Mental health and wellbeing related social support for care-experienced children and young people: A Scoping Review protocol of type, source and quality.

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Abstract

Background

Existing literature shows that children and young people who have experienced statutory care are at risk of mental health issues and poorer wellbeing. Social support is associated with better mental health and wellbeing outcomes, with the potential to buffer the negative effects of stress and enable a person to thrive. This scoping review aims to understand and identify existing literature about mental health related social support for care-experienced children and young people to guide future practice, research and policy.

Methods

This scoping review will be conducted following Arksey and O'Malley's framework with adaptations from Levac et al. and Joanna Briggs Institute's methodological guidance for conducting scoping reviews. The following databases will be searched (from 2008 onwards): PsycINFO, Scopus, Web of Science (Social Sciences Citation Index and Emerging Sources Citation Index), Cochrane (CENTRAL and Cochrane Database of Systematic Reviews), Social Policy & Practice, and ERIC. Forwards and backwards citation tracking will be used for any studies that are included in the scoping review. Where systematic reviews are identified they will be unpicked to identify additional relevant studies. Two reviewers will screen all the citations, full-text articles, and abstract the data independently. We will present study data numerically with frequency and percentage/proportion statistics alongside a basic qualitative content analysis.

Ethics and Dissemination

Formal ethical approval is not required, as primary data will not be collected in this study. Findings will be disseminated through professional networks, conference presentations and publication in a scientific journal.

Preregistration

Open Science Framework – see https://osf.io/mg9td

Keywords: care-experienced, social support, relationships, 'in care', attachment

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In 2021 over 80,000 Children and Young People (CYP) were registered as living in local authority (statutory) care in England and Wales (UK Government, 2022; Welsh Government, 2022), with a larger proportion experiencing some form of care during their lifetime (Devaney et al., 2023). Most CYP are placed with a relative, friend or approved carer, with foster care being the most common placement type (UK Government, 2022). Although entering care is a necessary and positive experience for some young people (Forrester et al., 2009), a complex interplay of: adverse childhood experiences prior to entering care; experiences whilst in care (such as placement moves); and genetic vulnerability, puts care-experienced CYP at greater risk of poorer mental health and wellbeing outcomes (Thapar & Rice, 2021). While each child and young person has individual strengths and needs (National Institute for Health and Care Excellence, 2021), children in care in the United Kingdom (UK) are at risk of significantly poorer mental health than their peers not in care (Ford et al., 2007) and almost half meet the criteria for a mental health disorder (Bronsard et al., 2016; Engler et al., 2022). Experiencing more supportive and rewarding relationships with others is associated with better mental health and subjective wellbeing (Cohen, 2004; Collins et al., 1993; Kawachi & Berkman, 2001), something which may be especially important in the context of care-experienced CYP who have often experienced early adversity and instability (Furlong et al., 2021).

Social support

Social support can be understood as "behaviors that, whether directly or indirectly, communicate to an individual that she or he is valued and cared for by others" (Barnes & Duck, 1994). However, social support is a multi-dimensional construct that can vary by quality, quantity

(amount), and encompasses different types of assistance (Morelli et al., 2015). Cutrona (1990) put forward a model of social support following stressful life events (Cutrona, 1990). The model includes five general categories of social support: (1) informational, (2) emotional, (3) esteem, (4) social network support, and (5) tangible support (Cutrona & Suhr, 1992). Informational support refers to messages that include knowledge or facts, such as advice. Emotional support is related to expressions that include caring, concern, empathy, and sympathy. Esteem support is defined as the messages that help to promote one's skills, abilities, and intrinsic value. Social network support is defined as the messages that help to enhance one's sense of belonging to a specific group with similar interests or situations. Tangible support is conceived as physically providing needed goods and services to recipients. However, the three types of enacted social support typically described in research are emotional, informational, and tangible support (Goldsmith, 2004).

Social support can come from a variety of sources, including, but not limited to, family, friends, romantic partners, community ties, and colleagues (Li et al., 2021). Research has demonstrated that different sources of social support have different influences on the mental health of young people (Wise et al., 2019). Sources of social support can be innate (e.g., family and friends) or more formal (e.g., mental health interventions). In addition to the type and source of social support, the quality of the perceived support is also important. It is evident in the literature that high quality support i.e. support perceived with a high level of satisfaction, can make a significant contribution to overall health (Vandervoort, 1999), associated with reduced stress and better mental health (Benca-Bachman et al., 2020).

Care experience

Children are most likely to thrive in an environment where adversity is minimised and protective factors, such as social support, are enhanced. Numerous studies reveal care-experienced

CYP encounter more adversities than their peers not in care (Lester et al., 2020; Turney & Wildeman, 2017). Adversity such as child maltreatment can cause deficits in interpersonal skills and reduce the ability to maintain or form close relationships and support networks (Pfaltz et al., 2022). However, social support may help buffer the negative effects of stress, and increase a person's capacity to emerge from the stressor in a way that enables them to thrive (Feeney & Collins, 2015). Studies have evidenced the protective effect of good quality relationships for care-experienced CYP, associated with better mental health and increased placement stability (Anthony et al., 2019; Furlong et al., 2021); mutually meaningful relationships in adulthood (Ball et al., 2021); and care leaver engagement with support and enhanced self-determination (Hyde & Atkinson, 2019). All these aspects are further associated with increased attachment security, better educational and employment outcomes long term. However, the research in this area is inconsistent, with some studies reporting a paucity of social support for care-experienced young people (Jones, 2014), and others suggesting high levels of perceived support from family members, friends, and other adults (Evans et al., 2022).

