklist was used to help with the process (CASP, 2018; Appendix K). Whilst there is currently no gold standard for assessing qualitative studies (Derrer-Merk et al., 2023), the CASP checklist was applied as it is frequently used and seen as the critical appraisal tool of choice for qualitative synthesis in social sciences (Laher & Hassem, 2020). It has also been recommended by Cochrane and the World Health Organisation for use in qualitative evidence synthesis (Noyes et al., 2018).

In this review each question on the CASP checklist was rated out of one (0 = no, 0.5 = somewhat, 1 = yes). Studies were then categorised in line with Babb et al's (2022) methodology. Studies scoring 8 and above were categorised as being of high quality and were labelled A, scores between 4.5 and 7.5 were categorised as medium quality and were labelled B, and scores of 4 and below were categorised as low quality and labelled C. No studies were excluded based on quality ratings to avoid the exclusion of novel findings (Derrer-Merk., 2023).

### **Data Extraction**

Each study included in the review had the following data extracted: authors and year of publication, setting and country, sample, age of young people transitioning or preparing to transition out of care, type of support provided by staff, data collection method, method of data analysis and findings.

### **Data Analysis**

This review conducted a thematic synthesis following Thomas and Harden's (2008) guidelines. The researcher focused on the 'results' sections of the included studies and followed the three stages of analysis: (1) line-by-line coding, (2) developing descriptive themes, and (3) developing analytic themes (subthemes) to address the question: What are staff in social care, mental health, education, and criminal justice settings experience of working with young people transitioning or preparing to transition out of the care system? Throughout the process of data synthesis, the researcher had reflective discussions with the research supervisor to ensure validity and transparency of the data (Thomas & Harden, 2008). Study quality was considered when conducting the analysis and interpretation of the reliability of the findings. This analysis was chosen as it is widely used within health and

social care research, and was relevant to address the research questions as it has previously been used to synthesise individuals perspectives and experiences (Thomas & Harden, 2008).

## **Results**

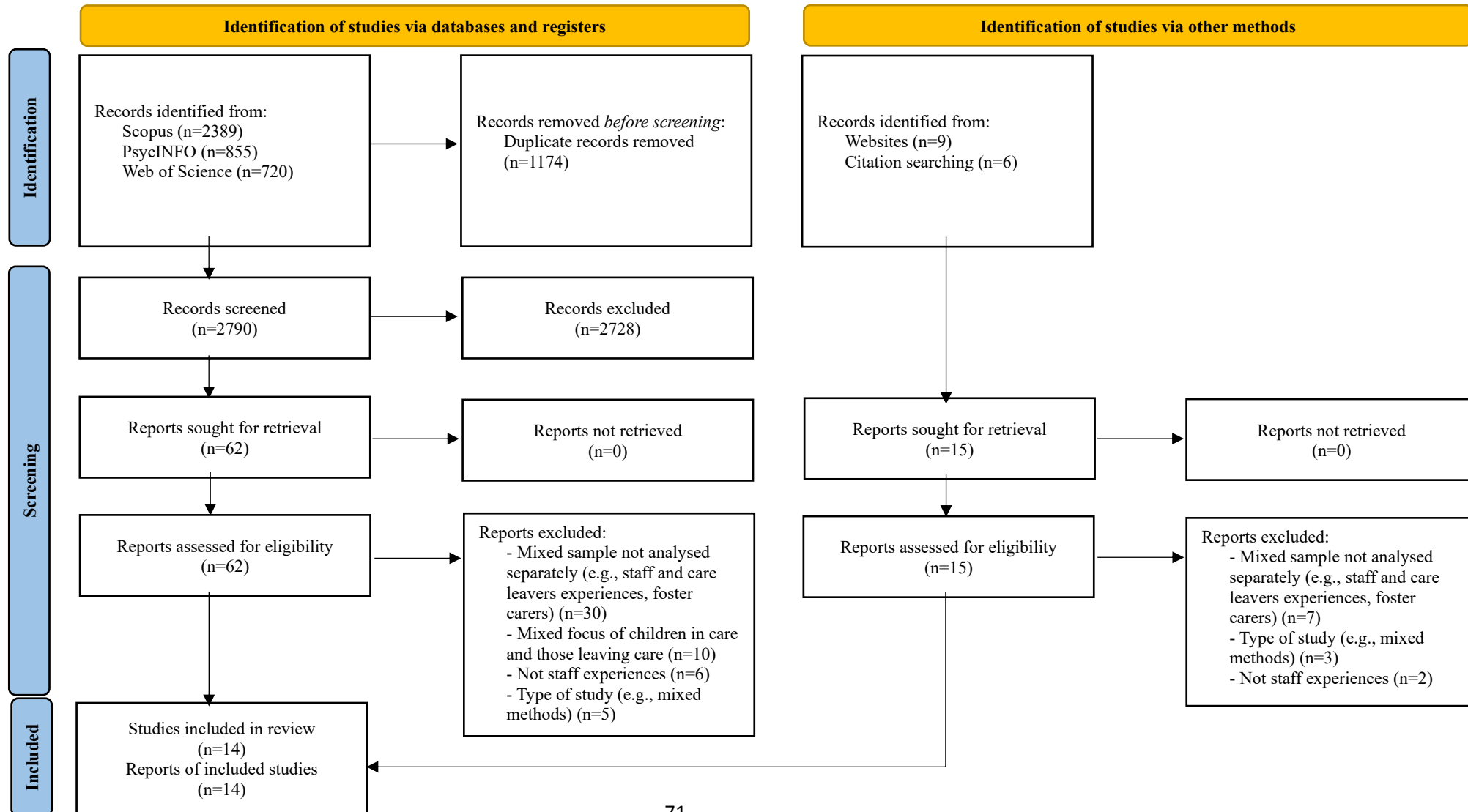
### **The Search**

Electronic database searches identified 3,964 studies from Scopus (2,389), PsycINFO (855) and Web of Science (720). Of these 1,174 were duplicates which left 2,790 studies for consideration. Screening of titles and abstracts excluded 2,728 studies, leaving 62 studies for full-text screening. Of these, 11 studies met the eligibility criteria to be included in the review. This meant that 51 studies were excluded during full-text screening. The main reason for exclusion was the study having a mixed sample, often sharing staff and care leavers experiences with these not being analysed or reported separately, or the sample included the experience of foster carers, resulting in the exclusion of 30 studies.

Additional searches were conducted on Google Scholar and by looking through the reference lists of included studies for relevant citations, with 15 being found. After screening, all 15 studies were retrieved for full-text review. Of these studies 7 were excluded due to the study having a mixed sample often sharing staff and care leavers experiences with these not being analysed or reported separately, or the sample included the experience of foster carers, 3 had a mixed methods design and 2 did not explore the experience of staff. Thus, 3 studies met the criteria for inclusion. Overall, 14 studies met the eligibility criteria and were included in this review. Please see Figure 2 for the full PRISMA flowchart, highlighting the process through which studies were screened within the review and reasons for exclusion.

**Figure 2**

*PRISMA Flow Diagram Showing the Study Selection Process.*



## **Characteristics of Included Studies**

Please see Table 1 for the included studies characteristics.

### ***Year, Location and Study Settings***

Fourteen studies published between 2007 and 2022 were included in the review. Most were conducted in Australia (n=9) all in the state of Victoria. The remaining studies were in the UK (n=3), Norway (n=1) and Romania (n=1). The setting in which the studies were carried out varied, including social care (n=6), criminal justice system (n=3), education (n=2), social care and mental health combined (n=2) and mental health (n=1).

### ***Sample and Type of Support***

A total of 351 participants were included across the 14 studies, with sample sizes ranging from 4 to 77 participants, with the mean sample being 25. Participants ranged from statutory professionals from a range of settings (n=189), stakeholders and non-government organisations (n=103) and service providers (n=40). One study had a sample of staff and care leavers but their views were explored and analysed separately.

The studies provided a range of support for those transitioning out of care including support for those involved with the criminal justice system (n=3), support for those with disabilities (n=3), mental health support (n=2), higher education support (n=2), early pregnancy and parenting support (n=2), support for those from marginalised backgrounds (n=1), and practical support in the care system (n=1). The studies provided this support for young people who were transitioning or preparing to transition out of the care system ranging from 15 to 25 years old.

### ***Methodology***

All studies used qualitative designs. Various methods were used by the studies for data collection including semi-structured interviews (n=5), focus groups (n=4), interviews or



focus groups (n=4), and both interviews and focus groups (n=1). Various methods of analysis were also used including thematic analysis (n=9), interpretative phenomenological analysis (n=1), theoretical construct of institutional logics inspired by thematic analysis (n=1), and some studies did not specifically define their qualitative analysis (n=3).

**Table 1***Summary of Included Studies Characteristics.*

	<b>Reference</b>	<b>Setting</b>	<b>Sample</b>	<b>Age of young people</b>	<b>Type of support</b>	<b>Data collection</b>	<b>Analysis</b>	<b>Findings</b>	<b>CASP Rating</b>
<b>1</b>	Anghel & Beckett. (2007)	Romania  Social care	Statutory professionals (n=11): Centre Managers (n=3), Social Workers (n=2), Educators (n=2), DGASPC representative, Government Representatives (n=3)  NGO professionals (n=7):	Leaving care, no specific age stated	Practical support in the care system	Semi-structured individual interviews	Qualitative analysis, not specifically defined	Two themes: <ul style="list-style-type: none"> <li>• Dependence, responsibility and rights</li> <li>• Statutory professionals at time of transition</li> </ul>	6  (B)

			Programme Co-ordinators (n=4), Social Workers (n=2), Counsellor						
<b>2</b>	Hiles et al. (2014)	UK  Social care & mental health	Social Worker (n=2), Family Therapist, Community Care Worker	16-22 years old	Health and social care support	Focus groups	Thematic analysis	Three themes:  • The train wreck at 18  • Service design and development  • Working as a professional	9.5  (A)
<b>3</b>	McNamara et al. (2019)	Victoria, Australia  Education	Senior representatives from OOHC service providers (n=11)	Leaving care, no specific age stated	Indirect support through policy development. Support at university	Semi- structured individual interviews	Interpretative Phenomenological Approach	Five themes:  • Tracking educational outcomes  • Raising aspirations and expectations	5.5  (B)

			Staff representatives from universities (n=28)					<ul style="list-style-type: none"> <li>• Academic preparedness</li> <li>• Creating opportunities</li> <li>• Indigenous experiences</li> </ul>	
4	Purtell et al. (2022)	Victoria, Australia	Social care services (n=2), NM and metropolitan intensive parenting support services (n=10), NM alcohol and other drug service staff member, NM	Teenage years - early 20's	Early pregnancy and parenting support	Semi-structured interviews and focus groups	Thematic analysis	Four themes <ul style="list-style-type: none"> <li>• Pathways to early pregnancy and parenting for care leavers</li> <li>• Services available to support care leaver parents</li> <li>• Eligibility criteria and service accessibility - policy catch 22s</li> <li>• Young people's resentment of care services</li> </ul>	5.5 (B)

			foster care staff member and NM family services (n=2)						
<b>5</b>	Bennwik et al. (2022)	Norway Social care	Social workers in aftercare child welfare services (n=14)	18-22 years old	Child social services aftercare support for disabled young people leaving care	Semi-structured individual interviews	Thematic analysis	Organising principles identified: <ul style="list-style-type: none"> <li>• A medical logic</li> <li>• An activation logic</li> <li>• An aftercare logic</li> </ul>	7 (B)
<b>6</b>	Mendes et al. (2016)	Victoria, Australia Social care	Staff in varying roles from seven mainstream child and youth welfare services in OOHC and leaving care sectors (n=32)	15-21 years old	Support for indigenous care leavers	Focus groups	Thematic analysis	Findings presented under the following headings: <ul style="list-style-type: none"> <li>• Nature of systems and processes</li> <li>• Aboriginal child placement principle</li> <li>• A strong value placed on the works of ACCOs</li> </ul>	7.5 (B)

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								<ul style="list-style-type: none"> <li>• Increasing cultural awareness and sensitivity</li> <li>• Limitations of leaving care and post care systems</li> <li>• Indigenous care leavers' transitional needs and experiences</li> <li>• Recommendations for improving outcomes for indigenous care leavers</li> </ul>	
7	Rahamim & Mendes (2016)	Victoria, Australia  Mental health	Professionals involved in the Victorian Statewide Leaving Care Forum (n=19).	Leaving care, no specific age stated	Mental health support	Semi-structured individual interviews or focus groups	Theoretical construct of institutional logics inspired by thematic analysis	Three themes: <ul style="list-style-type: none"> <li>• Factors influencing mental health outcomes for care leavers</li> </ul>	7.5 (B)

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			Staff from child protection, youth justice, mental health, homelessness and leaving care services (n=11, not specifically stated for each service)					<ul style="list-style-type: none"> <li>• Transitioning from OHC current policy and practice challenges</li> <li>• Practices for improved mental health outcomes</li> </ul>	
8	Mendes & Snow (2013)	Victoria, Australia  Social care & mental health	Case workers, managers, team leaders (n=19, not stated for each role)	15-21 years old	Social care support for disabled care leavers	Focus groups	Thematic analysis	Two themes: <ul style="list-style-type: none"> <li>• Young people with disabilities are not experiencing planned transitions from care and are not receiving the</li> </ul>	6.5 (B)

								<p>aftercare services they need</p> <ul style="list-style-type: none"> <li>• Young people with borderline disabilities, undiagnosed disabilities, and mental illness do not receive the accommodation and services they need</li> </ul>	
9	Mendes et al. (2014)	Victoria, Australia	Stakeholders from Victorian Office of the Criminal justice system and NGO's in the OOHC and youth justice systems (n=77)	17-21 year olds	Support for care leavers in youth justice services	Semi-structured interviews conducted individually or in pairs, or focus groups	Thematic analysis	Six themes: <ul style="list-style-type: none"> <li>• Factors contributing to the over-representation of young people leaving care in the youth justice system</li> </ul>	7 (B)



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								<ul style="list-style-type: none"> <li>• Child protection support to care leavers involved with youth justice system</li> <li>• Inter-agency collaboration</li> <li>• Leaving care plans and youth justice system involvement</li> <li>• Youth justice system responses to child abuse and trauma</li> <li>• Preventative and diversionary programs</li> </ul>	
<b>10</b>	Rogers (2015)	UK  Education	Student support staff (n=17),	16-19 years old	Support for care leavers	Semi-structured	Thematic analysis	Three themes: <ul style="list-style-type: none"> <li>• The lack of clarity between agencies</li> </ul>	5.5 (B)

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			social workers (n=8)		in higher education	individual interviews			as to their respective responsibilities for care leavers	
									<ul style="list-style-type: none"> <li>• The financial support provided by FE colleges</li> <li>• Limitations to the support provided by FE colleges</li> </ul>	
<b>11</b>	Fitzpatrick & Williams (2016)	UK Criminal justice system	Probation officers, probation service officers, mentors employed by an employment agency, strategic managers	18-25 years old	Support for care leavers subject to an intensive community order	Semi-structured interviews	Thematic analysis	Three themes:	<ul style="list-style-type: none"> <li>• Practitioners' perspectives: Barriers to responding to the specific needs of care leavers</li> <li>• Perceptions of care leavers as a 'risky' client group</li> </ul>	5.5 (B)

			(overall n=11, not stated for each role)					<ul style="list-style-type: none"> <li>Conflicts and contradictions in responding to care leavers in the criminal justice system</li> </ul>	
<b>12</b>	Broadley (2015)	Victoria, Australia	Residential care workers (n=2), Social care team leaders (n=2), home- based care workers (n=3), home-based care team leader, home- based care manager, leaving care support	Leaving care, no specific age stated	Support for care leavers with a disability	Focus groups	Qualitative analysis, not specifically defined	Four outcomes: <ul style="list-style-type: none"> <li>Some Care Leavers with Disabilities are placed in aged care facilities</li> <li>Some care leavers with disabilities return home to live with families of origin</li> <li>Some care leavers with disabilities are exited into homelessness</li> </ul>	6 (B)

			workers (n=2), client advocate, youth services team leader, disability support team leader, youth services manager, youth services senior manager, case managers (n=4), manager					<ul style="list-style-type: none"> <li>Some care leavers with disabilities are exited into supported residential services and boarding houses</li> </ul>	
<b>13</b>	Mendes & Baidawi (2012)	Victoria, Australia  Criminal justice system	Whitelion employees (n=11): senior manager, custodial mentor, employment program	15-21 years old	Support for care leavers in the youth justice system	Individual semi-structured interviews or focus groups	Thematic analysis	Six themes (key issues): <ul style="list-style-type: none"> <li>Factors contributing to overrepresentation</li> <li>Child protection support to care leavers involved in youth justice</li> </ul>	5 (B)

			workers (n=3), youth program worker, leaving care program worker, CEO, young women program worker, mentoring program workers (n=2)					<ul style="list-style-type: none"> <li>• Leaving care plans and youth justice</li> <li>• Inter-agency collaboration</li> <li>• Youth justice responses to child abuse and trauma</li> <li>• Preventive programs</li> </ul>	
<b>14</b>	Purtell et al. (2021)	Victoria, Australia	Service provider at NM leaving care services (n=2), NM and metropolitan intensive parenting support services	Teenage years - early 20's	Early pregnancy and parenting support	Semi-structured interviews and focus groups	Qualitative analysis, not specifically defined	Eight themes: <ul style="list-style-type: none"> <li>• Care experiences and social isolation</li> <li>• Negative feelings towards care and disengagement</li> <li>• Greater supports and trauma-informed,</li> </ul>	7 (B)

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(n=10), NM  
Alcohol and  
other Drug  
services staff  
member, NM  
foster care staff  
member and  
NM family  
services (n=2)

- relationship-based  
practice
- Surveillance bias
  - The paradox of  
care and  
protective  
interventions
  - Turning lives  
around
  - Traumatic  
pathways to early  
parenting
  - Indirect  
pregnancy  
prevention  
through  
educational  
attainment
- 

*Key:* DGASPC = Directorate for Social Assistance and Child Protection, NGO = Non-Government Organisation, OOHC = Out-of-home care,  
NM = Non metropolitan , FE = Further Education

## **Quality Appraisal**

The quality assessment conducted using the CASP indicated that all studies were categorised as A or B, demonstrating a high level of rigour. Studies scored between 5 and 9.5, with an average CASP rating of 6.5. Studies met differing criteria in the quality assessment. Predominantly, question six of the CASP evaluated whether studies had considered the relationship between the researcher and participants. Only one study met the full criteria, while the rest of the studies did not meet any of the criteria for this question, indicating a lack of reflexivity in nearly all of the studies included in the review. A number of studies also had points deducted for not describing a rigorous data analysis and not detailing their recruitment strategy. Table 1 shows the overall CASP score and categorisation for each study, while the complete quality appraisal is displayed in Table 2.

**Table 2***Quality Assessment Outcomes of Included Studies.*

CASP Questions	Included Studies													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Was there a clear statement of the aims of the research?	1	1	1	1	1	1	1	1	1	0.5	1	1	1	1
2. Is the qualitative methodology appropriate?	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3. Was the research design appropriate to address the aims of the research?	1	1	0.5	0.5	1	1	1	1	1	0.5	0.5	1	0.5	0.5
4. Was the recruitment strategy appropriate to the aims of the research?	0.5	0.5	0	0.5	0.5	0.5	0.5	1	0.5	0.5	0	0.5	0.5	1
5. Was the data collected in a way that addressed the research issue?	1	1	0.5	0.5	0.5	1	0.5	0.5	1	0.5	0.5	1	0.5	0.5
6. Has the relationship between researcher and participants been adequately considered?	0	1	0	0	0	0	0	0	0	0	0	0	0	0
7. Have ethical issues been taken into consideration?	0.5	1	0.5	0.5	1	0.5	1	0.5	0.5	1	1	0.5	0.5	1
8. Was the data analysis sufficiently rigorous?	0	1	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0	0	0.5
9. Is there a clear statement of findings?	0.5	1	0.5	0.5	1	1	1	0.5	1	0.5	0.5	0.5	0.5	0.5
10. How valuable is the research?	0.5	1	1	0.5	0.5	1	1	0.5	0.5	0.5	0.5	0.5	0.5	1
Total score	6	9.5	5.5	5.5	7	7.5	7.5	6.5	7	5.5	5.5	6	5	7

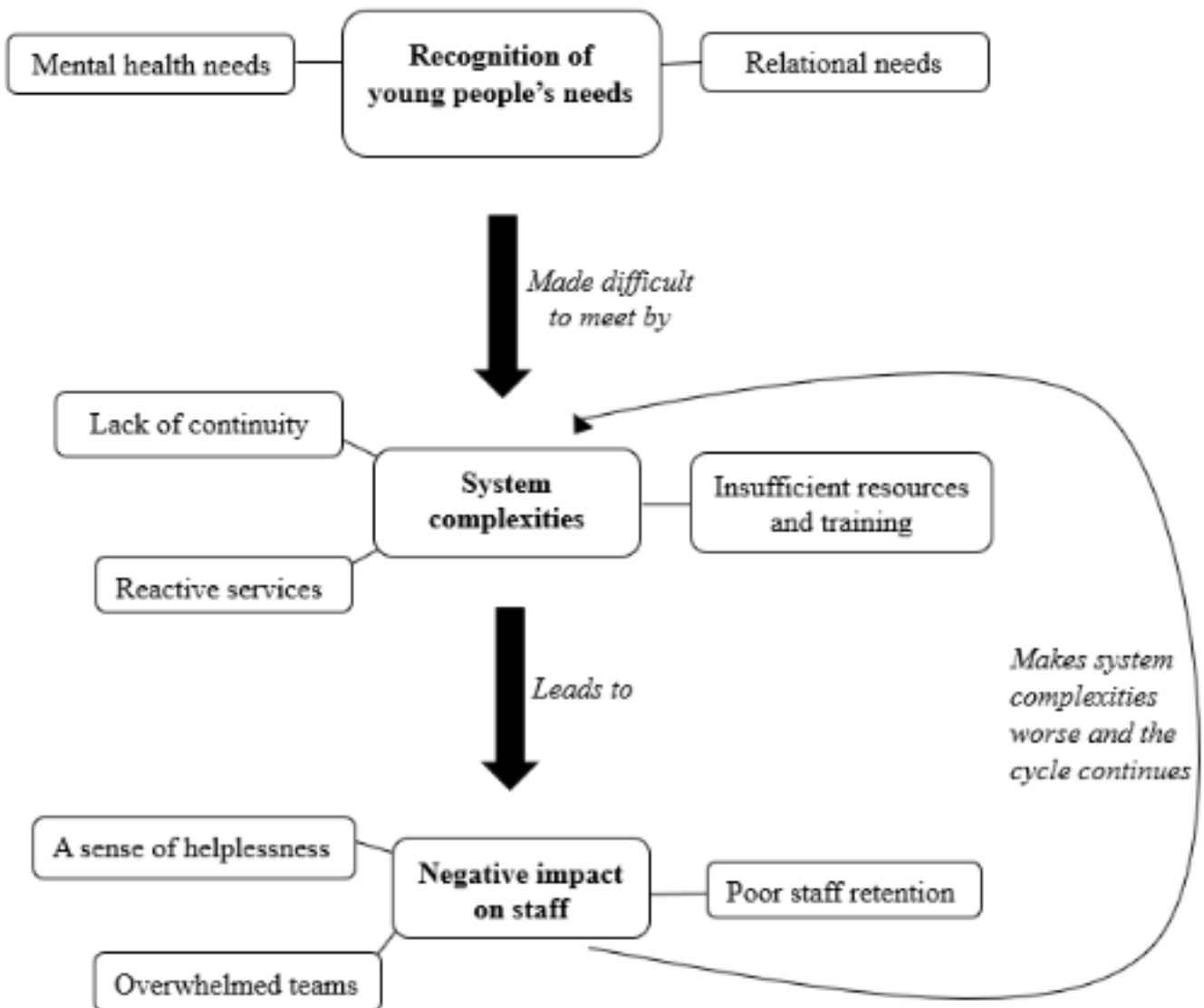


## Data Synthesis

The thematic synthesis identified three themes ('recognition of young people's needs', 'system complexities', and 'negative impact on staff') and eight subthemes to understand staff in social care, mental health, education and criminal justice settings experience of working with young people transitioning or preparing to transition out of the care system. Figure 3 presents the thematic map of the themes, subthemes, and the relationship between them.