The importance of supportive relationships was highlighted by the Care Inquiry (Boddy, 2013), which stated "it is the relationships with people who care for and about children that are the golden threads in children's lives, and that the quality of a child's relationships is the lens through which all in the sector should view what we do and plan to do" (Boddy 2013, p.2). The Bright Spots survey of 3,000 children looked after in England and Wales stated that it is vital for wellbeing that every child has a relationship with a trusted adult (Wood & Selwyn, 2017). There were a number of recommendations in the recent National Institute for Health and Care Excellence (NICE) Guidance for looked-after children and young people about supporting positive relationships, including that the care network around a looked-after child or young person consists

of positive relationships characterised by aspects such as genuine caring, availability and reliability (National Institute for Health and Care Excellence, 2021).

This is also reflected in policy and practice, with the Children and Young Person Act 2008 introducing reforms to the care system with the aim to improve the stability of placements and wherever possible keep CYP with their parents or birth parents. Recently, the Department for Education published their strategy 'Stable Homes, Built on Love' (UK Government, 2023) setting out its strategy to reform children's social care in England following the Independent Review of Children's Social Care (MacAlister, 2023). While it has been criticised for a lack of financial investment to make the reform a success, the premise is that care should always provide a child with love, safety and stability. The Welsh Government have policy initiatives specific for care-experienced CYP, such as the universal income for care leavers and the "When I'm Ready" scheme which allows young people in foster care the opportunity to stay with their carers past the age of 18. These policies are in addition to wider initiatives around the importance of nurturing relationships such as increasing access to parenting programmes, and the corporal punishment ban (Welsh Government, 2020).

Purpose of the Present Study

Research about social support and mental health and wellbeing for care-experienced CYP spans both psychological and social care fields, and so this review aims to scope the literature across both fields. A preliminary search for existing reviews and meta-analyses on this topic was conducted in October 2023 using PROSPERO and Open Science Framework and found no planned or existing systematic or scoping reviews. A search of the NICE platform found a 2021 review of social care interventions across the UK to support positive relationships for looked-after

children, young people and care leavers, as well as a review of barriers and facilitators for supporting positive relationships (National Institute for Health and Care Excellence, 2021). This review sets out to determine the role of social support and relationships for care-experienced CYP in respect to mental health and wellbeing outcomes. This will identify key evidence clusters, gaps and uncertainties (Armstrong et al., 2011) and the results will provide recommendations for the direction of future research and inform practice.

Method

Study Design

Our research question, defined below, will be answered using a scoping review methodology, a type of knowledge synthesis approach used to map the concepts underpinning a research area and the main sources and types of evidence available (Arksey & O'Malley, 2005). Our approach will be informed by the methodological framework proposed by Arksey and O'Malley (2005) as well as the methodology manual published by the Joanna Briggs Institute for scoping reviews (Peters et al., 2015). This review will use four clear stages: (a) identifying and stating research questions, (b) identifying relevant studies, (c) study selection, and (d) charting the data. This protocol is registered within the Open Science Framework platform (https://osf.io/mg9td). The final output will adhere to the Preferred Reporting for Scoping Reviews (PRISMA-ScR) checklist (Tricco et al., 2018).

Stage 1: identification of the research questions

To formulate the research question, we used the PCC acronym (Population, Concept and Context) (Tricco et al., 2018), the concepts are described below.

Population. The target population for this scoping review is CYP (aged <26) who have experienced care. This includes CYP currently placed in statutory care, transitioning out of care, or with any previous care experience. Care could include in-home care and out-of-home care (foster care; residential care; adoption; and formal kinship care).

Concept. This scoping review will include studies that examine mental health and wellbeing related social support. For the purposes of this review social support refers to any "behaviors that, whether directly or indirectly, communicate to an individual that she or he is valued and cared for by others" (Barnes & Duck, 1994). The concept of social support is broad and not confined to certain types of support or certain groups i.e. carers or specific measures. Similarly, we are interested in broad outcomes related to any aspects of mental health and wellbeing.

Context. Inclusion was limited to high income countries; deemed more applicable in relation to the UK context as they have well-established statutory care infrastructures.

The PCC acronym facilitated the formulation of the following review questions:

1. 'What does the existing evidence tell us about the *type* of mental health and wellbeing related social support available to care-experienced CYP'
2. 'What does the existing evidence tell us about the *source* of mental health and wellbeing related social support available to care-experienced CYP'
3. 'What does the existing evidence tell us about the *quality* of mental health and wellbeing related social support available to care-experienced CYP'

Stage 2: identifying relevant studies

The Sample, Phenomenon of Interest, Design, Evaluation, and Research (SPIDER) framework determined the inclusion and exclusion criteria as outlined in Table 1 (Cooke et al., 2012). The limits to be used in online database searches will be: articles published in English and

the year of publication (from 2008 onwards). This date was chosen due to the implementation of The Children and Young Person Act 2008, which aimed to ensure children in care receive high-quality care and services and to improve the stability of placements. To maximise the relevance of results to the UK context, inclusion will be limited to high income countries: UK, Ireland, USA, Canada, Australia, New Zealand, France, Germany, Sweden, Finland, Norway, Denmark and Netherlands. While there are differences in the legal and social frameworks, they have well-established state care infrastructure, essential to the study (Stabler et al., 2021). The PRISMA flow chart (Page et al., 2021) will capture and present the screening and selection process.

A comprehensive provisional search strategy was developed by an experienced Systematic Reviewer (SW) in Ovid Medline (see Appendix 1). The search strategy will be refined and adapted to the following electronic bibliographic databases: PsycINFO, Scopus, Web of Science (Social Sciences Citation Index and Emerging Sources Citation Index), Cochrane (CENTRAL and Cochrane Database of Systematic Reviews), Social Policy & Practice, and ERIC. Forwards and backwards citation tracking will be used for any studies that are included in the scoping review. Where systematic reviews are identified they will be unpicked to identify additional relevant studies. The retrieved references will be deduplicated using Endnote.

Stage 3: study selection

Study selection will be conducted using Endnote. To ensure high inter-rater reliability, a calibration exercise will be conducted at the beginning of the screening process. For calibration, a random sample of 50 titles and abstracts will be screened independently in duplicate by two reviewers (RA and ZH) against the predefined inclusion criteria in combination with a screening tool (See Appendix 2), as recommended by Polanin J.R. et al. (2019). Following this any discrepancies will be discussed with a third reviewer (RE) and amendments may be made to the

screening tool. Following calibration, titles and abstracts will be screened independently by a single reviewer (RA or ZH). Weekly meetings will be held to instil a culture of discussion, exploration, and curiosity while decreasing "coder drift" (Lipsey & Wilson, 2001; Polanin J.R. et al., 2019). Subsequently, the full text of studies selected for inclusion will be identified and a second calibration exercise will be conducted. For this exercise, 10 full texts will be screened independently in duplicate against the inclusion criteria by two reviewers (RA and ZH) ZH). and any uncertainties will be discussed with the assistance of a third reviewer (RE). Following calibration, full texts will be screened independently by a single reviewer (RA or ZH). Full texts that do not meet the eligibility criteria will be excluded and reasons for exclusion will be recorded.

Quality assessment. Since this is a scoping review aiming to map all available evidence, we will not conduct a quality appraisal of included studies. This approach is consistent with the methods manual published by the Joanna Briggs Institute (Peters et al., 2015), as well as a database of scoping reviews on health-related topics (Tricco et al., 2016).

Stage 4: charting the data

Data charting is the process of extracting, analysing, and presenting our findings. A standardized data extraction form for this study will be adapted from the template data extraction instrument for scoping reviews provided in the JBI Manual for evidence synthesis (Peters et al., 2015). The data will be extracted into Microsoft Excel and will include key information about authors, year of publication, country, objectives, study population, sample size and study methods including findings related to review questions: type of support; support/relationship providers; and quality of support. A calibration exercise will be conducted to pilot the data extraction form. For calibration, five papers will be screened independently in duplicate by two reviewers (RA and

ZH). The experiences of the reviewers will be discussed with a third reviewer (RE), and the data extraction form may be revised. Following this, reviewers (RA and ZH) will extract the data independently.

A large variety of study types, measures, and outcomes are expected. To meet our study aim, for each research question we will present: (1) study characteristics summarised numerically with frequency and percentage/proportion statistics; and (2) a basic qualitative content analysis for the results of primary qualitative research as recommended (Elo & Kyngäs, 2008). We will present the results for each question using tables and visual representations, such as heat maps and waffle charts as recommended (Pollock et al., 2023). We will map the results (Arksey & O'Malley, 2005; Levac et al., 2010) identifying clusters of studies and gaps in the literature. We will take an iterative team approach to reporting our results, whereby RA will report consolidated results back to the entire study team; this forum will allow the team to review the results, seek clarification, suggest refinements, and offer insights on the findings.

Patient and public involvement

As the scoping review was designed to find secondary evidence there is no planned direct patient or public involvement. However, the specific topic of the importance of relationships was highlighted in the CASCADE Voices 'Window into our Priorities document' (ExCHANGE, 2020), and the verbatim formula 'can you see me? The future of listening in the care system' event (The Verbatim Project, 2020). The voices of those with lived experience highlighted the importance of feeling loved and appreciated, which inspired this scoping review. The findings will inform further qualitative studies exploring care-experienced CYP's perceptions of social support and quantitative studies using secondary data analysis as part of a post-doctoral fellowship. These

planned studies have a significant focus on involvement of and consultation with care experienced young people and carers.