**Figure 3**

*A Thematic Map Outlining the Themes and Subthemes from the Thematic Analysis.*



## **Recognition of Young People's Needs**

Studies recognised the complex backgrounds and consequent needs of young people leaving care, including their *mental health needs* and *relational needs*.

### ***Mental Health Needs***

Most studies recognised that those transitioning out of care experienced mental health struggles primarily due to trauma. Staff had an awareness how this could then lead to a range of mental health struggles, *“early experience of prolonged neglect, abuse or other forms of trauma (..) can contribute to problems with emotional regulation, problems with forming healthy and trusting relationships, it relates to anxiety and post-traumatic stress and also behavioural issues (..) their developmental journey has been extremely compromised and they are maturely not ready at eighteen years of age to be leaving care into independence”* (Rahamim & Mendes, 2016, p.63).

The impact of trauma was recognised across settings. Staff identified unresolved trauma as a significant contributor to offending in care leavers. Higher education settings commented on the impact of trauma resulting in these young people missing school causing them to fall behind academically. When they reached higher education, staff noticed the impact this had on the young people's self-esteem, *“it takes a level of confidence and self-belief to put yourself in a position where you are going to learn particular things (..) they've got to get over that hurdle of, ‘am I able to do that?’”* (McNamara et al., 2019, p.88).

All three studies exploring staff experiences supporting young people with disabilities, particularly those with intellectual disabilities and undiagnosed or borderline disabilities, identified often severe mental health struggles caused by prolonged trauma. Staff recognised that such struggles were exacerbated due to also having a disability and thus difficulties accessing appropriate mental health services. Some staff acknowledged how they

made adaptations to better meet the needs of these young people, *“you make it more simplified, so if you're putting incentives in place, you would start slower and you would include things that other clients would automatically be doing”* (Mendes & Snow, 2014, p.119).

There was one study exploring the experience of staff within the leaving care system in Romania which did not appear to recognise the mental health needs of young people. Staff did not have an awareness of these young people's difficult experiences which results in them entering the care system, *“[care leavers]being provided with everything they needed and therefore not experiencing the hardships that are typical of family life outside”* (Anghel & Beckett, 2007, p.12). They further felt as these young people had access to counselling they should be able to live independently with no struggles.

### ***Relational Needs***

Having acknowledged the often traumatic backgrounds of most young people leaving care, studies recognised their relational needs. Indeed, *“kids who have experienced trauma and who have been abused and going through an out-of-home care system, the most vital thing for them to assist them in their ability to function and manage through life is actually forming relationships”* (Rahamim & Mendes, 2016, p.65). Establishing a good relationship with these young people was also thought to be an important first step in higher education settings. Further in criminal justice settings these young people's relational needs were recognised by staff as a contributing factor to their offending, *“they're constantly looking for an attachment. It's never specific as to whether or not that's a negative or a positive attachment, more often than not it's negative, but they're getting their needs met”* (Mendes et al., 2014, p.16).

Staff further acknowledged that these young people often form good relationships with workers in the care system. They felt that leaving care creates anxiety as it threatens these relationships and recognised the function of some young people's offending behaviour was to test whether their relational needs will continue to be met, "*it's about knowing that the system has been there to pick them up for so long and it's just not going to be there anymore. There's not going to be someone who has to provide them with housing and food and all the basic necessities, and they are going to have to find that themselves. They are lashing out at that safety net just to make sure that it's still there*" (Mendes & Baidawi, 2012, p.16).

There was a recognition that as a staff member across settings, they could be the only person that the young person leaving care trusts and has a good relationship with. Staff across all studies took this as a chance to make a difference in the young person's life. This was apart from staff in one study in Romania who were "*wary of dependence and some attempted to avoid it by preventing any close relationship with the young people and imposing a formal atmosphere*" (Anghel & Beckett, 2007, p.12). In addition, only two studies acknowledged the cultural considerations for young people leaving care from differing backgrounds and how this may impact their mental health and relational needs (McNamara et al., 2019; Mendes et al., 2016).

### **System Complexities**

Studies identified system complexities that often made it more difficult for staff to meet the recognised needs of the young people. These included *reactive services* rather than preventative services, *a lack of continuity* during the transition of leaving care, and *insufficient resources and training* available.

## ***Reactive Services***

Studies highlighted that services appeared to be more needs based and preventative up until the point where young people began transitioning out of care. At this point there was then an identified shift where services in social care, mental health, education, and criminal justice settings were seen to turn into more chaotic and reactive services, with staff wanting *“to be able to provide more proactive, rather than reactive support, and providing reactive support was commonly cited as a major concern”* (Rogers, 2015, p.109). Staff also identified reactive services when working with young people leaving care with disabilities, *“there are no waiting lists for accommodation within disability services - that it is crisis based, not needs based (..) they respond to the most dire emergency rather than planning”* (Mendes & Snow, 2014, p.119). Staff felt reactive services are a barrier to leaving care planning for young people, and that there was *“the inevitable risk that those not in crisis receive less support or simply go unnoticed falling through the net”* (Hiles et al., 2014, p.7).

Studies identified potential reasons for services being reactive including time restraints linked to the age a young person must leave care, being understaffed, and one study felt that the reactive services was transference from the young people themselves, *“what social services are doing they're modelling the client, we've become chaotic just like the client (..), we have done, cos we're all we're responding to the chaos and to the erm reactions to the crises”* (Hiles et al., 2014, p.7). Staff felt services should be more preventative for better outcomes for young people and themselves. They identified preventative services would mean sufficient time for preparing for young people to leave care and implementing regular preventative programs such as career support, apprenticeships, mental health support, and the development of life skills.

### ***Lack of Continuity***

Most studies acknowledged a lack of continuity of care across various settings during young people's transition out of care, describing it *"like a train wreck, suddenly at eighteen, I definitely articulate that to young people as best I can, and say, you might be kicking against us right now, but, at eighteen, it will be most likely quite a different world"* (Hiles et al., 2014, p.6). Although it was acknowledged that at times there was a lack of joint working within children's services in the lead up to leaving care, particularly between criminal justice and social care services, which resulted in *"a lack of trust and role understanding, resulting in unacceptable levels of variability in service coordination and collaboration"* (Mendes et al., 2014, p.18). Studies reported the prominent lack of continuity of care during the transition is between child and adult services with a noticeable tension between the two sectors, *"I think that there is something in how child welfare services and adult services meet, and where I think labour and welfare services is very good (...) they recognise our judgements. But when we access other adult services, they want to start all over again. They want to make their own assessments; they are making their own inquiries. Rather than listening to us, who know the young person already"* (Bennwik et al., 2022, p.448).

Staff felt the tension between child and adult services is due to differences in how they perceive an eighteen year old, with child services often viewing eighteen year olds as 'big children', whilst adult services see them as independent adults. This was also reflected in services criteria with adult services having a less flexible approach towards engagement. Consequently, staff felt those leaving care with disabilities or who have not yet received a diagnosis were most at risk of falling through the net during this transition. However at times, staff acknowledged, contrary to their initial views, how young people were able to cope with reduced support in adult services, *"maybe you are given support two hours a week. And then*

*we stagger and think that this will never work out. But sometimes it actually works out well”* (Bennwik et al., 2022, p.449).

Particularly in higher education services, a key factor contributing to a lack of continuity of care was the scarce records for these young people. This was described as problematic as it meant at times, higher education facilities were not informed by social services that a young person is leaving care, *“that’s probably one of the biggest problems because we don’t know who they are (..) it’s very frustrating (..) because there’s a lot of work going on that we can offer our care leavers, but if we don’t know who they are”* (Rogers, 2015, p.110). Staff recommended that a centralised record system across settings, alongside the formation of transitional services are needed to improve the continuity of care during the transition of leaving care.

### ***Insufficient Resources and Training***

Staff acknowledged that while continuity of care and joint up working between services is a key component of successful service delivery, this cannot overcome issues that are driven by limited resources. Insufficient resources and training were identified by all studies as a key systemic struggle, *“underpinning many of the challenges was a pervasive sense of insufficient funding (..) it was a fight to meet even the most basic needs of young people, such as accommodation”* (Hiles et al., 2014, p.7). The three studies with those transitioning out of care with disabilities all highlighted that accommodation was a basic need, yet particularly with these young people staff considered *“the lack of accommodation options and support (..) to be a major cause of the difficulties”* (Broadley, 2015, p.93). Consequently, staff reported these young people often being placed in inappropriate accommodation including aged-care facilities, boarding houses, or back in an unsafe family home.

Further, an increase in resource for specialist services to better meet the needs of young people leaving care were identified. This included for parenting support, “*we always sit over target and don’t have the capacity to take all the people who would need the service and it’s the same with some of the other parenting programs. So, yeah, not everyone who needs those services can actually access them*” (Purtell et al., 2022, p.743). Also, for specialist cultural support, “*I’m just really aware that they are pretty under the pump, and understaffed and overworked and have all of Victoria to cover (..) it’s been my experience that that’s been a real sort of impediment to doing the good work. And I think that yeah, in my experience, [Aboriginal Community Controlled Organisations] workers have been absolutely fantastic*” (Mendes et al., 2016, p.7).

Staff also reported requiring more funding towards training to address outstanding learning needs. This highlighted a need for increased awareness about existing interventions specific for care leavers as “*it just feels a little bit hushed away the care leavers thing. It felt like a secret group. (..) whereas the cannabis group and things like that are far more transparent*” (Fitzpatrick & Williams, 2017, p.11). This study further reported how previous training from the Care Leavers Association helped improve knowledge about care leavers needs and the legislation surrounding them.

There was a training need outlined for increasing awareness of working with trauma, particularly in criminal justice settings, “*if someone’s saying ‘I was abused, this happened and some of that abuse took place while I was in care’ (..) then it’s difficult to sometimes know how to reply to that (..) it raised an issue for us about training, about how we speak to people now and communicate*” (Fitzpatrick & Williams, 2017, p.9). This reached the extent where youth justice officers did not feel comfortable asking young people if they were care leavers due to perceived attached stigma, a barrier to these young people accessing specialist support.