Ethics and Dissemination

Our scoping review will offer an overview of research related to the evidence available about the type, source and quality of social support available to care-experienced CYP. This protocol documents our rigorous and transparent methodology. Ethics approval is not required. Once complete, we will present our findings and research recommendations at national conferences as well as publish in a peer-reviewed journal. Given the potential health impacts of social support, coupled with the growing population of children and young people in the care system (Biehal et al., 2014), research in this area has the potential for important impact at both the individual and societal level.

References

Anthony, Paine, & Shelton. (2019). Adverse childhood experiences of children adopted from care: The importance of adoptive parental warmth for future child adjustment. *International Journal of Environmental Research and Public Health*, *16*(12), 2212.

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, *8*(1), 19-32. https://doi.org/10.1080/1364557032000119616

Armstrong, R., Hall, B. J., Doyle, J., & Waters, E. (2011). 'Scoping the scope' of a cochrane review. *Journal of Public Health*, *33*(1), 147-150. https://doi.org/10.1093/pubmed/fdr015

Ball, B., Sevillano, L., Faulkner, M., & Belseth, T. (2021). Agency, genuine support, and emotional connection: Experiences that promote relational permanency in foster care. *Children and Youth Services Review*, *121*, 105852. https://doi.org/https://doi.org/10.1016/j.childyouth.2020.105852

Barnes, M. K., & Duck, S. (1994). Everyday communicative contexts for social support. In *Communication of social support: Messages, interactions, relationships, and community.* (pp. 175-194). Sage Publications, Inc.

Benca-Bachman, C. E., Najera, D. D., Whitfield, K. E., Taylor, J. L., Thorpe, R. J., & Palmer, R. H. C. (2020). Quality and Quantity of Social Support Show Differential Associations With Stress and Depression in African Americans. *The American Journal of Geriatric Psychiatry*, *28*(6), 597-605. https://doi.org/https://doi.org/10.1016/j.jagp.2020.02.004

Biehal, N., Cusworth, L. S., Wade, J., & Clarke, S. E. (2014). Keeping children safe: allegations concerning the abuse or neglect of children in care.

Boddy, J. (2013). *Understanding permanence for looked after children; a review of research for the Care Inquiry*. https://thecareinquiry.files.wordpress.com/2013/04/understanding-permanence-for-lac.pdf

Bronsard, G., Alessandrini, M., Fond, G., Loundou, A., Auquier, P., Tordjman, S., & Boyer, L. (2016). The Prevalence of Mental Disorders Among Children and Adolescents in the Child Welfare System: A Systematic Review and Meta-Analysis. *Medicine*, *95*(7), e2622-e2622. https://doi.org/10.1097/MD.0000000000002622

Cohen, S. (2004). *Social Relationships and Health* [doi:10.1037/0003-066X.59.8.676]. American Psychological Association.

Collins, N. L., Dunkel-Schetter, C., Lobel, M., & Scrimshaw, S. C. (1993). Social support in pregnancy: Psychosocial correlates of birth outcomes and postpartum depression. *Journal of Personality and Social Psychology*, *65*(6), 1243-1258. https://doi.org/10.1037/0022-3514.65.6.1243

Cooke, A., Smith, D., & Booth, A. (2012). Beyond PICO: the SPIDER tool for qualitative evidence synthesis. *Qual Health Res*, *22*(10), 1435-1443. https://doi.org/10.1177/1049732312452938

Cutrona, C. E. (1990). Stress and social support—In search of optimal matching. *Journal of social and clinical Psychology*, *9*(1), 3-14.

Cutrona, C. E., & Suhr, J. A. (1992). Controllability of stressful events and satisfaction with spouse support behaviors. *Communication Research*, *19*(2), 154-174. https://doi.org/10.1177/009365092019002002

Devaney, J., Power, L., Jacobs, P., Davidson, G., Hiller, R., Martin, J., McCartan, C., McCusker, P., McGuire, R., Phillips, A., Roesch-Marsh, A., & Thapar, A. (2023). An agenda for

future research regarding the mental health of young people with care experience. *Child & Family Social Work*, *28*(4), 960-970. https://doi.org/https://doi.org/10.1111/cfs.13015

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, *62*(1), 107-115.

Engler, A. D., Sarpong, K. O., Van Horne, B. S., Greeley, C. S., & Keefe, R. J. (2022). A Systematic Review of Mental Health Disorders of Children in Foster Care. *Trauma Violence Abuse*, *23*(1), 255-264. https://doi.org/10.1177/1524838020941197

Evans, R., Katz, C. C., Fulginiti, A., & Taussig, H. (2022). Sources and Types of Social Supports and Their Association with Mental Health Symptoms and Life Satisfaction among Young Adults with a History of Out-of-Home Care. *Children*, *9*(4), 520. https://www.mdpi.com/2227-9067/9/4/520

ExCHANGE. (2020). *From Young People for Young People* https://www.exchangewales.org/from-young-people-for-young-people/

Feeney, B. C., & Collins, N. L. (2015). A New Look at Social Support:A Theoretical Perspective on Thriving Through Relationships. *Personality and Social Psychology Review*, *19*(2), 113-147. https://doi.org/10.1177/1088868314544222

Ford, T., Vostanis, P., Meltzer, H., & Goodman, R. (2007). Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households. *British Journal of Psychiatry*, *190*, 319-325. https://doi.org/10.1192/bjp.bp.106.025023

Forrester, D., Goodman, K., Cocker, C., Binnie, C., & Jensch, G. (2009). What is the Impact of Public Care on Children's Welfare? A Review of Research Findings from England and Wales and their Policy Implications. *Journal of Social Policy*, *38*(3), 439-456. https://doi.org/10.1017/S0047279409003110

Furlong, M., McLoughlin, F., & McGilloway, S. (2021). The incredible years parenting program for foster carers and biological parents of children in foster care: A mixed methods study. *Children and Youth Services Review*, *126*, 106028. https://doi.org/https://doi.org/10.1016/j.childyouth.2021.106028

Goldsmith, D. J. (2004). *Communicating social support*. Cambridge University Press.

Hyde, R., & Atkinson, C. (2019). Care leavers' priorities and the corporate parent role: A self-determination theory perspective. *Educational & Child Psychology*, *36*(1), 40-57.

Jones, L. P. (2014). The Role of Social Support in the Transition From Foster Care to Emerging Adulthood. *Journal of Family Social Work*, *17*(1), 81-96. https://doi.org/10.1080/10522158.2013.865287

Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health*, *78*(3), 458-467. https://doi.org/10.1093/jurban/78.3.458

Lester, S., Khatwa, M., & Sutcliffe, K. (2020). Service needs of young people affected by adverse childhood experiences (ACEs): A systematic review of UK qualitative evidence. *Children and Youth Services Review*, *118*, 105429. https://doi.org/https://doi.org/10.1016/j.childyouth.2020.105429

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation Science*, *5*(1), 69. https://doi.org/10.1186/1748-5908-5-69

Li, F., Luo, S., Mu, W., Li, Y., Ye, L., Zheng, X., Xu, B., Ding, Y., Ling, P., Zhou, M., & Chen, X. (2021). Effects of sources of social support and resilience on the mental health of different age groups during the COVID-19 pandemic. *BMC Psychiatry*, *21*(1), 16. https://doi.org/10.1186/s12888-020-03012-1

Lipsey, M. W., & Wilson, D. B. (2001). *Practical meta-analysis*. Sage Publications, Inc.

MacAlister, J. (2023). *The Independent Review of Children's Social Care*. https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp_/https://childrenssocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf

Morelli, S. A., Lee, I. A., Arnn, M. E., & Zaki, J. (2015). Emotional and instrumental support provision interact to predict well-being. *Emotion*, *15*(4), 484-493. https://doi.org/10.1037/emo0000084

National Institute for Health and Care Excellence. (2021). *Looked-after children and young people: NICE guideline.* www.nice.org.uk/guidance/ng205

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., . . . Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*, *372*, n71. https://doi.org/10.1136/bmj.n71

Peters, M. D., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidance for conducting systematic scoping reviews. *Int J Evid Based Healthc*, *13*(3), 141-146. https://doi.org/10.1097/xeb.0000000000000050

Pfaltz, M. C., Halligan, S. L., Haim-Nachum, S., Sopp, M. R., Åhs, F., Bachem, R., Bartoli, E., Belete, H., Belete, T., Berzengi, A., Dukes, D., Essadek, A., Iqbal, N., Jobson, L., Langevin, R., Levy-Gigi, E., Lüönd, A. M., Martin-Soelch, C., Michael, T., . . . Seedat, S. (2022). Social Functioning in Individuals Affected by Childhood Maltreatment: Establishing a Research Agenda to Inform Interventions. *Psychother Psychosom*, *91*(4), 238-251. https://doi.org/10.1159/000523667

Polanin J.R., Pigott T.D., Espelage D.L., & J.K., G. (2019). Best practice guidelines for abstract screening large-evidence systematic reviews and meta-analyses. *Res Synth Methods*, *10*(3), 330-342. doi: 310.1002/jrsm.1354. Epub 2019 Jun 1024.