Additional training needs were identified for specialist topics where young people leaving care are overrepresented. This included staff working with young parents feeling uncomfortable discussing sex education topics with care leavers. It further included cultural differences as some staff were *“not familiar [with] any specific Indigenous care leaver programs. My understanding is that it’s all the same, so I would be interested to see with the . . . outcomes of this research, if there is something different that we don’t know about”* (Mendes et al., 2016, p.6). A recommendation was to employ a cultural support worker in each team to help with this education.

### **Negative Impact on Staff**

Due to system complexities, studies highlighted the negative impact this had on staff. This led to staff experiencing high caseloads leading to *overwhelmed teams* which contributed to staff experiencing *a sense of helplessness*, contributing to *poor staff retention*.

### ***Overwhelmed Teams***

All studies reported how, either their own service or another service supporting young people leaving care they worked alongside, were overworked with staff members having high caseloads. This was particularly discussed in relation to criminal justice settings, and resulted in the additional work required to support young people leaving care being neglected, *“I’ve got other kids on my case load who aren’t involved in any other services ... I’ll prioritise these other kids on my case load and let Parkville [Melbourne Youth Justice custodial centre] and Youth Justice think about the kid that’s in custody”* (Mendes et al., 2014, p.17). This was also present in social care services, *“right now there are too many things to do for the social worker to be able to work on an individualised plan”* (Anghel & Beckett, 2007, p.16). Staff felt when teams were overwhelmed this resulted in them attempting to pass the responsibility of young people leaving care onto another team, creating further tension between services.

Further, staff saw the process of identify a care leaver within their service as extra work on top of an already high caseload which impacted upon staff morale, “[Offender Manager] has to go through in a day, it’s quite vast so an extra load to identify, to encourage, to support [care leavers] and so on, on top of what you’re already doing. For some it was a bit of a ‘do we have to do this?’ And I understand that, cos I felt like that myself to be honest, do I have to do this? To be honest, it was one of those, we had to do it and it got done. We did it kicking and screaming but it got done” (Fitzpatrick & Williams, 2016, p.9).

High caseloads particularly impacted specialist workers, who were often less represented within teams, as it was noticed that they “barely come to a case plan, really. You’re lucky to see them at a case plan, but then they don’t know the kid, because they’ve got a caseload of like 60 or something, you know? You can’t get onto them. They don’t respond to emails” (Mendes et al., 2016. p.7). Staff acknowledged this meant that young people may not be able to access specialist support set up for them due to teams being overwhelmed.

### ***A Sense of Helplessness***

There was a sense of helplessness amongst staff across settings and it was acknowledged that this came with the general nature of the work with those leaving care, “[lack of parenting role model becoming evident in those leaving care who are young parents] it’s very tragic. It’s awful, to watch it play out” (Purtell et al., 2021, p.360).

However, staff also felt that their sense of helplessness was made worse by system complexities, demonstrating such despair staff “described having to “beg” for money on behalf of their young people, to meet even their most basic needs” (Hiles et al., 2015, p.7).

Such feelings were particularly present in staff working with those leaving care with disabilities as many ended up homeless. Demonstrating the extent to which staff feel at a loss as to how to help these young people leaving care, “I can’t imagine anyone being able to live

*with these two clients that are in my head, like they're really, really difficult and I don't know what the option would be for them... they're homeless now*" (Mendes & Snow, 2014, p.122).

Staff often went above and beyond to help these young people, "*doing ten times over the allocated hours that we're funded for to work with young people*" (Broadley, 2015, p.93), yet this often resulted in negative outcomes leaving staff feeling helpless.

Staff felt this sense of helplessness was driven by changes to the systems due to differing political narratives. Services felt that often systemic changes were made without staff being informed and they were expected to adapt accordingly. Staff struggled to work within services adhering to governmental policies due to the "*moral obligation they felt towards providing and fighting for the best support for them [the young people]*" (Hiles et al., 2015, p.8).

### ***Poor Staff Retention***

Due to teams being overwhelmed and staff experiencing a sense of helplessness, half of the studies acknowledged that services had poor staff retention which was seen as getting worse in recent years, "*I've just been reading the policy around leaving care and I think it's fantastic in theory, but there are so many problems in application. To put into practice is hard to do. You're looking at the retention rate of new workers in child protection being six months, when I started it was two years, and it went down to six months when I left*" (Mendes & Baidawi, 2012, p. 15). Other reasons for poor retention were due to the low qualified entry level jobs across services and low staff salaries resulting in a lack of incentives and morale, "*I receive the minimum wage, I am a beginner it's true, but this is awful, what am I supposed to do with this money, almost nothing. If I had to live on my own, I wouldn't be able to survive*" (Anghel & Beckett, 2007, p.15).

Studies acknowledged the negative impact of high staff turnover on meeting the young people's relational needs and their continuity of care, "*[about a care leaver] I might develop a really good relationship with you as my worker but suddenly you have gone and got a job somewhere. So I have to build trust again with this new person and work through that. None of which is going to be good for my mental health or wellbeing*" (Rahamim & Mendes, 2016, p.62). Poor staff retention created a need to recruit temporary staff, who were reported to lack knowledge of service provision and local services, further negatively impacting the needs of the young people and team dynamics. Staff suggested that retention could be increased if the systemic complexities outlined were improved enabling staff to better meet the recognised needs of the young people leaving care.

## **Discussion**

This review aimed to systematically explore the literature to answer the question: What are staff in social care, mental health, education, and criminal justice settings experience of working with young people transitioning or preparing to transition out of the care system? Thematic synthesis from fourteen studies identified three themes: 'recognition of young people's needs', 'system complexities', and 'negative impact on staff'. The findings showed a degree of homogeneity across the studies. This included all studies identifying a system complexity as having overworked teams and insufficient training and funding, with all but one study recognising the complex needs of young people leaving care.

The methodological appraisal revealed that quality was comparable across studies which were all found to be of medium quality, except one being of high quality (Hiles et al., 2014). A study's quality score had to range between 4.5 to 7.5 to be categorised as medium. Although during the analysis attention was paid to where within this range each study scored,

as there were no studies deemed to be of low quality, all studies likely contributed useful information to the findings.

## **Main Findings**

Staff had good ‘recognition of young people’s needs’ including their complex *mental health needs* which staff acknowledged were primarily due to young people having experienced significant developmental trauma. In line with existing literature staff recognised the trauma young people may then also experience from being in care, and identified that the leaving care process can itself be re-traumatising (Häggman-Laitila et al., 2020; Stein, 2008). Staff further recognised that as a consequence of experiencing such trauma, young people had *relational needs*. Such young people’s relational needs are acknowledged in the literature due to childhood trauma disrupting the formation of secure attachments leading to difficulties forming relationships in adulthood (Rodriguez & Dobler, 2021).

Although, in one study (Anghel & Beckett, 2007) conducted in Romania, staff failed to recognise young people’s needs. This can be explained as at the time of the study Romania had newly joined the European Union and with this came a significant change in culture which recognised the rights of young people in care. The study reported that professionals were struggling to adapt to this change and received little support implementing it. This demonstrates the influence contextual factors can have on staff recognising the needs of young people leaving care. It also shows that during legislative changes linked to young people leaving care, staff require support to implement these changes effectively in practice.

Staff reported that ‘system complexities’ were a barrier to being able to effectively meet the recognised needs of young people. These included *reactive systems, lack of continuity, and insufficient resources and training*. The issue of *reactive systems* is recognised in the UK as early intervention spending has been reduced within children’s services, with

services using the limited resources they do have to support children in crisis (Bennett et al., 2021). This is despite it being recognised that early intervention is key to reforming the care system and improving outcomes for young people leaving care (Bennett et al., 2021).

In addition, a *lack of continuity* was reported across all settings in the current review, although a particular problem for young people leaving care with disabilities. The transition from care is acknowledged to be more difficult for those with intellectual disabilities. This may be due to the population of individuals with intellectual disabilities changing rapidly, with young people with increasingly complex needs surviving into adulthood and requiring transition from child to adult health services (Brown et al., 2020). This may explain why staff felt accommodation and aftercare services appear less developed to meet these young people's needs. Yet it must be acknowledged that only three of the fourteen studies included in the review focused specifically on young people with disabilities, and there was not a clear consensus about the meaning of disabilities across studies. For example, studies had various interpretations of disabilities including young people with mental health struggles, physical disabilities, intellectual disabilities, or a mixture of these.

Further, barriers contributing to a *lack of continuity* have been identified in the literature including services having rigid boundaries, the different and sometimes arbitrary service boundaries, different amounts of funding, and a variation in protocols (Naert et al., 2017). Although this research identified such barriers to continuity of care within looked after children, similar barriers were identified within the current review resulting in young people leaving care falling through the cracks and experiencing a discontinuity of care during their transition. Moreover, the systemic underfunding leading to *insufficient resources and training* has been a longstanding issue and main contributor to the current care crisis (Dowling, 2022). The current review highlighted training needs for all staff working with young people leaving care, in specialist areas where care leavers are overrepresented. This included being young

parents, in contact with the criminal justice system, from differing cultural backgrounds and being mature students.

‘System complexities’ have been recognised as a factor underlying a traumatised system (McElvaney & Tatlow-Goldern, 2016) which can have a ‘negative impact on staff’. Therefore, overall the themes from the systematic review indicate staff are working in traumatised systems across social care, mental health, education, and criminal justice settings. A traumatised system is where such staff responses to young people’s complex needs mirror the traumatic response of the young people (McElvaney & Tatlow-Goldern, 2016). This can leave staff feeling traumatised themselves, and in their own responses to young people may then contribute to further traumatisation. This can be in the form of some staff developing coping defences which increase in rigidity and become more dysfunctional over time, resulting in potentially harmful service provision (Cummings et al., 2021). It can also lead to *poor staff retention* which was found in the current review, and can prevent the relational needs of young people being met by triggering feelings of abandonment causing re-traumatisation (Tyler, 2012).

To better understand the ‘negative impact on staff’ and their responses in a traumatised system it is helpful to consider the concept of vicarious trauma as this is recognised as a factor intertwined with ‘system complexities’ underlying a traumatised system (McElvaney & Tatlow-Goldern, 2016). Vicarious trauma is where trauma experienced by children in care can be reenacted, often unconsciously, in professional relationships (McCann & Pearlman, 1990). Young people leaving care, to avoid feeling difficult emotions, can unconsciously project these onto professionals (transference) who can then experience countertransference reactions such as strong feelings of inadequacy or *a sense of helplessness*. This can be explained by the concept of staff and young people becoming parallel processes, where when two or more systems (individuals or organisations) have a

significant relationship they tend to develop similar affects, cognition, and behaviour (Bloom, 2010).

Further, a systematic review found three themes contributing to vicarious trauma in staff working with children in the care system were a lack of organisational support, a lack of appropriate training, and staff failure to acknowledge and share when experiencing such feelings (Ireland & Huxley, 2018). All three factors were evident in the current review indicating that vicarious trauma may be present. Interestingly, although participants in the review reported feeling helpless, powerless and sad alongside acknowledging they were working in *overwhelmed teams*, the concept of vicarious trauma was not acknowledged. If professionals do not recognise and process the unconscious dynamics in vicarious trauma it can impact their relationships with young people and other professionals, contributing to the traumatised systems indicated in the review (Conway, 2009).

Alternatively, staff may not be reporting vicarious trauma in the current review as they could be experiencing vicarious resilience. The opposite to vicarious trauma is vicarious resilience and it can be conceptualised as three related impacts: (1) the awe of witnessing client resiliency, (2) positive changes made to one's own life based on lessons learnt, and (3) motivation to continue working (Engstrom et al., 2008). The experience of vicarious resilience is challenged given the identified complex needs of young people leaving care and 'system complexities', two recognised barriers to vicarious resilience (Molnar et al., 2020). Participants included in the current review did not comment on any positive aspects or experiences of their role. Therefore it is unknown whether this is because participants did not experience any positive aspects or if the included studies did not ask specific questions relating to this.



Further the tension between child and adult services identified in the current review could be explained by staff not being aware of vicarious trauma. If professionals do not recognise and process this, it can also be re-enacted in inter-professional relationships (Conway, 2009). For example, staff in the current review identified forming emotional attachments with young people throughout their care journey viewing them as ‘big children’ upon turning eighteen years old. Whereas adult services have not experienced young people’s trauma and view them as independent adults upon turning eighteen. As such staff in children’s services may over-align with young people leaving care, engaging in conflict with adult services. Such conflict or tension may appear about the young person’s needs but could actually be staff’s re-enactment of unprocessed, transferred aspects of the young person’s internal distress (Conway, 2009).

The ‘negative impact on staff’ can then make ‘system complexities’ worse maintaining the traumatised system. Increased funding for services to provide trauma-informed practice, discussed in detail in the empirical study (p. 16), is suggested as the most effective way to reform services supporting young people transitioning out of care across the UK, USA and Australia (Asmussen et al., 2022; Middleton et al., 2019; Wall et al., 2016). This would help reverse ‘systemic complexities’ and reduce the ‘negative impact on staff’ by providing reflective spaces and supervision, caseload management, workplace safety and a supportive work culture which acknowledges the reality of trauma and vicarious trauma (Morrison, 2007). This would then enable services to better meet the recognised needs the young people.

Although there is a recognised need for trauma-informed care in children’s services, a clearer and consistent definition is needed to facilitate its implementation (Asmussen et al., 2022). It is acknowledged that organisational change to transform a traumatised system into a trauma-informed system is challenging, a key facilitator of such a transformation is having

strong trauma-informed leadership creating a top-down approach to change within systems (Lowenthal, 2020). Organisational initiatives that led to a more successful implementation of trauma-informed practice include when they were driven by leaders who were fully committed to and engaged with trauma-informed practice and had resources available (Huo et al., 2023). Further when existing processes were enhanced rather than new additional processes being created, for example building in a debrief or reflective space to case discussions or adding in trauma screening items to existing screening tools (Huo et al., 2023). Finally, when staff training on understanding trauma was provided regularly across all staffing levels with a flexible delivery format, and when staff and service users were engaged or had ‘buy-in’ to the design and implementation of trauma-informed practice (Huo et al., 2023)

### **Evaluation of the Current Review**

This review had various strengths. It is the first to systematically synthesise the literature on staff experiences of working with young people transitioning out of care across multiple settings. Its broad search strategy obtained the maximum number of studies, with manual searches further extending the review’s reach. The review used broad key words to minimise the risk of missing key studies. However, this does not eliminate such risk altogether and it is important to acknowledge the potential value of using different or additional search terms related to staff and their varying job roles across these settings. Doing this may have resulted in different studies being identified compared to those found with the current search strategy.

Rather than restricting the search to one leaving care setting, the review kept the search broad using job roles across four settings. This captured the recommended holistic approach to supporting care leavers who tend to be involved in multiple systems during the transition from care. The key term ‘experience’ was also kept general rather than exploring

staff providing specific types of support as the language used to describe support differs across settings, and there is a lack of identified specific support provision for young people leaving care.

The reviews methodology followed the renowned Cochrane Guidance (Higgins et al., 2023) and the PRISMA statement (Page et al., 2021) to reduce bias and increase replicability. Including studies that used qualitative methods enabled the detailing of rich, in-depth perspectives of participants, to enhance the understanding of their experiences. The review only included peer-reviewed studies increasing the credibility of the included study's findings due to the extensive peer review process. However, this may have given rise to potential publication bias and the exclusion of relevant grey literature such as dissertations. A second reviewer screened 25% of the full-text studies and reviewed the quality appraisal of 35% of the included studies. Despite reducing the risk of researcher bias and error, as the second reviewer did not conduct this on all studies it cannot get rid of this risk altogether.

In addition, all studies included in the review were conducted in high-income countries, limiting the generalisability to differing cultural and political contexts. Nine out of the fourteen studies originated from the state of Victoria in Australia, further limiting the generalisability. Although it is important to note that Australia implement a similar legislative approach to care leavers as America and European countries, indicating comparisons could be made across these countries.

Participants from multiple settings included in the review are subject to differing ways of working, structures, and funding, with such inconsistencies making it challenging to compare and synthesise findings across studies. Yet as inter-agency working between these settings is recommended to support young people transitioning out of care, it was important to reflect this in the review. Further, there was a vast range of participant job roles within

each of the settings, from frontline staff to team leaders to service providers, creating considerable diversity within this synthesis. Whilst this sample offers a holistic view of staff experiences supporting young people transitioning out of care, which is integral to inform practice and policy in real-world settings, staff views may differ depending on their job role making comparison more difficult.

### **Implications for Research and Clinical Practice**

The findings from this review provide important clinical implications. The review demonstrates how a traumatised system is created and maintained. This improves the understanding of this for staff, leaders and policymakers in children's services, facilitating awareness and thus change. In line with a key recommendation from the empirical study, the review highlights a need for trauma-informed practice within leaving care settings. All studies within the review identified insufficient resources and training as a main challenge. Therefore services would benefit from increased funding to employ trauma-informed leadership to facilitate top down change which is more cost effective (Lyons & Fernando, 2023). Investing in trauma-informed leadership would help create system structures embedding trauma-informed thinking, monitoring and management, improving outcomes for staff and young people leaving care. More generally, centralised recording systems between services and formal protocols for implementing these are needed to improve inter-agency working.

In addition, the review indicates a need for the formation of transitional services, or the consistent extension of the age support continues until within current services, across settings to improve continuity when young people are leaving care. This need has been acknowledged and there have been some mental health services across the UK, Ireland and Australia which have extended their provision for young people up to the age of twenty-five (McGorry et al., 2013). However, the review suggests that such provision is not currently

consistent across sectors and leaving care services, with the rigid boundaries and criteria of child and adult services appearing a barrier to a smooth transition with many young people falling through the net. Such ongoing transition support would also be more reflective of the guidance received by non-care experienced individuals approaching adulthood. Moreover, staff appeared particularly distressed at the lack of provision for young people leaving care with disabilities. The review highlights a need for specialist staff training, appropriate accommodation and aftercare services for these young people.

The review highlights a need for future research further exploring the experience of staff working with young people leaving care across settings and countries to improve generalisability. Across social care, mental health, education, and criminal justice settings fourteen studies met the reviews inclusion criteria, which whilst sufficient across settings, demonstrates a lack of research within each individual setting. The limited research in this field has tended to focus on the experiences of young people leaving care, which whilst is integral to inform best practice, has led to staff experiences being neglected. Both perspectives are required for optimal practice particularly trauma-informed care.

Although the concept of trauma-informed care is relatively new, such approaches have been regularly recommended. Consequently a systemic review could be conducted on children's services that may have already implemented trauma-informed care, particularly trauma-informed leadership. Research could also be carried out on services implementing trauma-informed practice and leadership to document its progress and outcomes. Further, if transitional services were set up or current service provision extended further into adulthood, it would be important for research to explore their implementation and outcomes for staff and young people. Research on the implementation of services or approaches would benefit from considering longitudinal studies to observe change over time.

## **Conclusions**

This systematic review synthesised the findings of fourteen studies, developing themes to understand staff in social care, mental health, education, and criminal justice settings experience of working with young people transitioning or preparing to transition out of the care system. The review indicated that staff across settings are working in traumatised systems. System complexities prevented staff from being able to meet the complex needs of young people leaving care, whilst having a negative impact on staff themselves. However, the lack of heterogeneity across the studies regarding their setting, samples, analysis and methodological quality made it more difficult to draw meaningful comparisons between the studies. Consequently, future research further exploring staff experiences working with young people leaving care across settings and countries is needed to improve generalisability of findings. This will help inform and develop services supporting young people transitioning out of care which better meet the needs of staff and young people.

**Chapter 3:**  
**Integration, Impact, and Dissemination**

## **Integration**

### **The Connection Between the Empirical Study and the Systematic Review**

The empirical study (ES) and systematic review (SR) were closely connected in their shared focus on the experience of staff supporting young people leaving care. Whilst a similarity was that staff across both the ES and SR appeared to have a shared understanding of the complex needs of young people leaving care. Overall, the findings indicated that staff in the ES had very different experiences compared to those in the SR. The SR identified system complexities which had a negative impact on staff, whereas in the ES trauma-informed practices such as staff consultations, reflective spaces and regular trainings minimised such complexities found in the SR. This provided a stark contrast as staff in the ES appeared to be working in a trauma-informed system whereas staff in the SR were working in traumatised systems.

The contrast of the findings between the ES and SR resulted in reflection on my own experience as a staff member working within services. Within my placement in an adult mental health service, I shared similar experiences to staff in the SR including feeling quite disempowered in a hierarchical structure, uncertain due to team splitting, and a high staff turnover made working relationships more challenging. In comparison within my placement in CAMHS I shared similar experiences to staff in the ES. This included feeling more contained through regular access to reflective spaces, more culturally competent through regular trainings and discussions, and I felt able to build strong relationships with colleagues and services due to shared values. This emphasised how our experiences as staff members are impacted by the systems we work in and how important it is to hear such experiences to understand and ensure optimal service provision.



Another consideration is that the ES narrowed its focus from the SR's exploration of staff experiences supporting young people leaving care, to unaccompanied asylum-seeking young people leaving care. This was due to a recent review of the National House Project (NHP), the charity where the participants were recruited from in the ES, concluding it is working in a trauma-informed way with evidence of trauma-informed leadership (Harvey et al., 2022). With a rising number of asylum-seeking young people in care, and joining the NHP, it was important to explore the experience of staff who worked within a trauma-informed and relational framework of practice, to support the needs of these young people. Staff experiences in the ES indicate that additional support is required to navigate and best support asylum-seeking young people's unique needs. This would suggest that staff in the SR working in an already traumatised system may particularly struggle to meet the needs of young people leaving care from minoritised groups.

It became apparent through conducting the ES and SR that there was a lack of research exploring the experience of staff within this field. Demonstrating this the SR, across four different sectors, identified thirteen studies which explored the experience of staff, and one study which had a mixed sample of staff and young people. The literature search for the ES showed that there was even less research which explored the experience of staff supporting minoritised young people such as unaccompanied asylum-seeking young people. The limited current research in the field tends to focus on the experience of young people leaving care. Both young people and staff perspectives are integral to provide optimal practice, particularly trauma-informed (McElvaney & Tatlow-Golden, 2016). Further, the research processes within the SR and ES meant that the two formed a uniformed whole to develop recommendations for future research and clinical practice.

## **Recruitment**

Within the NHP, participants were recruited from two Local House Projects (LHPs) as these had unaccompanied asylum-seeking young people as part of their community. The use of purposive and snowball sampling methods for recruitment from a small sample may have caused apprehension in participants regarding their anonymity, impacting their responses in the interviews. On reflection, although I explained to participants that any quotes included within the study's write up would be anonymised, I could have spent more time explicitly explaining that this meant that identifiable characteristics such as their job role or LHP would not be disclosed. This may have better eased concerns about anonymity potentially leading to different information being obtained.