Pollock, D., Peters, M. D. J., Khalil, H., McInerney, P., Alexander, L., Tricco, A. C., Evans, C., de Moraes, É. B., Godfrey, C. M., Pieper, D., Saran, A., Stern, C., & Munn, Z. (2023). Recommendations for the extraction, analysis, and presentation of results in scoping reviews. *JBI Evidence Synthesis*, *21*(3), 520-532. https://doi.org/10.11124/jbies-22-00123

Stabler, L., Evans, R., Scourfield, J., Morgan, F., Weightman, A., Willis, S., Searchfield, L., Meindl, M., Wood, S., Nurmatov, U., Kemp, A., Forrester, D., & Brand, S. L. (2021). A scoping review of system-level mechanisms to prevent children being in out-of-home care. *The British Journal of Social Work*, *52*(5), 2515-2536. https://doi.org/10.1093/bjsw/bcab213

Thapar, A., & Rice, F. (2021). Family-Based Designs that Disentangle Inherited Factors from Pre- and Postnatal Environmental Exposures: In Vitro Fertilization, Discordant Sibling Pairs, Maternal versus Paternal Comparisons, and Adoption Designs. *Cold Spring Harb Perspect Med*, *11*(3). https://doi.org/10.1101/cshperspect.a038877

The Verbatim Project. (2020). *The Future of Listening event at GLA – Young researcher evaluation*. Retrieved 17th Nov from https://theverbatimformula.org.uk/2020/12/23/the-future-of-listening-event-at-gla-young-researcher-evaluation/

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D., Horsley, T., & Weeks, L. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Annals of internal medicine*, *169*(7), 467-473.

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Kastner, M., Levac, D., Ng, C., Sharpe, J. P., Wilson, K., Kenny, M., Warren, R., Wilson, C., Stelfox, H. T., & Straus, S. E. (2016). A scoping review on the conduct and reporting of scoping reviews. *BMC Medical Research Methodology*, *16*(1), 15. https://doi.org/10.1186/s12874-016-0116-4

Turney, K., & Wildeman, C. (2017). Adverse childhood experiences among children placed in and adopted from foster care: Evidence from a nationally representative survey. *Child Abuse & Neglect*, *64*, 117-129.

UK Government. (2022). *Children looked after in England including adoptions: Reporting year 2022*. UK, Retrieved from https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2022

UK Government. (2023). *Guide for Children and Young People: Stable Homes, Built on Love*. Retrieved 22.11.2023 from https://www.gov.uk/government/consultations/childrens-social-care-stable-homes-built-on-love/guide-for-children-and-young-people-stable-homes-built-on-love

Vandervoort, D. (1999). Quality of social support in mental and physical health. *Current Psychology*, *18*(2), 205-221. https://doi.org/10.1007/s12144-999-1029-8

Welsh Government. (2020). *CHILDREN (ABOLITION OF DEFENCE OF REASONABLE PUNISHMENT) (WALES) ACT: Explanatory Memorandum Incorporating the Regulatory Impact Assessment and Explanatory Notes*. Cardiff: Welsh Government Retrieved from https://gov.wales/sites/default/files/publications/2020-03/explanatory-memorandum.pdf

Welsh Government. (2022). *Children looked after*. Cardiff, Wales: Welsh Government, Retrieved from https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After

Wise, A. E., Smith, B. C., Armelie, A. P., Boarts, J. M., & Delahanty, D. L. (2019). Age moderates the relationship between source of social support and mental health in racial minority lesbian, gay, and bisexual youth. *Journal of Health Psychology*, *24*(7), 888-897. https://doi.org/10.1177/1359105316686667

Wood, M., & Selwyn, J. (2017). Looked after children and young people's views on what matters to their subjective well-being. *Adoption & Fostering*, *41*(1), 20-34. https://doi.org/10.1177/0308575916686034

Table 1

Inclusion and Exclusion Criteria

	Inclusion	**Exclusion**
Sample	Studies with children and young people (CYP) (aged <26) who are currently placed in statutory care, transitioning out of care, or have previous care experience. The amount of time in care will not be restricted. Care could include in-home care and out-of-home care (foster care; residential care; adoption; formal kinship care and special guardianship arrangements). Care had to specify statutory involvement.	Children on 'edge of care' I.e. 'in need' or in receipt of care and support from social services but not ever placed in statutory care. Children seeking asylum or refugee populations.
Phenomenon of Interest	**Social support** Social support refers to "behaviors that, whether directly or indirectly, communicate to an individual that she or he is valued and cared for by others" (Barnes & Duck, 1994). ***Who they get social support from?*** Source of social support can include birth parents, carers, wider family (i.e. grandparents, siblings, cousins), romantic partners, friends, teachers or more informal support networks such as with mentors, medical professionals or members of the community. ***What types of support do they get?*** Cutrona and Suhr (1992) define a social support category system, which involves five general categories of social support: (1) informational, (2) emotional, (3) esteem, (4) social network support, and (5) tangible support.	

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Informational support refers to messages that include knowledge or facts, such as advice or feedback on actions.
Emotional support is related to the expressions that include caring, concern, empathy, and sympathy.
Esteem support is defined as the messages that help to promote one's skills, abilities, and intrinsic value.
Social network support is defined as the messages that help to enhance one's sense of belonging to a specific group with similar interests or situations.
Tangible support is conceived as physically providing needed goods and services to recipients.