## **Methodological Considerations**

The ES used reflexive TA (Braun & Clarke, 2006) to gain a rich, in-depth understanding and uncover underlying meanings of participants experiences through an inductive and latent approach, revealing new meanings through the researcher's views and interpretations. I took a critical realist position as this enabled the experience of staff to be discovered, whilst acknowledging that the sociocultural context of participants and the research shape reality.

Data saturation has been the gold standard approach to determining sample size, yet in more recent years, research has highlighted problems with this, including that it does not align with the values and assumptions of reflexive TA (Braun & Clarke, 2022). Rather, more recently attention has been paid to information power encouraging the researcher to consider data richness and how it meets the study's goals (Braun & Clarke, 2021). The ES's approach supported the researcher sitting with uncertainty, enabling the researcher to fully submerge with the data to obtain interpretive meanings of staff experiences.

Moreover, regarding the SR, the quality of included studies was assessed using the CASP qualitative checklist (CASP, 2018) due to its frequent use in social and healthcare settings (Laher & Hassem, 2020). Despite this, it is recognised that there is currently no gold standard for assessing qualitative studies and the interpretation of existing tools varies due to their subjectivity (Derrer-Merk et al., 2023). This could explain why there was moderate interrater reliability found between myself and the second reviewer for the quality assessment of included studies.

Further, the CASP qualitative checklist itself does not assign a scoring system to aid with the interpretation of study quality (CASP, 2018). However this leaves study quality interpretations difficult to conceptualise, particularly if comparing scores with a recommended second reviewer to increase rigour. Hence, reviews have adopted their own scoring systems and ranges to better interpret study quality scores, although such systems vary and there does not appear a centralised or recommended scoring system (Babb et al., 2022, Derrer-Merk et al., 2023, Fox et al., 2017). The SR used the scoring system and categorisation in line with Babb et al's (2022) methodology, a published SR increasing its rigour, as it is based on a previously used scoring system (Fox et al., 2017) but takes into account the updated CASP guidance (CASP, 2018) increasing its validity.

### **Expert by Experience Involvement**

Meaningful expert by experience (EBE) involvement is integral to high quality and inclusive research (Romsland et al., 2019). Initially, I planned to identify an EBE who was a staff member at the NHP with experience of working with unaccompanied asylum-seeking young people. However, during the initial phases of the study's development, although the study explored staff experiences, I felt it was important for these young people's voices to be captured in the research. Consequently, I decided that having an EBE who represented these young people was a good way to capture this. The NHP discussed this with potential young

people who wanted to co-produce parts of the research project, and the EBE was an unaccompanied asylum-seeking young person currently part of the House Project community.

The EBE provided feedback on the topics of the questions planned to be included in the interview schedule. Feedback on the wording helped minimise psychology jargon and a key change was incorporating a more in-depth exploration of how staff work with cultural differences. Co-production could have been enhanced from obtaining feedback from more than one EBE, including unaccompanied asylum-seeking young people and an appropriate staff member if the sample of staff to recruit from had been larger.

### **Self-Reflection**

Reflexive TA emphasises the importance of the researcher's subjectivity, viewing it as an essential and valuable component to research through active engagement with reflexivity throughout the research process (Braun & Clarke, 2022). There were differences visible between myself and participants including age, gender, ethnicity, background and job role. There were also some similarities including working in a public sector and supporting vulnerable individuals. Keeping a reflexive journal throughout the research process and having regular discussions in supervision ensured I remained aware of my biases and led to a more valid analysis.

It was integral from the start of the research process as the main researcher, as a white-British woman, to acknowledge my position of privilege and safety when thinking about the context of unaccompanied asylum-seeking young people. For example, once the interview was finished I could disengage from the experience of discussing trauma, discrimination and a lack of safety, whereas the young people who staff involved in the research were talking about could not. On reflection, participants in the interviews were also aware of their own background, particularly in relation to young people's journeys over to the

UK as all participants acknowledged this as something they could never fully understand. In addition, with my cultural background in mind, it was important that I positioned myself to the participants as a curious researcher, rather than an expert on this topic. It was about acknowledging that participants were trying their best to directly or indirectly support unaccompanied asylum-seeking young people. My role was taking a non-judgemental approach to better understand what such support currently looked like, and emphasising this at the start of each interview helped to implement my position.

Alongside this, I felt nervous about interviewing participants who had direct or indirect experience of working with unaccompanied asylum-seeking young people, whereas I had no experience of working with such young people. I wondered if participants may feel like I am not competent. On reflection, this could have stemmed from my position as a trainee clinical psychologist, lacking confidence in my research skills. Further, I initially found it difficult to balance adhering to the interview schedule with being open to exploring new areas participants initiated discussing. Over time conducting more interviews and reflecting on my interview style I became more confident in managing this balance. Adopting a flexible approach, responding to participants points but keeping the research aims in mind enabled me to link any discussion back to these aims.

Although having conducted regular therapy sessions and meetings remotely, I wondered if conducting the interviews online would impact the building of a rapport with participants compared to in-person interviews. This was particularly as the interviews were about potentially sensitive topics. Nevertheless, drawing on my clinical experience I was able to conduct the online interviews in a way which felt like it supported the building of rapport. This included prioritising participants safety through active listening, taking a curious non-judgmental stance, and if it felt appropriate to do so gradually asking more challenging questions as the interview progressed.

In addition, I was very aware of the current rife political context surrounding the research project. It was important to acknowledge my own political stance and how I had a shared vision with the NHP, that unaccompanied asylum-seeking young people have unmet needs and require support. Despite being aware of this and actively trying to identify my blind spots, it meant that another researcher with differing perspectives to the NHP may have resulted in alternative findings. Contributing to this, during my training I have worked with several asylum-seeking adults. Whilst this was not directly with young people, I experienced a first-hand understanding of the struggles these young people may face as adults and the impact of making the journey over to the UK.

Further, upon arrangement of my first interview I found myself slightly apprehensive about situations that may arise during the interview process linked to the political context, particularly as this was an active topic in the news at the time. I discussed such feelings in supervision and we agreed that taking a curious stance to the interview process would be helpful and to aid implementing this I took time after each interview for reflection. I further sensed there was a notion that participants were concerned about saying the wrong thing, facilitated by societal pressures. For example when participants took longer pauses or said out loud ‘what is the best way to phrase this’. This highlights the importance of care needed to be taken when conducting research on sensitive topic areas, yet also demonstrates how participants were actively aware and strived to speak in the most appropriate way.

## **Impact**

### **Clinical Impact**

The SR and ES both have clinical implications. Looking at the SR and ES together, staff appeared to recognise the complex needs of young people leaving care. However, when staff were working in services that provided little support due to system complexities this had

a negative impact on staff and made it more difficult to meet the young people's complex needs. Whereas staff who felt supported reported feeling contained and more able to meet the needs of these young people. Therefore, the findings highlight what staff working in these services find helpful and identify areas for improvement. This can have an organisational impact as it can inform policy-makers on what is required for optimal service provision. This impact can then filter down to maintain or improve staff wellbeing and working conditions across services to help reduce the problematic issue identified of poor staff retention in services supporting young people transitioning out of care. In turn, if staff feel more contained and better supported to do their job, this can improve service provision for young people leaving care.

A key barrier to implementing recommendations by staff is a lack of resources and funding. However, the findings of the ES and SR emphasise that if staff are not looked after, this can maintain or contribute further to system complexities. Therefore it is hopeful that the findings highlight how important it is to ensure optimal staff wellbeing. As a starting point this could include ensuring staff have regular reflective spaces and supervision for their own emotional wellbeing, the provision of engaging training on working with the complex needs of the young people, and increased funding towards prevention strategies rather than towards crisis management. It may also be helpful for services to employ a psychologist to aid with the implementation of such practices and spaces.

The ES further highlighted staff experiences of working with unaccompanied asylum-seeking young people leaving care. Such staff experiences identified the unique needs of such young people and that when supporting them specific considerations are required in order to meet these needs. This included specialist training in understanding and working with their unique trauma, and training and awareness of cultural differences including responses to trauma and mental health perceptions. This can help inform government policy-makers of the

additional considerations and support that staff need to best support these young people. The provision of such support will ensure optimal outcomes for staff and young people. At a broader level, these findings could impact any professionals or organisations working internationally with vulnerable people from differing cultural backgrounds.

Although a main barrier to such impact is the current political narrative and complex constantly changing legislation restraints surrounding these young people and staff working with them. To help overcome this barrier and increase the impact of the findings, staff in the ES suggested the importance of those supporting these young people to regularly share experiences of enablers and barriers of provision, internally and between services. To evidence the benefits or barriers to the findings it would be integral for any changes to services to be monitored and evaluated throughout the process of implementation. This could be through developing standardised measures or through obtaining feedback from service users, staff, organisations, and policy-makers.

### **Academic Impact**

As the ES and SR highlighted there is a dearth of research exploring the experience of staff in this field, research is encouraged to further explore staff experiences across settings working with young people transitioning out of care. This particularly includes staff experiences of supporting minoritised groups during this process, as the ES has highlighted that staff may need additional support when working with such young people. This would ideally be with staff from a range of organisations and settings, creating more representative samples outside of the NHP. This would help to gain a wider consensus of the positives and challenges of working in these services to better inform policy. Alongside this it is important for research to continue exploring young people's experiences so comparisons can be made and as both staff and young people's perspectives are needed for optimal service provision.



Both the ES and SR concluded that trauma-informed practice is required when supporting young people leaving care for optimal outcomes. Research is encouraged to explore staff experiences of implementing such practice across settings. Future studies should consider longitudinal studies, follow-up periods, differing contexts, differing staff roles (e.g., frontline staff, managers, leaders, policy-makers), and using qualitative designs alongside some analytic approaches. Further, research should focus on the development of universal tools to monitor and evaluate the development and progress of implementing such practice.

### **Dissemination**

I gave an online presentation of the research to fellow trainee clinical psychologists and course staff at Royal Holloway University in May 2024. Fellow trainee clinical psychologists gained insights into how the research was conducted which may help inform their own theses. Additionally, trainees must complete a child placement and likely work with individuals from a variety of cultural backgrounds, hence the research information could help inform their current practice.

In May 2024 I gave a further online presentation of the research to participants at the NHP who took part in the ES, including senior leaders. This presentation, including a lay summary to ensure understanding, was also distributed electronically to all participants, ensuring they could still access this information if they could not attend the scheduled presentation. Following the presentation there was a reflective discussion whereby staff provided feedback that they thought the presentation was thought-provoking. Staff said they were appreciative of the clinical implications of the research which they started to think about how they could implement. Participants were further encouraged to share the findings with other House Projects, particularly those who are newly hoping to have unaccompanied asylum-seeking young people as part of their community. To help with this, in the future, I

have been invited and plan to present the research at the community of practice, a forum at the NHP where all the LHPs come together to discuss practice. The research has the potential to inform future training delivery too across the NHP.

The SR and ES intend to be published in peer-reviewed academic journals to facilitate further dissemination. The SR and ES will aim to be published as two separate papers to maximise their impact. International and national journals are being considered most relevant to the research topic. Journals will be approached based on their impact factor and reach to ensure maximum impact on targeted audiences. Current potential journals being considered are Psychological Trauma: Theory, Research, Practice and Policy, Children and Youth Services Review, and Child and Adolescent Mental Health Journal.