Social support can be provided via any medium (e.g., face-to-face, online).
What is the quality of social support that they receive?
This can range from no or poor levels of perceived support through to complete satisfaction in the support provided.
Mental health and Wellbeing
A broad range of mental health and wellbeing outcomes will be considered, including:

Subjective wellbeing; life satisfaction; and quality of life
Mental, behavioural or neurodevelopmental disorders as specified by the ICD-11. The specific

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	disorders were: neurodevelopmental; schizophrenia/primary psychotic; catatonia; mood; anxiety/fear-related; OCD; stress; dissociation; feeding/eating; elimination; impulse control; disruptive/dissocial; personality; paraphilic; factitious; neurocognitive; and mental/behavioural associated with pregnancy/childbirth. • Self-harm; suicidal ideation; suicide	
Design	Peer reviewed primary research studies including quantitative, qualitative, and mixed methods designs, including intervention and observational studies. Reference lists of systematic, scoping/narrative reviews and meta-analyses will be hand searched for relevant studies.	Case studies, case reports, clinical guidelines, and master's and PhD theses, conference proceedings and abstracts, letters, comments, discussion editorials, and book chapters.
Evaluation	***Sources, types and quality of social support:*** Studies of mental health and wellbeing related social support that could include intervention studies, quantitative or qualitative exploration of social supports.	
Research type	Language: We only considered articles written in English Date: Studies published after November 2008 onwards. Countries: High income countries including UK, Ireland, USA, Canada, Australia, New Zealand, France, Germany, Sweden, Finland, Norway, Denmark and Netherlands.	Language: Studies not written in the English language Countries: Studies relating to low- and middle-income countries

Appendix 1: Provisional search strategy

Ovid MEDLINE(R) ALL <1946 to December 20, 2023>

1 exp Child/ 2178308
2 exp Infant/ 1263017
3 Young Adult/ 1018969
4 Adolescent/ 2230052
5 (teen or teens or teenager*).tw. 28204
6 (adolesc* or preadolesc* or pre-adolesc* or juvenile*).tw. 449008
7 (youth or youths or youngster*).tw. 100546
8 ((young adj (person or persons or people)) or "early adult*").tw. 49588
9 (young adj adult*).tw. 123402
10 (student or students or schoolchild*).tw. 384901
11 (girl* or boy* or child or children or infant or infants or kid or kids).tw. 1916130
12 (pediatri* or paediatric*).tw. 458397
13 (pubescen* or puberty or prepubescen* or pre-pubescen*).tw. 35532
14 orphan*.tw. 20285
15 Child, Foster/ 195
16 Child, Orphaned/ 782
17 "Child of Impaired Parents"/ 5662
18 Child, Adopted/ 162
19 or/1-185374105
20 ((substitute or "local authority" or state or statutory or public or "out of home" or order or place* or group*) adj (care or placement*)).tw. 2296
21 ((nonparent or non-parent) adj3 care).tw. 8
22 ((children's or childrens) adj home).tw. 440
23 ((institution* or residential or foster or kinship or group) adj3 (care or home* or placement*)).tw. 50900
24 ("support* living" or "supported lodging*" or "care leaver*").tw. 375
25 (leaving adj2 care).tw.311
26 ((in or welfare or social or respite) adj care).tw. 32232
27 looked after.tw. 648
28 Special guardian*.tw. 11
29 Foster Home Care/ 3925
30 Child, Institutionalized/ 1944
31 Adoption/ 4934
32 (adopt* adj3 (care or home* or placement*)).tw. 3721
33 or/20-32 94652
34 Interpersonal Relations/ 77412
35 exp Social Support/ 80455
36 Social Networking/ 5534
37 online social networking/ 320
38 peer group/ 24363
39 Family Relations/ 12083
40 Family Support/ 98

41 Intergenerational Relations/ 4414
42 exp Parent-Child Relations/ 61169
43 Sibling Relations/ 2937
44 Friends/ 6940
45 Mentors/ 13326
46 Social Workers/ 1136
47 (social* adj support*).tw. 54956
48 (famil* adj (tie* or connect*)).tw. 1196
49 (friend* or mentor*).tw. 155468
50 (social adj1 (relationship* or tie* or network* or contact* or resource* or connect*)).tw. 44550
51 (support adj3 (information* or instrument* or emotion* or tangible or esteem)).tw. 26097
52 (support* adj2 (network* or companion* or perceive*)).tw. 20518
53 (relationship* adj1 (trust* or intimate or romantic or confid* or caring or supportive or endur* or quality)).tw. 14137
54 ((relationship* or support* or attachment* or connect*) adj1 (peer* or neighbo?r* or co-worker* or coworker* or colleague* or carer* or caregiver* or parent* or mother* or father* or guardian* or "nonparental adult" or "non parental adult" or "trusted adult" or "named person" or staff or interpersonal or intergeneration* or family or familial or sibling* or grandparent* or grandad* or granddad* or grandma* or aunt* or uncle* or cousin* or "social worker*" or "youth worker*" or "youthworker*" or coach)).tw. 54118
55 ((Teacher* adj1 (student* or pupil* or child*)) and (attachment* or relationship* or interaction* or support*)).tw. 2003
56 (SSQ6 or CASSS or MSPSS).tw. 605
57 or/34-56 503891
58 exp "Quality of Life"/ 278875
59 personal satisfaction/ 24801
60 (wellbeing or well-being or "well being").tw. 145141
61 (illbeing or ill-being or "ill being").tw. 382
62 hedoni*.tw. 7006
63 (eudaimoni* or eudaemoni* or eudemoni*).tw. 638
64 happiness.tw. 9749
65 ((positive or negative) adj affect).tw. 17412
66 flourish*.tw. 5979
67 ("life satisfaction" or "satisfaction with life").tw. 13470
68 "quality of life".tw. 385765
69 exp Emotions/ 418774
70 or/58-69 980762
71 Mental Health/ 64419
72 exp Mental Disorders/ 1455407
73 Catatonia/ 2874
74 Self Mutilation/ 3252
75 Suicide/ 40902
76 suicidal ideation/ 13336
77 Suicide, Attempted/ 23176

78 Suicide, Completed/ 280
79 "mental health".tw. 220161
80 ("bodily distress" or paraphilic or paraphilia or catatonia or catatonic or dissociation or "impulse control").tw. 130654
81 (schizophrenia or psychotic or psychosis or OCD or "obsessive compulsive disorder").tw. 188534
82 suicid*.tw. 97655
83 (self adj2 (harm or injur* or cutting or mutilation or poison* or burn*)).tw. 19448
84 (("post traumatic" or post-traumatic or posttraumatic) adj2 (stress or disorder*)).tw. 45645
85 ((grief or adjustment or "reactive attachment" or "disinhibited social engagement") adj2 (disorder* or condition* or problem*)).tw. 4638
86 (disruptive adj2 behavio?r*).tw. 4506
87 ((behavio?r* or neurodevelopmental or mood or fear or anxiety or personality or disruptive or dissocial or impulse or factitious or neurocognitive or feeding or eating or elimination or disruptive or dissocial or anxiety or depressive) adj3 (disorder* or condition* or problem*)).tw.261600
88 or/71-87 1935006
89 70 or 88 2640375
90 19 and 33 and 57 and 89 2478
91 exp animals/ not humans.sh. 5179577
92 90 not 91 2478
93 (case reports or editorial or letter).pt. or "conference abstract".tw. 4061682
94 92 not 93 2373
95 limit 94 to english language 2227
96 limit 95 to yr="2008 -Current" 1421

Appendix 2: Screening tool

Citation, Title, and Abstract Screening

Note. This screening tool should be used alongside the inclusion/exclusion criteria in the protocol paper

1. Does the **citation** indicate publication on or after 2008?

    a. Yes: continue screening

    b. No: stop screening

2. Does the **title or abstract** use English?

    a. Yes: continue screening

    b. No: stop screening

Abstract Screening

3. Does the **abstract** indicate that the sample includes CYP aged under 26?

    a. Yes or Unsure/Unclear: continue screening

    b. No: stop screening

4. Does the **abstract** indicate that the sample are care-experienced CYP?

    a. Yes or Unsure/Unclear: continue screening

    -For example: care could include foster care; residential care; adoption; kinship care; special guardianship. Care has to specify statutory involvement.

    b. No: stop screening

    -For example: children ‘in need’. Specific groups i.e. asylum seekers or refugees

5. Does the **title or abstract** indicate that the sample is from high income countries? i.e. UK, Ireland, USA, Canada, Australia, New Zealand, France, Germany, Sweden, Finland, Norway, Denmark and Netherlands

a. Yes: continue screening

b. No: stop screening

6. Does the **abstract** indicate that social support was studied?

a. Yes or Unsure/Unclear: continue screening

-Key words: social support; informational support; emotional support; esteem support; social network support; tangible support; relationships;

b. No: stop screening

7. Does the **abstract** indicate that mental health and/or wellbeing was studied?

a. Yes or Unsure/Unclear: continue screening

-Example key words: subjective wellbeing, life satisfaction, quality of life, mental, behavioural, emotional, neurodevelopmental, schizophrenia, psychotic, catatonia, mood, anxiety, depression, OCD, stress, personality, suicide, and self-harm.

b. No: stop screening

-Other constructs, in the absence of mental health and wellbeing as above, **not** eligible: i.e. “risk factors”, “high-risk behaviors”, substance use or abuse

8. Does the **abstract** indicate that the study uses quantitative, qualitative, mixed methods design or is it a systematic review?

a. Yes or Unsure/Unclear: continue screening

-Key words: regression, covariate, modeling, mean, correlation, variance, ethnography, discourse, thematic analysis, interpretative phenomonological analysis, content, grounded theory, interviews, inquiry, and mixed

b. No: stop screening

-For example: Case studies, case reports, clinical guidelines, letters, comments, discussion editorials, and book chapters.

9. Does the **abstract** indicate that the study is published in a journal?

a. Yes or Unsure/Unclear: continue screening

b. No: stop screening

-For example: master's and PhD theses, conference proceedings and abstracts

Decision: **Should this article be included?**

a. **Yes**, all 9 screening questions answered Yes or Unclear

b. **No**, at least one answers definitely "No"