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## Appendices

### Appendix A

#### Ethical Approval From the Research Ethics Committee at Royal Holloway, University of London

##### Result of your application to the Research Ethics Committee (application ID 3821)

**ES** Ethics Application System <ethics@rhul.ac.uk>      


To: Griggs, Jemma (2021); Harvey, Joel; Ethics Tue 26/09/2023 09:04

PI: Dr Joel Harvey  
Project title: Staff's experiences of working with unaccompanied asylum seeking young people within a trauma-informed framework at the National House Project: An Exploratory Qualitative Study.

REC ProjectID: 3821

Your application has been approved by the Research Ethics Committee.  
Please report any subsequent changes that affect the ethics of the project to the University Research Ethics Committee [ethics@rhul.ac.uk](mailto:ethics@rhul.ac.uk)

This email, its contents and any attachments are intended solely for the addressee and may contain confidential information. In certain circumstances, it may also be subject to legal privilege. Any unauthorised use, disclosure, or copying is not permitted. If you have received this email in error, please notify us and immediately and permanently delete it. Any views or opinions expressed in personal emails are solely those of the author and do not necessarily represent those of Royal Holloway, University of London. It is your responsibility to ensure that this email and any attachments are virus free.

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## Appendix B

### Participant Information Sheet



#### Prospective Research Participant Information Sheet

Psychology Department

Royal Holloway, University of London

**Project Title:** Staff experiences of working with unaccompanied asylum seeking young people within a trauma-informed framework at the National House Project: An Exploratory Qualitative Study.

**Researcher's name:** Jemma Griggs

**Researcher's email address:** [jemma.griggs.2021@live.rhul.ac.uk](mailto:jemma.griggs.2021@live.rhul.ac.uk)

#### Introduction

You are being invited to take part in a research project. Before you decide to consent to take part it is important for you to understand why the research is taking place and what your participation will involve. Please take time to read the following information carefully. Please ask me if anything is not clear or if you would like more information. Please consider carefully whether you wish to consent to take part.

#### Why is this research being conducted?

The number of unaccompanied asylum seeking young people in care in the UK is at its highest recorded. These young people have often had difficult lives with negative experiences in their country of origin, on their journey to the UK and upon arrival in the UK. It is important that services supporting such young people are trauma-informed, meaning the whole service understands the potential impact of the negative experiences on young people and the staff they work with. Research indicates there are special considerations within trauma-informed practice when working with unaccompanied children. A recent review concluded that overall the National House Project (NHP) is working in a trauma-informed way, yet staff's experiences of implementing the NHP's framework when working with unaccompanied children was not specifically explored. The current study aims to explore staff's experience of working in a trauma-informed framework of practice with unaccompanied children who are leaving care.

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

You have been invited to take part in the study as you are aged over 18 years old and are currently working with or have previously worked with unaccompanied children at your Local House Project.

**Do I have to take part?**

No. It is up to you to decide whether you wish to take part or not. You can withdraw from the study at any time, without any consequences and without needing to give a reason. You can withdraw your data up until four weeks after the date of your interview so up until (enter withdrawal date) by contacting the researcher. After this date the interview will be transcribed and used as part of the thesis for assessment and potentially published so withdrawing your data will no longer be possible. If you decide that you wish to withdraw your data from the project within four weeks after the date of your interview, the researcher will delete the recording and transcription of your interview and it will not be used in the study.

**What will my participation involve?**

You will be provided with a consent form to read and sign if agreeable and you would like to partake in the study. You will then be invited to attend an interview with the researcher lasting up to 1 hour. The interview will be completed online via Microsoft Teams or in person at your Local House Project. The interview will explore your experience of working with unaccompanied children who are leaving care.

Questions in the interview will explore your views and experiences, there are no right or wrong answers. You can ask to pause the interview to take a break or stop the interview altogether at any time. With your consent we would like to audio record the interview using a password protected voice recorder or if the interview is online to record on Microsoft Teams, solely to aid with the write up of the study. This has highlighted your involvement in the study which aims to be written up by June 2024.

**What are the possible disadvantages and risks in taking part, and how might these be mitigated?**

Talking about your experiences working with unaccompanied children linked to trauma-informed practice may trigger distressing or difficult feelings. Details will be provided of follow-up support available to you should this be required.

Everything will be done to keep your data anonymised. You will be asked for demographic information including gender, age, ethnicity and job role with an option of 'prefer not to say' for each of these. Demographic information obtained will not be linked to direct quotes in the write up of the study. You will also have the option of reviewing the quotes that will be used in the thesis write up to ensure you are satisfied with the use of your data.

**Are there any benefits in taking part?**

Whilst there are no immediate benefits for people participating in the project, it is hoped that this research will help to develop the NHP's trauma-informed approach to best meet the needs of unaccompanied children, identify potential training needs for staff at the NHP and help to develop other services and policies related to unaccompanied children.

## **Payments**

There will be no payment for taking part in this study.

## **What information about me will be collected and why is the collection of this information relevant for achieving the research objectives?**

Demographic information described above is collected to provide important context for participants partaking in the research. The interview will be recorded to aid with the write up of the study and be deleted once it has been transcribed by June 2024. Transcription of the interview will be retained for up to five years after the submission of the thesis until June 2029 for auditing purposes and to allow time for potential publication of the research. The researcher and two research supervisors will have access to the research data.

## **How will the results of my participation be used? Will the research be published? Could I be identified from any publications or other research outputs?**

The research will be submitted as a thesis for assessment as part of the Doctorate in Clinical Psychology Course. The findings from the research may be published in an academic journal. Everything will be done to keep your data anonymised and you will be given a pseudonym (a made-up name) which will be used throughout any collected and stored data. Direct quotes from your interview may be used in the research findings alongside your pseudonym. You will also have the option of reviewing the quotes that will be used in the thesis write up to ensure you are satisfied with the use of your data.

## **Who do I contact if I have a concern about the research or if I wish to complain?**

If you have a concern about any aspect of this study, please contact either the researcher, Jemma Griggs, via [jemma.griggs.2021@live.rhul.ac.uk](mailto:jemma.griggs.2021@live.rhul.ac.uk), the research supervisor, Dr Joel Harvey, via [joel.harvey@rhul.ac.uk](mailto:joel.harvey@rhul.ac.uk) or Royal Holloway's Research Ethics Committee via [ethics@rhul.ac.uk](mailto:ethics@rhul.ac.uk). If you wish to make a formal complaint, please email [integrity@rhul.ac.uk](mailto:integrity@rhul.ac.uk).

## **Ethical Approval**

This study has received ethics approval from Royal Holloway, University of London's Research Ethics Committee, with the approval ID of 3821.

## **Data protection**

This research commits to abide by the Data Protection Act (2018). For detailed information about what this means for research participants, please visit the Research Participant Privacy Notice: <https://intranet.royalholloway.ac.uk/research/documents/researchpdf/new-intranets/research-participant-privacy-notice.pdf>

## **General Data Protection Regulation Statement**

Important General Data Protection Regulation information (GDPR). Royal Holloway, University of London is the sponsor for this study and is based in the UK. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it

properly. Any data you provide during the completion of the study will be stored securely on hosted on servers within the European Economic Area’.

Royal Holloway is designated as a public authority and in accordance with the Royal Holloway and Bedford New College Act 1985 and the Statutes which govern the College, we conduct research for the public benefit and in the public interest. Royal Holloway has put in place appropriate technical and organisational security measures to prevent your personal data from being accidentally lost, used or accessed in any unauthorised way or altered or disclosed.

Royal Holloway has also put in place procedures to deal with any suspected personal data security breach and will notify you and any applicable regulator of a suspected breach where legally required to do so.

To safeguard your rights, we will use the minimum personally-identifiable information possible (i.e., the email address you provide us). The lead researcher will keep your contact details confidential and will use this information only as required (i.e., to provide a summary of the study results if requested and/or for the prize draw). The lead researcher will keep information about you and data gathered from the study for 5 years after the study has finished.

Certain individuals from RHUL may look at your research records to check the accuracy of the research study. If the study is published in a relevant peer-reviewed journal, the anonymised data may be made available to third parties. The people who analyse the information will not be able to identify you.

You can find out more about your rights under the GDPR and Data Protection Act 2018 by visiting <https://www.royalholloway.ac.uk/about-us/more/governance-and-strategy/data-protection/> and if you wish to exercise your rights, please contact [dataprotection@royalholloway.ac.uk](mailto:dataprotection@royalholloway.ac.uk)

**Thank you for taking the time to read this information. You may keep this information sheet for reference and please contact the researcher with any queries.**

## Appendix C

### Participant Consent Form

#### Research Participant Consent

**Name of study:** Staff experiences of working with unaccompanied asylum seeking young people within a trauma-informed framework at the National House Project: An Exploratory Qualitative Study.

**Name researcher:** Jemma Griggs

**Email address of researcher:** [jemma.griggs.2021@live.rhul.ac.uk](mailto:jemma.griggs.2021@live.rhul.ac.uk)

**Research Participant - please read the following statements and indicate by circling or highlighting your response to each statement.**

I confirm that I have read and understood the participant information sheet about this study.	Yes/No
I agree to participate in this study.	Yes/No
I have had the opportunity to ask questions about this study.	Yes/No
I have received satisfactory answers to my questions about this study.	Yes/No
I understand my participation in this study is voluntary.	Yes/No
I understand that I am free to withdraw from the study any time up until four weeks after the date of my interview, so up until (Monday 5 <sup>th</sup> February 2024) without giving a reason and without detriment to myself.	Yes/No
I agree to my interview being recorded on a password protected digital voice recorder and if online recorded using Microsoft Teams for the purpose of aiding the write up of the study.	Yes/No
I understand that my data will be stored on a university encrypted USB and after transcription of my interview the recording will be deleted by June 2024. I understand that the transcript of my interview will be stored for up to 5 years after submission of the thesis until June 2029 for auditing purposes and to allow time for potential publication of the study.	Yes/No
I understand that my data will be used in the write up of the study and everything will be done to keep this anonymised, using a pseudonym (a made-up name) and any demographic information collected not being used alongside direct quotes in the write up of the study.	Yes/No
I understand that my data will not be re-used in the future for any other purpose apart from the given study.	Yes/No
I understand that the only use of my contact details (email) will be for the researcher to contact me to arrange my interview and to provide me with a summary of the overall findings of the study.	Yes/No

Participant signature: .....

Participant Name: .....



Date: .....

Please note that this Consent form will be stored separately from the responses you provide.

If you have any concerns about this research, please email [ethics@rhul.ac.uk](mailto:ethics@rhul.ac.uk).

## Appendix D

### The Letter of Approval for the Research Project from the CEO of the NHP

Date: 09<sup>th</sup> August 2023



The National House Project  
Couzens Building CO3A  
Crewe Green Road  
Crewe  
Cheshire  
CW1 5DU  
Charity number: 1179743  
Scotland: SC052277

Dear Sir/Madam

Please accept this letter as confirmation that NHP support the research project to be completed by Jemma Griggs.

We give permission to conduct interviews on our premises and we understand and agree that we will not have access to participant data.

Yours sincerely



Chief Executive Officer  
The National House Project

## Appendix E

### Interview Schedule

#### Introductory questions

- Can you tell me a little about your role and the work that you do within the National House Project?

#### Experience of working with unaccompanied asylum-seeking young people

- Can you tell me about your experience of working directly or indirectly with unaccompanied asylum-seeking young people before working at the National House Project?
  - *What did this look like? Can you give an example?*
  - *How did you feel about starting to work with these young people at the National House Project?*
- Can you tell me about your experience of working with unaccompanied asylum-seeking young people/managing or working with staff who are working with such young people/policy making linked to these young people at the House Project?
  - *Can you bring a young person to mind and, without mentioning their name, tell me about your experience of working with them?*
- What, if any, complexities and/or positive aspects have you experienced working with such young people?
  - *Can you give an example?*
  - *How do you, if at all, attempt to develop a trusting relationship when working with unaccompanied asylum-seeking young people?*
  - *How do you find working with a young person when their country of origin and cultural experience differs from yours?*
  - *What is your experience, if any, of working with unaccompanied asylum-seeking young people where their first language differs from yours?*
  - *How do you experience working with such young people who have ongoing asylum-seeking claims?*
- There are lots of ongoing political debates around unaccompanied asylum-seeking young people, how do you feel the systems around such young people, including the public view them?
  - *What is this like for you as a practitioner?*
  - *How do you think such young people experience this?*
  - *How, if at all, does this impact the work you do together?*

#### Experience of working within the ORCHIDs framework (trauma-informed framework) with these young people

- Can you tell me a bit about the ORCHIDS Framework?
- To what extent is the ORCHIDS framework helpful or unhelpful when working with unaccompanied asylum-seeking young people?
  - *Can you give examples?*
- Can you tell me about your experience, if any, of completing team formulations for unaccompanied asylum-seeking young people?
  - *Can you give me an example?*
  - *When thinking about formulations with such young people, is there anything, if at all, that stands out about their stories?*
  - *What is it like for you when there are gaps in these young people's stories, when there is limited information about their background? What do you think that is like for the young person?*
  - *What is your understanding of the journeys that such young people have made? How, if at all, do you feel this impacts how they can relate to you or others?*
- Do you bring such young people to staff consultations?
  - *If yes, can you give me an example?*
  - *Is there anything, if at all, that stands out from other young people?*
  - *What are you hoping to get from the psychologist in these?*
  - *If no, why do you think this is?*
- How connected or disconnected do you think unaccompanied asylum-seeking young people are to staff at the house project? To others in their cohort at the house project?
  - *Taking into account any differences, how do you feel such young people view yourself? View others in their cohort?*
- Can you tell me about community of practice meetings in relation to these young people?
  - *Do people talk about these young people here?*
  - *If people don't talk about such young people here, why do you think that is?*
- Think back to any training you have had/ran when working at the National House Project, what has this been like and how did you find this in relation to working with unaccompanied asylum-seeking young people?
  - *Does this meet your needs/meet the needs of the staff?*

### **Concluding questions**

- Based on our discussion today do you have any ideas as to what might be helpful to consider when working with unaccompanied asylum-seeking young people at the National House Project?

- Is there anything you feel I haven't mentioned that would be important to discuss?

## Appendix F

### Participant Demographic Form

#### Demographic questionnaire

Please answer the following questions:

- 1) What is your age?

Prefer not to say (please circle if prefer not to say).

- 2) How would you describe your gender?

Prefer not to say (please circle if prefer not to say).

- 3) How would you describe your ethnicity?

Prefer not to say (please circle if prefer not to say).

## Appendix G

### Participant Debrief Form



#### Research Participant Debrief Sheet

Psychology Department

Royal Holloway, University of London

**Project Title:** Staff experiences of working with unaccompanied asylum seeking young people within a trauma-informed framework at the National House Project: An Exploratory Qualitative Study.

**Thank you for taking the time to take part in this research project**

#### **Aims of the project**

The study aimed to explore staff's experience of working in a trauma-informed framework of practice with unaccompanied asylum seeking young people who are leaving care.

#### **Sharing of results/finding out more**

Once written up, the findings of the study will be shared with the National House Project and be available for you to access. The researcher is also looking to arrange a meeting to present and discuss the findings of the study. If you have any questions about the research or would like to find out more, please contact the researcher via email at [jemma.griggs.2021@live.rhul.ac.uk](mailto:jemma.griggs.2021@live.rhul.ac.uk)

#### **Withdrawal from research**

If you wish to withdraw your data within the timeframe given in the participant information sheet, within four weeks of the date of your interview so up until (enter withdrawal date), please contact the researcher via email at [jemma.griggs.2021@live.rhul.ac.uk](mailto:jemma.griggs.2021@live.rhul.ac.uk) stating that you would like to withdraw your data and it will not be used in the study.

#### **Further support**

If you feel you need to speak with someone for further support following the topics discussed in the interview please find available support below:

- Speak with your manager if you feel able
- Make an appointment with your GP
- Self-refer to your local IAPT talking therapies service by visiting:

<https://www.nhs.uk/service-search/mental-health/find-an-nhs-talking-therapies-service>

- Contact the Samaritans, available 24/7, by calling 116 123

If you are unsure of where to seek support please contact the researcher and they will be happy to discuss signposting options.

**Thank you once again for your participation in this research project**



## Appendix H

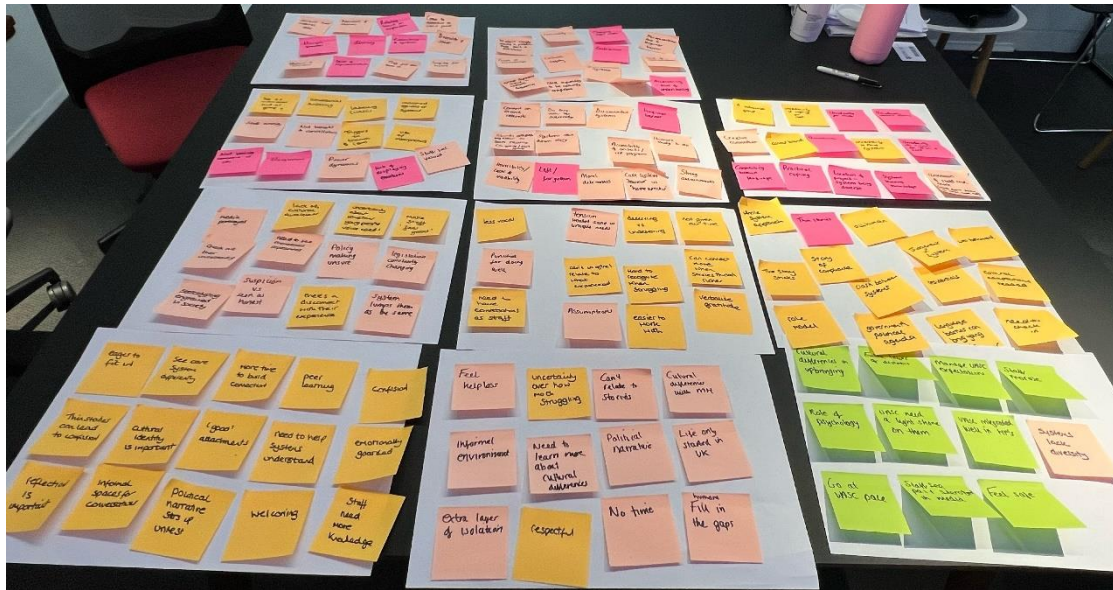
### Transcript and Coding Sample

Interviewer:	For that that wider policy making I think that I think we know very little and I think it's based on assumptions	Policy around UASC is based on assumptions. More knowledge needed to inform policy linked to UASC.
Interviewee:	erm everything that we do is based on assumptions whether that be the direct work with individual children erm but also when it comes to that much broader policy making so you know what is it that we're trying to do I don't know because again you can have that very kind of erm I suppose the kind of the policy making that I would subscribe to which is these children are here and we need to do everything we can to make them feel welcome they need to be made to be made to feel part of their local communities and that's one of the things that that sort of bothers me a little bit erm this idea that oh I'm unaccompanied children should live together I'm not really sure about that I don't know how local communities feel about that you know that's the house where those children live so I'm not very I'm kind of not very sure about that I think it we're in our real infancy in terms of policy making and thinking about things in a much broader setting erm and I think that sort of local communities very much get into you know well actually I've still got my children living at home and there's nowhere for them to go and look at these down the road they've got their own home do you know erm so there's it's kind of managing all of that that real community cohesion as well which can sometimes be difficult	Policy approach where UASC should feel welcome / integrated. Location where UASC feel welcome. Society groups UASC together. Policy making regarding UASC is in its infancy. Society thinks UASC are underserving of housing Society's views must also be managed on UASC.



# Appendix I

## Photos of Developing Initial Codes Into Themes



## Appendix J

### Systematic Review Full Search Strategy

#### Search Terms:

"service prov\*" OR "care prov\*" OR "mental health service\*" OR "mental health prov\*" OR professional\* OR clinician\* OR counsel\* OR psychologist\* OR therap\* OR psychotherap\* OR practitioner\* OR "art therapist\*" OR "drama therapist\*" OR trainee\* OR "assistant psychologist\*" OR "social services" OR "social care" OR "social work\*" OR "support work\*" OR "outreach work\*" OR "key worker\*" OR "case worker\*" OR "care worker\*" OR education OR school\* OR college OR "sixth form" OR teach\* OR "teaching assistant\*" OR mentor\* OR "pastoral care" OR prison OR "criminal justice system" OR "youth offend\*" OR "young offend\*" OR "prison officer\*" OR "youth custody"

AND

experience\* OR journeys OR thoughts OR feelings OR interactions OR engagement OR lived-experiences OR reflect\* OR feedback OR views OR opinions OR reviews

AND

"care leav\*" OR "leaving care" OR "foster care" OR "residential care" OR "kinship care" OR "out of home care"

AND

qualitative OR "thematic analysis" OR "grounded theory" OR "interpretive phenomenological analysis" OR ipa OR "phenomenological model" OR "discourse analysis" OR "focus group" OR "semi-structured interview" OR interview OR "narrative analysis" OR "narrative model" OR "content analysis" OR "ethnography" OR "ethnographic model" OR "case study" OR "case study model" AND "historical model"

#### PsycINFO, Web of Science and Scopus input:

("service prov\*" OR "care prov\*" OR "mental health service\*" OR "mental health prov\*" OR professional\* OR clinician\* OR counsel\* OR psychologist\* OR therap\* OR psychotherap\* OR practitioner\* OR "art therapist\*" OR "drama therapist\*" OR trainee\* OR "assistant psychologist\*" OR "social services" OR "social care" OR "social work\*" OR "support work\*" OR "outreach work\*" OR "key worker\*" OR "case worker\*" OR "care worker\*" OR education OR school\* OR college OR "sixth form" OR teach\* OR "teaching assistant\*" OR mentor\* OR "pastoral care" OR prison OR "criminal justice system" OR "youth offend\*" OR "young offend\*" OR "prison officer\*" OR "youth custody") AND (experience\* OR journeys OR thoughts OR feelings OR interactions OR engagement OR lived-experiences OR reflect\* OR feedback OR views OR opinions OR reviews) AND ("care leav\*" OR "leaving care" OR "foster care" OR "residential care" OR "kinship care" OR "out of home care") AND (qualitative OR "thematic analysis" OR "grounded theory" OR "interpretive phenomenological analysis" OR ipa OR "phenomenological model" OR "discourse analysis" OR "focus group" OR "semi-structured interview" OR interview OR "narrative analysis" OR "narrative model" OR "content analysis" OR "ethnography" OR "ethnographic model" OR "case study" OR "case study model" AND "historical model")

## Appendix K

### Quality Appraisal Tool for Included Studies

#### Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- what was the goal of the research
  - why it was thought important
  - its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
  - Is qualitative research the right methodology for addressing the research goal

Comments:

#### Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

4. Was the recruitment strategy appropriate to the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
  - If the researcher has discussed saturation of data

Comments:

6. Has the relationship between researcher and participants been adequately considered?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:



8. Was the data analysis sufficiently rigorous?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
  - To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider whether

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature)
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments: