

A mixed-methods systematic review

**THE IMPACT OF MENTORING AND  
BEFRIENDING PRACTICE AND  
INTERVENTIONS FOR ‘AT RISK’ AND  
CARE-EXPERIENCED CHILDREN  
AND YOUNG PEOPLE**



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## About Foundations, the national What Works Centre for Children & Families

Foundations, the national What Works Centre for Children & Families, believes all children should have the foundational relationships they need to thrive in life. By researching and evaluating the



effectiveness of family support services and interventions, we're generating the actionable evidence needed to improve them, so more vulnerable children can live safely and happily at home with the foundations they need to reach their full potential.

## **About Liverpool John Moores University**

Liverpool John Moores University is a distinctive, unique institution, based in the Liverpool City Region but with a global presence. The University works with the people of the city of Liverpool and supports communities nationally and globally to make a difference to people's lives. The University takes a multi-disciplinary approach to population health research, and we work in partnership with health services, local authorities, judicial bodies, environmental services, and community groups to influence service design and delivery and policy.



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# GLOSSARY OF TERMS/ABBREVIATIONS & ACRONYMS

Abbreviation/acronym/term	Description
ACE	Adverse childhood experiences
ACT	Adult Connections Team
ASTI	Advocates to Successful Transition to Independence
CI	Confidence interval
CICI	Context and Implementation of Complex Interventions
DREAMR	Determined, Responsible, Empowered Adolescents Mentoring Relationship
FHF	Fostering Healthy Futures
FHF-PT	Fostering Healthy Futures for Preteens
FHF-T	Fostering Healthy Futures for Teens
GED	General Educational Development
IPP	Iowa Parent Programme
MAOP	Massachusetts Adolescent Outreach Programme



<b>Abbreviation/acronym/term</b>	<b>Description</b>
NRSI	Non-randomised studies of interventions
OR	Odds ratio
RCT	Randomised controlled trial
RoB	Risk of bias
SWiM	Synthesis Without Meta-analysis
SYNC	Strengthening Youth Networks and Coping
TIDieR	Template for Intervention Description and Replication
TYOH	Transitioning Youth Out of Homelessness



# PLAIN LANGUAGE SUMMARY

## What is this review about?

Mentoring and befriending programmes aim to help children and young people build trusting relationships with adults. These relationships can improve their wellbeing, develop skills, and help them achieve personal goals. This review looked at these programmes specifically for at-risk and care-experienced children. Children and young people in the care system or facing other forms of adversity often have fewer chances to form these stable relationships compared with their more advantaged peers. Mentoring and befriending programmes may therefore provide an important opportunity to support at-risk and care-experienced children and young people to build trusting and supportive relationships. Through this review we wanted to understand whether and how at-risk and care-experienced children and young people benefit from participating in mentoring and befriending programmes. We were also interested in research that has examined at-risk and care-experienced children and young people's views and experiences about mentoring and befriending.

## What is the aim of this review?

There were four aims for this review. We wanted to understand the different types of mentoring and befriending programmes that exist for at-risk and care-experienced children and young people, and how effective these programmes were for different groups of children and young people. We also wanted to understand the factors that make it difficult to deliver mentoring and befriending programmes and the factors that help make the delivery successful.

Findings from this review will inform the development of a Practice Guide on mentoring and befriending interventions and practices to support at-risk and care-experienced children and young people. This will form part of a set of Practice Guides aimed at supporting the implementation of the Children's Social Care National Framework. The National Framework was recommended by the Independent Review of Children's Social Care to establish the purpose, principles, and outcomes of the children's social care system.

## What studies are included?

The review included 58 studies. There were 47 studies that helped us to understand the different types of mentoring and befriending programmes that exist for at-risk and care-experienced children and young people, and 20 studies focused on examining what works, for whom, and how. The review also included 22 qualitative studies that explored barriers and facilitators to successful delivery, and the views and perspectives of at-risk and care-experienced children and young people.



# What are the main findings of this review?

## What works?

We included 20 studies to understand how effective mentoring and befriending programmes are for children and young people who are at risk or have experienced care. The studies varied in quality and approach, and overall we found that current evidence about what works is limited and more research is needed to determine which programmes are most effective in the UK. Five studies showed no clear benefits for placement stability and transition out of care, but two studies found positive effects on reuniting care-experienced children and young people with their families. Out of 11 studies that examined mental health and wellbeing, 3 showed positive effects, while the rest had mixed or no effects. Two small studies reported improvements in quality of life, but two larger studies did not find any effect. For behaviours that challenge, two studies found positive benefits while three had mixed results. There was no clear pattern of effects on academic or employment-related outcomes.

## For whom?

We explored whether the effects of mentoring and befriending programmes varied based on the child or young person's background, such as their place of residence, race, gender, and socioeconomic status. However, few studies specifically looked at the influence of these factors. Nonetheless, it seems that a child or young person's child welfare history might affect how beneficial mentoring and befriending can be for them.

## How?

Findings from studies done in the USA suggest mentoring and befriending programmes may work better when they are combined with skills training. This combination showed more consistent positive effects on mental health and behaviour.

## Barriers and facilitators

We included 22 studies that explored what helps or hinders the success of mentoring and befriending programmes. In terms of barriers, we found that children and young people who are at risk or care-experienced often struggle with low self-esteem or may be uncertain about the benefits or timing of mentoring and befriending. For example, it may come too late in the process for young people transitioning out of care. We found that in relation to facilitators, trust is crucial. The evidence suggests that successful mentoring and befriending relationships are built on mutual respect, listening, and mentor availability.

## What do the findings of this review mean?

Although we have some theories about how these mentoring and befriending programmes can be of benefit to at-risk and care-experienced children and young people, there is a need for more rigorous evaluation, particularly within the UK context. Additionally, the perspectives of children and young people highlight the importance of tailoring programmes to their needs and ensuring





that mentors are well trained and consistently available. Programmes should focus on the needs of children and young people, involve them in choosing their mentors, and ensure consistent relationships and provide proper training for mentors.



# EXECUTIVE SUMMARY

## Overview

Mentoring and befriending programmes, interventions, and practices have increased in popularity in the UK since the mid-2000s, and the approach is commonly used as a way of helping children and young people build a trusted relationship with an adult to improve their wellbeing, develop skills, or achieve personal outcomes and goals. Children and young people who have or are experiencing trauma and adversity, and particularly those with experience of the care system, may have less opportunity to form stable and supportive relationships than children and young people living in more advantaged circumstances. Mentoring and befriending programmes may therefore provide an important opportunity to support at-risk and care-experienced children to build trusting and supportive relationships.

This review aimed to consider:

1. Different types of befriending and mentoring models that exist for ‘at-risk’ and care-experienced children and young people
2. How effective these models are for different groups
3. Practice and intervention components that lead to successful mentoring/befriending relationships
4. Barriers and facilitators to implementation of mentoring and befriending programmes.

The objective was to answer the following research questions (RQs):

- **RQ1:** How effective are mentoring and befriending interventions in promoting good outcomes for ‘at-risk’ children and young people and/or those who are care-experienced?
- **RQ2:** What are the different types of mentoring or befriending interventions/models, how are they defined, and which models are more or less effective for different populations of children and young people?
- **RQ3:** What practice elements and intervention components are associated with successful befriending and mentoring relationships for children and young people?
- **RQ4:** What are the enablers and barriers to successful implementation of effective mentoring and befriending interventions for children and young people?
- **RQ5:** What are the views of children and young people (and parents/carers) about the acceptability and usefulness of different mentoring and befriending interventions?

## Methods

We combined an effectiveness review with reviews of intervention theory and components, barriers and facilitators, and research representing the views and experiences of children and young people. Searches were conducted in six databases, and in grey literature sources and existing UK and international reviews. Articles were assessed for inclusion based on the following criteria: (i) children and young people up to 25 years old; (ii) care-experienced, considered at risk of being placed in care, or at risk of poor developmental outcomes; and (iii) the intervention involved



mentoring or befriending practices or interventions. Our outcomes of interest were (i) transition from care; (ii) placement stability; (iii) reunification; (iv) emotional and social behaviours; (v) mental health and wellbeing; (vi) academic outcomes; and (vii) employment and training outcomes.

For the risk of bias assessment, randomised controlled trials were assessed with the Cochrane RoB 2 tool and non-randomised studies of interventions with the ROBINS-I tool. The CASP Qualitative Checklist was used to appraise the methodological quality of qualitative research. For the review of intervention components and theory, we used adapted qualitative synthesis methods and mapped out an intended theory of change. For the review of effectiveness, after examining the data available for synthesis it was determined that the wide scope of the included studies meant that meta-analysis was not feasible, and the data was considered through a narrative synthesis. The results were explored in effect direction plots (to address RQ1), in a PROGRESS-Plus evidence synthesis (to address RQ2), and using a narrative moderator analysis approach (to address RQ3). For the review of barriers and facilitators and other qualitative evidence, qualitative data was analysed following methods for framework synthesis.

## Key findings

We included 58 studies; 47 studies were included in the review of theory and intervention components, 20 studies were included in the review of what works, for whom, and how, 19 studies were included in the reviews of barriers and facilitators, and 18 studies in the review of children's and young people's views and experiences.

### Review of theory and intervention components

Mentoring and befriending were hypothesised in the theory of change to be associated with five core mechanisms of change:

1. Mentoring and befriending was seen as an empowering relationship where mentors were seen as positive examples, supporting at-risk and care-experienced children and young people with future orientation and aspiration.
2. As a committed, empathetic, non-judgemental role model, a mentor who provides a consistent relationship could compensate for deficits in at-risk and care-experienced children and young people's social capital by increasing their social network, aspirations, self-efficacy, and independence.
3. Mentors could play a practical role by connecting at-risk and care-experienced children and young people to services and activities that they may have difficulty navigating, increasing the young person's ability to access support and help-seeking behaviours.
4. Relationships could lead to new forms of interpersonal learning for the child or young person, increasing their skills in appraising their needs and behaviours leading to greater self-efficacy and coping skills.
5. Positive relationships could destigmatise being in care for both the young person and their mentor/befriender.



## **What works? How effective are mentoring and befriending interventions for at-risk and care-experienced young people?**

Twenty studies were included in the review of effectiveness reporting on 10 mentoring and befriending programmes. The included studies were of a wide scope and a range of different intervention approaches were examined across different age groups. Nineteen studies were reports on 10 randomised controlled trials (RCTs), and 2 studies were reports on 2 non-randomised studies of interventions. The quality of the studies was mixed: two RCTs were judged to be at a low risk of bias and there were some concerns about the risk of bias in the remaining studies, with four studies judged to be at an overall high risk of bias.

Across five studies there were no or mixed effects for placement stability, permanency, and transition out of care, but two studies reported positive effects on reunification. Overall, the pattern across 11 studies suggested no or mixed effects on psychological, social, or behavioural functioning. Three studies reported positive effects on a mental health outcome and five studies reported no or mixed effects. Two small studies reported positive effects on quality of life but two larger studies found no effect. Two studies reported positive effects on behaviours that challenge, compared with mixed effects across three studies. For academic and employment outcomes, there was no clear pattern of effect.

## **For whom? Effective interventions for particular groups of at-risk and care-experienced children and young people**

We examined PROGRESS-Plus characteristics (place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, social capital, socioeconomic position, age, disability, sexual orientation, other vulnerable groups), and found that although a range of characteristics were reported, very few studies examined their impact on effectiveness. The evidence reviewed highlighted that a range of factors in an at-risk or care-experienced child or young person's background may moderate intervention effectiveness. For example, the limited differential effects evidence suggested that there should be consideration of how a child or young person's background with respect to their child welfare history may moderate the benefits of mentoring and befriending.

## **How? Common elements for effective mentoring and befriending intervention models**

The analysis of practice elements and intervention components was limited by the heterogeneity of the evidence. However, it tentatively appeared that combining mentoring and befriending practices with other intervention components was a more effective approach than providing mentoring and befriending as the only intervention component. Models that combined one-to-one mentoring and befriending with skills training had more consistent effects on mental health, wellbeing, and behaviours that challenge.

## **Review of process evaluations and other qualitative evidence**

Twenty studies provided evidence on the barriers and facilitators to implementing mentoring and befriending at the individual, intra-personal, organisational, community, and policy levels of the



socio-ecological framework. Fifteen qualitative studies provided insight into young people's experiences of mentoring and befriending. Several barriers to engaging with mentoring were identified, including a lack of self-esteem associated with asking for help, and uncertainty about the benefits and timing (with some young people transitioning out of care feeling they were past the point where they required support). Trust was key to a successful mentoring relationship and was associated with a mutual and equal relationship built on listening, and the mentor's willingness to be available for the young person.

## Recommendations and next steps

The evidence in relation to what works, for whom, and how in relation to mentoring and befriending for at-risk and care-experienced children and young people is currently limited, particularly with respect to the UK evidence base. The available evidence from the USA, however, led us to a tentative finding that mentoring and befriending programmes may be more effective when combined with skills training. However, further research is needed to understand how and which types of models operate best within a UK context.

In the absence of clear evidence of effectiveness, drawing on our theory of change we hypothesised that mentoring and befriending interventions were associated with five core mechanisms of change. However, it is important that the evidence base for UK-based mentoring and befriending models is further developed through rigorous evaluation and from an underlying theory base that recognises the contextual realities for at-risk and care-experienced children and young people in the UK.

The qualitative evidence provided clear lessons for implementation and service delivery, highlighting the need to be led by the children's and young people's needs, for mentor and befriender selection to be initiated by the young person, for time and constancy in the mentoring and befriending relationship, and for appropriate training for mentors. Based on their views and experiences, children and young people found mentoring and befriending a source of emotional support and, in contrast to the lack of effectiveness evidence, participation in mentoring and befriending increased their confidence, and provided new positive relationships and greater emotional stability and resilience.



# INTRODUCTION

## Project background

To thrive and be healthy, children and young people need to learn, play, and grow within safe, stable, and nurturing relationships and environments (Merrick et al., 2020). Exposure to maltreatment and trauma can affect children's and young people's health and development, leading to emotional, behavioural, and learning difficulties throughout childhood and adolescence, as well as physical and mental health problems in adulthood (Shonkoff, 2016). Children's and young people's development is best understood through an ecological systems perspective (Bronfenbrenner, 1979), which recognises that a range of internal and external factors shape the profile and trajectories of their development. There are also critical windows for development, which include early childhood and the transitions between late childhood and early adolescence, and from adolescence into adulthood (Graf et al., 2021). Although a range of factors play a role in shaping children's and young people's development, research highlights that supportive, trusted adult relationships are an important source of resilience for children and young people who have experienced trauma and adversity (Bellis et al., 2018; Ashton et al., 2021). However, children and young people who have or are experiencing trauma and adversity, and particularly those with experience of the care system, may have less opportunity to form stable and supportive relationships than children and young people living in more advantaged circumstances (Meltzer & Saunders, 2020).

Mentoring and befriending programmes have increased in popularity in the UK since the mid-2000s and the approach is commonly used as a way of helping children and young people build a trusted relationship with an adult to improve their wellbeing, develop skills, or achieve personal outcomes and goals. In practice, mentoring and befriending programmes encompass a broad range of approaches and there are variations in how they may be conceptualised and delivered (Phillip & Spratt, 2007). For the purposes of this review, we used the conceptualisation of mentoring and befriending programmes as existing along a spectrum as described by the Befriending Network Scotland (cited in Phillip & Spratt, 2007) (see section on methods for further details).

## Previous systematic reviews and meta-analyses

Mentoring and befriending programmes for children and young people can vary in terms of their delivery, intended outcomes, and social benefits (Armitage et al., 2020). The evidence base for universal approaches to mentoring and befriending has been brought together across a series of meta-analyses (DuBois et al., 2002; DuBois et al., 2011; Raposa et al., 2019), with the overall effects of the approach found to be modest. The research shows that programme factors such as the longevity and closeness of the mentor–mentee relationship, having clear expectations, a focus on instrumental goals, and ongoing support to volunteer mentors are important to their success (Rhodes and Lowe, 2008). Since the 2010s, mentoring and befriending programmes have increasingly been aimed towards young people with backgrounds of risk or disadvantage, including those in specialised groups (e.g. young people in foster care) and those in more broadly defined 'at-risk' categories (e.g. at risk of school dropout, at risk from growing up in a low-income



community). Two meta-analyses (DuBois et al., 2002; DuBois et al., 2011) suggest that young people with backgrounds of risk or disadvantage may benefit more from mentoring and befriending programmes but, conversely, the authors also note that programmes may be less effective for children and young people facing high levels of both – what they termed, individual and environmental adversity.

## Design and aims

This systematic review was commissioned by Foundations – What Works Centre for Children & Families to explore and understand the different types of befriending and mentoring programmes that exist for children and young people who are care-experienced, considered at risk of being placed in care, or at risk of poor developmental outcomes. The aims of the review were therefore to:

1. Explore and understand the different types of mentoring and befriending models which exist for children and young people who are care-experienced, considered at risk of being placed in care, or at risk of poor developmental outcomes.
2. Consider how effective mentoring and befriending programmes are for these different groups.
3. Identify practice and intervention components that lead to successful mentoring and befriending relationships.
4. Identify barriers and facilitators to the implementation of mentoring and befriending programmes.

Findings from this review will inform the development of a Practice Guide on mentoring and befriending interventions and practices to support at-risk and care-experienced children and young people. This will form part of a set of Practice Guides aimed at supporting the implementation of the Children’s Social Care National Framework. The National Framework was recommended by the Independent Review of Children’s Social Care to establish the purpose, principles, and outcomes of the children’s social care system.

## Objectives

The objectives of the systematic review were to address the following research questions. The scope of the systematic review with regard to the populations, interventions, and outcomes of interest are described further in the Methods section.

- **RQ1:** How effective are mentoring and befriending interventions for promoting good outcomes for ‘at-risk’ children and young people and/or those care-experienced?
- **RQ2:** What are the different types of mentoring or befriending interventions/models, how are they defined, and which models are more or less effective for different populations of children and young people?
- **RQ3:** What practice elements and intervention components are associated with successful befriending and mentoring relationships for children and young people?
- **RQ4:** What are the enablers and barriers to successful implementation of effective mentoring and befriending interventions for children and young people?
- **RQ5:** What are the views of children and young people (and parents/carers) about the acceptability and usefulness of different mentoring and befriending interventions?



# METHODS

Our review adopted a combined narrative synthesis and qualitative approach (Petticrew et al., 2013) applied across two stages, consistent with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards and equity extension for PRISMA (PRISMA-E 2012; Welch et al., 2015).

## Protocol registration

A protocol was developed and published on Foundation's website<sup>1</sup> and on the Open Science Framework (<https://doi.org/10.17605/OSF.IO/WXRDB>).

## Eligibility criteria

### Population

The population of interest for this systematic review was children and young people aged up to 25 years old who are:

- Care-experienced and/or considered at risk of being placed in care.
- At risk of poor developmental outcomes.

**Care-experienced and/or at risk of being placed in care:** Based on the Continuum of Need used by local authorities, three broad sets of criteria were distinguished for inclusion based on engagement or experience with the care system as follows:

1. The study population of children and young people meet the threshold for risk factors that indicate emerging needs or the need for early help, including (but not limited to) children and young people who would benefit from additional help to: improve education and attainment; meet their specific health and emotional needs; respond to short-term temporary crises within the family.
2. The study population of children and young people meet the threshold for risk factors that indicate complex needs within the family, including (but not limited to) children and young people whose families are impacted by crime (e.g. parental incarceration), neglect, past or current experience of intimate partner violence, substance abuse, child exploitation, poor early years development, severe child socio-emotional and conduct problems, or indicators of poor family relationships.
3. The study population of children and young people is described as having experience of the care system, including children and young people who have been, or are currently, in care or from a looked-after background (e.g. including adopted children who were previously looked-after). Care may have been provided in any setting, including residential care, foster care, kinship

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<sup>1</sup> <https://foundations.org.uk/our-work/current-projects/systematic-review-of-the-impact-of-mentoring-and-befriending-practice-and-interventions-for-children-young-people>





care, out-of-home care, or through being looked-after at home with a supervision requirement. Studies that only include children and young people described as being on ‘the edges of care’ or those who are identified as needing support to avoid becoming care-experienced will be categorised under criterion 2.

**At risk of poor developmental outcomes:** It is widely recognised that a range of family, community, and broader societal factors affect development (National Research Council & Institute of Medicine, 2000). For the purposes of this review, we focused on study populations of children and young people presumed to be at risk of poor developmental outcomes because of exposure to adverse or traumatic caregiving environments. These populations overlapped with the study populations described under criteria 2 and 3 above (i.e. children and young people with complex needs within the family and/or care experience) and included (but were not limited to) children and young people affected by: parental imprisonment, parental mental illness, parental substance abuse, family violence, family estrangement/housing instability/homelessness, maltreatment, and poverty.

We included studies involving children and young people facing potential risks for engagement in the care system and/or poor developmental outcomes along the dimensions of identity defined by the PROGRESS-Plus framework (place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, social capital, socioeconomic position, age, disability, sexual orientation, other vulnerable groups) (O’Neill et al., 2014; Oliver et al., 2008). This review draws on the social model for protecting children and recognises the social determinants of harm (Featherstone et al., 2018). The model acknowledges that specific groups of children and young people may be at an increased risk of becoming engaged with the care system due to the structural and systemic inequalities in society (Bywaters et al., 2016; Bywaters and the Child Welfare Inequalities Project Team, 2020), rather than individualised risk factors. Relevant groups include, for example, children and young people from Romani (Gypsy), Roma, and Traveller communities (Allen & Hamnett, 2022) and refugee, asylum-seeking, or undocumented migrant status children and young people (Children’s Commissioner, 2023).

## Intervention/comparator

Mentoring and befriending programmes were compared to no practice/intervention or a comparable intervention. Drawing on the work of Befriending Network Scotland (cited in Phillip & Spratt, 2007) mentoring and befriending programmes were conceptualised as existing along a spectrum:

- **Befriending**, being most appropriate in providing friendship and informal support to those in crisis or acute isolation.
- **Mentoring/befriending**, a middle ground which aims to build trusting social relationships with those requiring support in achieving stability and allowing them to set objectives.
- **Mentoring**, where mentor and mentee agree and work towards objectives, which takes priority over the social elements of the relationship.

Studies that examined unstructured or unprogrammed approaches to mentoring and befriending (often referred to as natural and/or informal mentoring and befriending) were excluded.



## Outcomes

For studies of children and young people with experience of the care system, the outcomes of interest were:

- **Transition from care:** Care leavers are defined as young people aged over 16 leaving local authority care. Outcomes related to the transition out of care into independent living, and that are not otherwise covered below, including measures relating to housing/ accommodation and financial needs (and including adverse outcomes such as homelessness).
- **Placement stability:** Any measure of placement stability including (but not limited to) the number of placement moves.
- **Reunification:** Any measure relating to the practice of returning a child to live with their family following a period of local authority care.

For studies of children and young people with experience of the care system, considered at risk of being placed in care, or at risk of poor developmental outcomes, the outcomes of interest were:

- **Emotional and social behaviours; mental health and wellbeing:** Any validated measure of mental, social, emotional, or psychological health or wellbeing, categorised as:
  - Emotional distress (e.g. anxiety and depression; loneliness).
  - Behavioural outcomes (e.g. positive social behaviour, conduct problems).
- **Employment and training outcomes:** Employment and/or training status.
- **Academic outcomes:** Academic progression and attainment.

## Other eligibility domains

### Study design

**Review of intervention components and theory:** Qualitative, quantitative, or mixed-method studies.

**RQ1–RQ3:** Randomised, non-randomised, or partially randomised or non-randomised pre/post-controlled intervention studies.

**RQ4–RQ5:** Qualitative, quantitative, or mixed-method process evaluations.

### Setting and context

Studies of mentoring and befriending programmes delivered to children and young people in schools and other educational settings (e.g. colleges and universities) were excluded.

Mentoring and befriending programmes conducted in high-income countries (as per the World Bank country classification) and delivered in community settings.

### Language

Studies published in the English language.



## Mapping and refining the scope of the review

We anticipated that the body of research available on mentoring and befriending programmes would encompass varying definitions and/or conceptualisations of risk and adversity. The mapping phase of the review therefore initially included research with a wider population scope to build a clearer idea of the ways in which the research has been targeted towards children and young people identified as vulnerable to engagement with the care system or at risk of poor developmental outcomes. Study inclusion was refined following a mapping phase and discussions with Foundations and the Advisory Group (see [Appendix A](#) for further details).

## Information sources

We carried out systematic searches of academic/bibliographic databases, grey literature sources, and existing UK and international reviews in March 2024. Preliminary searches were piloted and informed the development of a final comprehensive search strategy ([Appendix B](#)) that was used to search the following databases:

- Medline via Ovid
- APA PsycINFO via ProQuest
- CINAHL via EBSCOhost
- ProQuest Central via ProQuest
- British Education Index via EBSCOhost
- Education Resources Information Center (ERIC) via EBSCOhost.

We also searched grey literature sources, including the NSPCC Library catalogue, Community Care Inform Children, and OpenGrey, and carried out targeted searches of Google Scholar for reports and publications, selected UK higher education repositories, and websites of selected organisations.

## Selection process

Titles and abstracts were screened independently by two reviewers from a team of four (MA, JH, EA, and LJ) for the purpose of identifying potentially relevant studies. Covidence was used to manage the review screening processes. Disagreements during this process were resolved through discussion and a third reviewer within the same team of four was used to resolve any uncertainties that remained. Full text articles of potentially relevant studies were obtained and an initial 10% of studies were screened independently by two reviewers from a team of two (JH and LJ). The remaining studies were screened by one reviewer (LJ or JH). Two reviewers independently piloted the extraction form and coding framework on a sample of five included studies (ABR and LJ). Following refinement of the extraction form and coding framework, data from the remaining studies was extracted and coded by one reviewer (ABR). At the full text screening stage, we used a coding framework to categorise the studies according to the following categories:

- Population focus (universal vs targeted; care-experienced; other 'at-risk' population as defined under the study selection criteria for population)



- Type of evaluation research design (process, impact, or outcome evaluation; quantitative, qualitative, or mixed-methods approach).

## Data collection process

We used different data collection processes to gather the evidence required to answer the five research questions and for the review of theory and intervention components.

**Review of theory and intervention components:** We used the 12-item Template for Intervention Description and Replication (TIDieR) checklist (Hoffman et al., 2014) to extract detailed intervention descriptions, core model components, and information about the intended recipients, descriptions of theory, mechanisms of change, and outcomes from the methods and other descriptions of the study intervention, practice, or model.

**Review of effectiveness (RQ1–RQ3):** A data extraction template was developed in Excel to extract study and intervention details from the included quantitative studies. An initial template was piloted by two reviewers (LJ and ABR) and refined following discussions. Data was subsequently extracted by one reviewer (LJ or ABR) and checked for accuracy by a second reviewer from the same team of two. We also extracted detailed demographic data along relevant dimensions of identity as defined by the PROGRESS-Plus framework (place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, social capital, socioeconomic position, age, disability, sexual orientation, other vulnerable groups) (O’Neill et al., 2014; Oliver et al., 2008).

**Reviews of implementation and acceptability:** Qualitative studies were coded in NVivo using inductive thematic analysis. Further information is provided under ‘Synthesis methods’ below.

## Risk of bias assessment

### Review of effectiveness (RQ1–RQ3)

Studies were assessed with the Cochrane RoB 2 tool for randomised trials (Higgins et al., 2016; Sterne et al., 2019) and the ROBINS-I tool for non-randomised studies of interventions (Sterne et al., 2016). The RoB 2 tool is structured into five domains of bias, focusing on bias: (i) arising from the randomisation process; (ii) due to deviations from intended interventions; (iii) due to missing outcome data; (iv) in measurement of the outcome; and (v) in selection of the reported result. The ROBINS-I tool evaluates the RoB in the results of non-randomised studies of the effects of interventions. The tool covers seven domains, including bias: (i) due to confounding; (ii) in the selection of participants into the study; (iii) in the classification of interventions; (iv) due to deviations from intended interventions; (v) due to missing data; (vi) in measurement of outcomes; and (vii) in selection of the reported result. The RoB assessment was carried out independently by two reviewers (MA and LJ) on a sample of studies (10%) and judgements were discussed to ensure consistency and accuracy in how the criteria were being applied; this also helped to explore and resolve disagreements. Following this process, the remaining assessments were carried out independently by one reviewer (MA). The signalling questions/tool algorithms were then used to



reach domain-level judgements and an overall judgement on RoB. The RoB assessment was used to inform the synthesis of the studies' findings and has been integrated into the overall assessment of the certainty of the body of evidence.

## Reviews of implementation and acceptability (RQ4 and RQ5)

The CASP Qualitative Checklist was used to appraise the methodological quality of the included qualitative studies. The CASP tool does not produce an overall assessment of study quality but, in line with Long et al. (2020), study quality was decided using 'tipping point' criteria based on what was considered important for the review aims and context. Assessments were carried out independently by two reviewers (JH and ABR) on a sample of studies (10%) and judgements were discussed to ensure consistency and accuracy in how the criteria were being applied; this also helped to explore and resolve disagreements. Following this process, the remaining assessments were carried out independently by one reviewer (JH). The quality assessment was used to inform the synthesis of the findings across the body of evidence identified within the process evaluations.

The GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative Research) tool was used to assess how much confidence to place in the findings of the qualitative systematic reviews. GRADE-CERQual provides a framework for assessing confidence based on four components: (i) methodological limitations; (ii) coherence; (iii) adequacy of data; and (iv) relevance. Based on assessment of these four components an overall assessment of confidence was made in each review finding. Review findings were extracted by one reviewer (JH). Findings were assessed by one reviewer (JH).

## Synthesis methods

### Review of intervention components and theory

To better understand how mentoring and befriending models are defined, we summarised the theory (or theories) of change and the theoretical causal chains that were hypothesised to lead from the intervention input to its intended final outcomes (via activities, outputs, and intermediate outcomes). One experienced reviewer (JH) used adapted qualitative synthesis methods to guide within-study coding and analysis and mapped out the intended theory of change for the different models of mentoring and befriending identified. Common features and differences in practice and programme elements were assessed and discussed with the team (LJ and ABR) before being mapped across the included intervention models.

### Quantitative evidence (RQ1–RQ3)

To address RQ1 *what works*, we examined the quantitative evidence available in relation to the direction and size of effects reported for mentoring and befriending interventions on the outcomes of interest. Before coming to a decision about whether meta-analysis was feasible, we tabulated the extracted quantitative study data and grouped study findings together under broad outcome categories ([Appendix F](#)). We then examined what data was available for synthesis. Following these steps, it was determined that meta-analysis was not feasible because there was heterogeneity across the studies in terms of the age groups targeted by the interventions, in outcome measurement, and



in length of follow-up. For example, mental health and wellbeing were examined using a range of different measures and constructs and some studies reported multiple mental health and wellbeing outcomes. Subsequently, a narrative synthesis was carried out, informed by Guidance on the Conduct of Narrative Synthesis in Systematic Reviews (Popay et al., 2006) and the Synthesis Without Meta-analysis (SWiM) in systematic reviews reporting guideline (Campbell et al., 2020). Effect direction plots (Boon and Thomson, 2021) were developed to support with the synthesis and visualisation of the data.

To address RQ2 *for whom*, with respect to which models are more or less effective for different populations of children and young people, we examined moderating factors of intervention effectiveness through moderator analyses in a PROGRESS-Plus evidence synthesis. We mapped and described the characteristics of the included studies using PROGRESS-Plus, an acronym that can be used to identify characteristics that stratify health opportunities and outcomes (place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, social capital, socioeconomic position, age, disability, sexual orientation, other vulnerable groups) (O'Neill et al., 2014; Oliver et al., 2008). We also extracted evidence for differential effects from studies that reported subgroup, interaction, or moderation analyses exploring the effects of at least one PROGRESS-Plus characteristic.

To address RQ3, we explored the ways in which different practice elements and intervention components were related to effectiveness using the theory of change model developed through the review of intervention components and theory. We followed a structured narrative moderator analysis approach (Popay et al., 2006). This involved the tabulation of data on effect sizes and direction against the practice elements and intervention components identified in the review of theory and intervention components.

## Qualitative evidence (RQ4–RQ5)

The EPPI Centre<sup>2</sup> has outlined three broad issues that need to be considered when appraising a process evaluation: (i) does the study tell you how the intervention was set up and monitored; (ii) does it tell you what resources are necessary for an intervention; and (iii) does it tell you whether the intervention was acceptable to everyone involved? We used the EPPI Centre guidance to consider these issues systematically and examined factors that influence implementation. One experienced reviewer (JH) used framework synthesis methods to guide within-study coding and analysis of the factors influencing implementation. A coding framework was developed based on the Context and Implementation of Complex Interventions (CICI) framework (Pfadenhauer et al., 2017). Selected papers were imported into NVivo and coded using inductive thematic analysis (Braun and Clarke, 2006) by one experienced reviewer (JH). Themes were then reviewed by the team (JH, LJ, and ABR) and deductively mapped to domains of the socio-ecological model (individual, interpersonal, organisational, community, and policy levels). The socio-ecological model is frequently used to understand the various facilitators and barriers which impact successful implementation. We also extracted user perspectives reflecting the views of children and young people about the acceptability, appropriateness, and usefulness of mentoring and befriending interventions. This data was used to address RQ5 about *users' perspectives and needs*

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<sup>2</sup> See: <http://eppi.ioe.ac.uk/cms/default.aspx?tabid=2370&language=en-US>



and analysed in parallel with the data about enablers and barriers. As a final step, our overall confidence in the evidence (methodological limitations, coherence, adequacy, and relevance) was assessed using GRADE-CERQual (Lewin et al., 2018).



# KEY FINDINGS

## Study selection

The study selection process is summarised in Figure 1. The searches identified 20,322 records published since 1999, and 14,413 records remained after the removal of duplicate records. The timeframe for inclusion was subsequently changed following discussions with Foundations, to records published since 2005, which removed a further 1,547 records. Following the mapping review ([Appendix A](#)), a further 8,317 records were removed before screening and an additional 1,150 records were screened based on titles and abstracts. In total, 4,549 records were screened at the title and abstract stage and full text articles were sought for 599 records. We couldn't access one record, but the remainder were screened in full against the inclusion and exclusion criteria for the review.

A total of 49 studies were included from the database searches and 9 studies were identified through citation searching. Of the 58 studies, 33 mentoring and befriending programmes were described across 57 studies, and 2 studies were done to inform intervention development. As shown in Table 1, 32 mentoring and befriending programmes were included in the review of theory and intervention components, 10 programmes provided evidence for the review of effectiveness (RQ1–RQ3), and 19 programmes and the 3 intervention development studies provided evidence from process evaluations and other qualitative studies (RQ4 and RQ5).

## Characteristics of the included studies

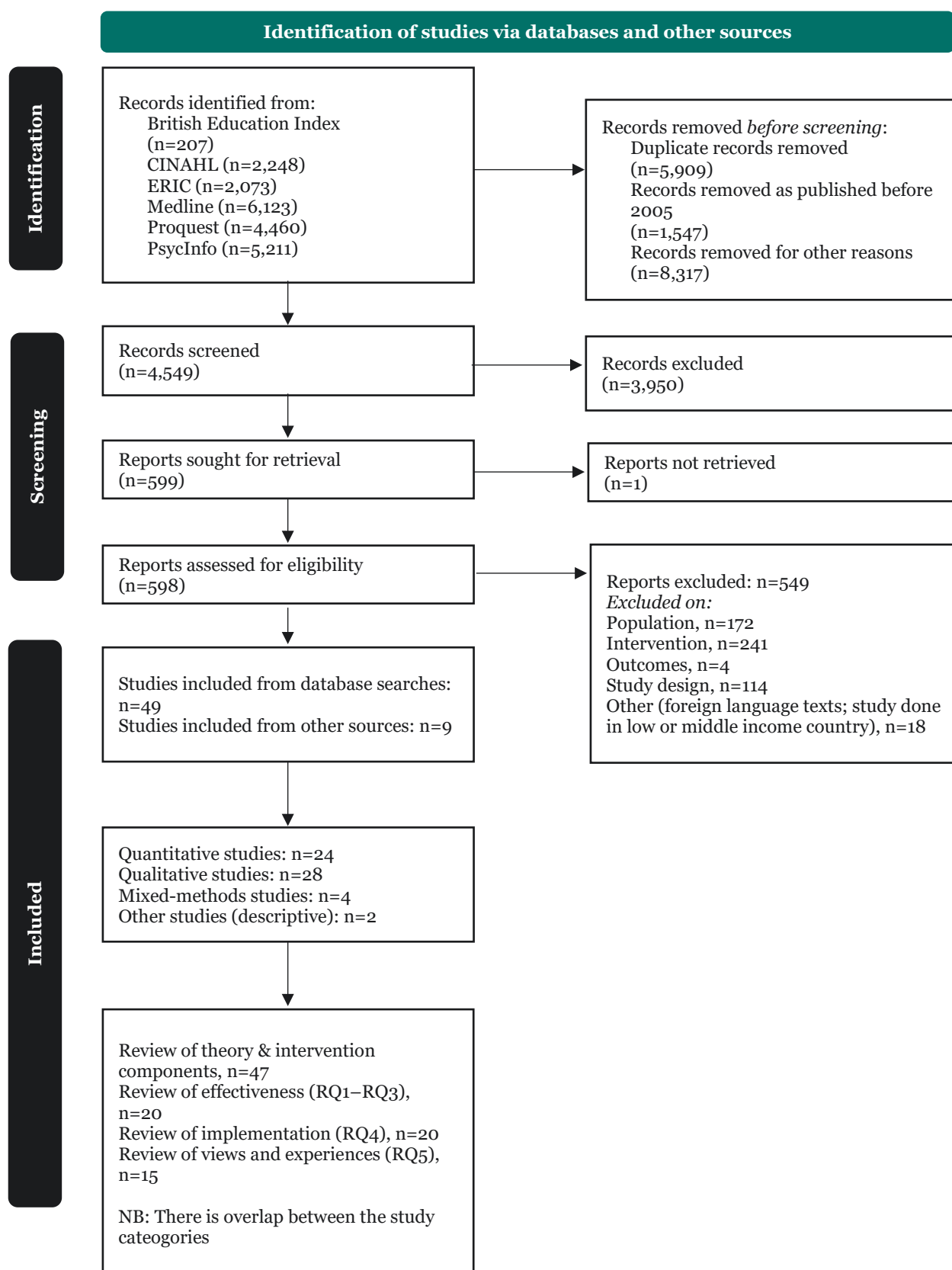
A full reference list of the included studies can be found in the [Bibliography](#) and a summary of the 33 mentoring and befriending programmes is provided in Table 1, with more details included in the tables in [Appendix C](#). Grouped by study design, across the review questions we included 24 quantitative studies, 27 qualitative studies, 5 mixed-methods studies, and 2 descriptive studies.

For the review of *effectiveness*, 19 quantitative studies, and 1 mixed-methods study were used to answer RQ1, RQ2, and RQ3. Seventeen qualitative studies and 3 quantitative studies were used to address RQ4 about *implementation* and 15 qualitative studies were used to address RQ5 about *acceptability*. Please note that there was overlap between the study categories so the numbers don't sum to 58.





Figure 1. PRISMA flowchart showing study selection process ([go to accessibility text](#))





**Table 1. Summary of included mentoring and befriending programmes**

Programme name	Reference(s)	Country	Type of programme	Target population	Theory	Type of mentor	Review question		
							RQ1–RQ3	RQ4	RQ5
<b>Adults Connections Team</b>	Leathers et al., 2023	USA	Formal, support for transition + employability	Care-experienced, transitioning out of care	PYD	Employed	Y	-	-
<b>Advocates to Successful Transition to Independence</b>	Osterling & Hines, 2006	USA	Formal	Care-experienced, transitioning out of care	NR	Volunteer	-	-	-
<b>Better Futures</b>	Geenen et al., 2015	USA	Near-peer (group) + skills training	Care-experienced, transitioning out of care	Self-determination	Near-peer	Y	-	-
<b>Caring Adults R Everywhere</b>	Greeson et al., 2015b; Greeson et al., 2015c; Greeson & Thompson, 2017	USA	Natural	Care-experienced, transitioning out of care	NR	Natural	*	Y	Y
<b>Creating Ongoing Relationships Effectively</b>	Nesmith & Christopherson, 2014	USA	Natural	Care-experienced, in care	Empowerment	Natural	-	Y	Y



Programme name	Reference(s)	Country	Type of programme	Target population	Theory	Type of mentor	Review question		
							RQ1–RQ3	RQ4	RQ5
<b>Determined, Responsible, Empowered Adolescents Mentoring Relationship</b>	Denby et al., 2016; Gomez et al., 2021	USA	Formal	Care-experienced, in care	Relational competence	Employed	-	Y	Y
<b>European Social Mentoring Project</b>	Garcia-Molsosa et al., 2021a; Garcia-Molsosa et al., 2021b	Europe**	Formal	Care-experienced, in care	Social capital	Volunteer	-	Y	-
<b>First Star Academy</b>	Wesley et al., 2020	USA	Formal + support for transition	Care-experienced, transitioning out of care	NR	Volunteer	-	Y	Y



Programme name	Reference(s)	Country	Type of programme	Target population	Theory	Type of mentor	Review question		
							RQ1–RQ3	RQ4	RQ5
<b>Fostering Healthy Futures for Preteens</b>	Taussig et al., 2007; Taussig et al., 2009; Taussig & Culhane, 2010; Taussig et al., 2012; Taussig et al., 2013; Taussig et al., 2019; Taussig et al., 2021; Weiler & Taussig, 2019; Weiler et al., 2022; Hambrick et al., 2023	USA	Formal + skills training	Care-experienced, in care	PYD	Volunteer	Y	***	-
<b>Fostering Healthy Futures for Teens</b>	Taussig et al., 2015; Taussig et al., 2020; Fostering Healthy Futures for Teens, 2021	USA	Formal + skills training	Care-experienced, in care, or involved with CPS	PYD	Volunteer	Y	-	-
<b>Future Stars</b>	Morgan et al., 2020	UK	Formal, relationship building + employability	Care-experienced, in care; at risk of youth violence	Social capital	Volunteer	-	-	-



Programme name	Reference(s)	Country	Type of programme	Target population	Theory	Type of mentor	Review question		
							RQ1–RQ3	RQ4	RQ5
<b>Independent Living Coordinators</b>	Nathans & Chaffers, 2022	USA	Formal	Care-experienced, transitioning out of care	Emancipation to lifelong disadvantage and dependence	Employed	-	Y	-
<b>Iowa Parent Partner programme</b>	Chambers et al., 2019	USA	Peer	Care-experienced, involved with CPS	NR	Peer (parents)	Y	-	-
<b>Local authority mentoring programme 1</b>	Furey & Harris-Evans, 2021	UK	Formal, support for transition + employability	Care-experienced, transitioning out of care	Ecological model of resilience	Employed	-	-	Y
<b>Local authority mentoring programme 2</b>	Rose & Jones, 2007	UK	Formal	At risk, in need of additional support	NR	Volunteer	-	-	-
<b>Massachusetts Adolescent Outreach Programme</b>	Courtney et al., 2011; Greeson et al., 2015a	USA	Formal + support for transition	Care-experienced, transitioning out of care	NR	Employed	Y	-	-



Programme name	Reference(s)	Country	Type of programme	Target population	Theory	Type of mentor	Review question		
							RQ1–RQ3	RQ4	RQ5
<b>Mentoring programme for unaccompanied young people</b>	Moberg, 2021; Moberg and Herz, 2024	Sweden	Formal	Care-experienced, unaccompanied migrants	NR	Employed	-	-	-
<b>Mentoring programmes for children with incarcerated parents</b>	Stelter et al., 2023	USA	Formal	At risk, incarcerated parents or caregivers	PYD	Volunteer	Y	-	-
<b>Mission mentoring programme</b>	Cosma & Soni, 2020	UK	Formal	Care-experienced, in care	Corporate parenting responsibility	Volunteer	-	Y	Y
<b>TAKE CHARGE/My Life</b>	Powers et al., 2012; Geenen et al., 2013; Powers et al., 2018; Blakeslee et al., 2020	USA	Near-peer (group) + skills training	Care-experienced, transitioning out of care	Self-determination	Near-peer	Y	Y	Y
<b>Peer mentoring programme for young women in care</b>	Mantovani et al., 2020; Mezey et al., 2015	UK	Near-peer	Care-experienced, in care	Attachment, Social cognitive	Near-peer	*	-	Y



Programme name	Reference(s)	Country	Type of programme	Target population	Theory	Type of mentor	Review question		
							RQ1–RQ3	RQ4	RQ5
<b>PROMISE Mentoring Project</b>	Dallos & Carder-Gilbert, 2019	UK	Formal	Care-experienced, in care	NR	Volunteer	-	-	Y
<b>Referents mentoring programme</b>	Alarcon et al., 2021	Spain	Formal	Care-experienced, unaccompanied migrants	NR	Volunteer	Y	-	-
<b>Resilience Support Centre</b>	Aytar & Brunnberg, 2016	Sweden	Formal	Care-experienced, unaccompanied migrants	Ecological systems	Employed	-	-	-
<b>Royal Family Kids Mentoring Clubs</b>	Lee, 2021	USA	Formal + relationship building	Care-experienced, in care	Attachment	Volunteer	-	Y	-
<b>St Luke’s Anglicare Support Service</b>	Mendes, 2011	Australia	Formal, support for transition + employability	Care-experienced, transitioning out of care	Corporate parenting responsibility	Volunteer	-	Y	Y
<b>Stand By Me</b>	Purtell & Mendes, 2016	Australia	Formal	Care-experienced, transitioning out of care	NR	Employed	-	-	-



Programme name	Reference(s)	Country	Type of programme	Target population	Theory	Type of mentor	Review question		
							RQ1–RQ3	RQ4	RQ5
<b>Strengthening Youth Networks and Coping</b>	Blakeslee et al., 2023	USA	Near-peer	Care-experienced, transitioning out of care	Attachment, social cognitive	Near-peer	Y	-	-
<b>Therapeutic Mentoring System of Care</b>	Johnson, 2010; Johnson et al., 2011	USA	Formal	Care-experienced, in care	PYD, attachment, social cognitive, relational cultural	Volunteer	*	-	-
<b>Transition Coaching</b>	Narendorf et al., 2020	USA	Formal	Care-experienced, transitioning out of care	NR	Volunteer	-	Y	Y
<b>Transitioning Youth Out of Homelessness</b>	Thulien et al., 2022	Canada	Formal	At risk, experiencing homelessness	NR	Volunteer	Y	-	-
<b>Youth Challenge</b>	Spencer et al., 2018; Spencer et al., 2019	USA	Natural	Care-experienced, in care	NR	Natural	-	Y	Y
<b>Youth-initiated mentoring</b>	van Dam et al., 2017; van Dam et al., 2019	Netherlands	Natural	Care-experienced, in care	PYD, positioning	Natural	*	Y	Y





Programme name	Reference(s)	Country	Type of programme	Target population	Theory	Type of mentor	Review question		
							RQ1–RQ3	RQ4	RQ5
<p>* Quantitative studies were available for these models but they were either not designed to or were not robust enough to identify differences between intervention and control participants. ** Austria, Croatia, France, Germany, and Spain. *** Two quantitative studies linked to the FHF-PT RCT provided useful data for addressing RQ4 (Weiler et al., 2022; Hambrick et al., 2023).</p> <p>CPS = child protection services; PYD = Positive Youth Development; NR = not reported.</p> <p>Studies included above which did not contribute specifically to the research questions named are included due to their contribution to the theory of change work.</p>									



# Review of theory & intervention components

## Mentoring and befriending programme context

Most of the 33 mentoring and befriending programmes were examined in studies done in the USA (n=19). The remaining programmes were examined across studies carried out in the UK (n=8), elsewhere in Europe (n=5, including 1 across multiple European countries, 2 in Sweden, and 1 each in Spain and the Netherlands), Australia (n=2), and Canada (n=1). Of the two intervention development studies, one was carried out in the UK and the other in Canada. Most programmes (n=25) provided formal mentoring and befriending where a mentor/befriender was assigned to the child or young person, and in 6 programmes this was combined with skills training. Five programmes were based on peer mentoring and befriending; in one programme this was targeted at parents and in another two related programmes (Better Futures and the TAKE CHARGE/My Life self-determination model) this was combined with coaching in self-determination skills. Three programmes were based on natural mentoring and befriending where the child or young person was supported to choose a mentor from within their existing social networks.

### Setting for mentoring

Most programmes (n=28) delivered mentoring and befriending face-to-face. Four used a combination of in-person and online mentoring: ASTI (Osterling & Hines, 2006), SYNC (Blakeslee et al., 2023), DREAMR (Denby et al., 2016), and TYOH (Thulien et al., 2022). The mode of delivery was not specified for the Iowa Parent Partner programme (Chambers et al., 2019).

Twenty-seven programmes delivered mentoring and befriending activities in community locations that were accessible and comfortable for the child or young person, such as homes, schools, youth organisations, provider offices, and leisure venues such as cafes (Taussig et al., 2007; Powers et al., 2012; van Dam et al., 2017; Osterling & Hines, 2006; Nathans & Chaffers, 2022; Garcia-Molsosa et al., 2021a; Mantovani et al., 2020; Narendorf et al., 2020; Nesmith & Christopherson, 2014; Lee, 2021; Denby et al., 2016; Greeson et al., 2015b; Johnson, 2010; Dallos & Carder-Gilbert, 2019; Mendes, 2011; Courtney et al., 2011; Purtell & Mendes, 2016; Stelter et al., 2023; Thulien et al., 2022; Morgan et al., 2020; Rose & Jones, 2007; Moberg & Herz, 2024; Aytar & Brunnberg, 2016; Alarcon et al., 2021). Two programmes were delivered in part or in full on university campuses: Better Futures (Geenen et al., 2015) and First Star Academy (Wesley et al., 2020). One programme provided mentoring activities solely in the workplace (Furey & Harris-Evans, 2021) and in three programmes the location of the mentoring and befriending activities was unclear (Chambers et al., 2019; Cosma & Soni, 2020; Blakeslee et al., 2023).

### Target population for mentoring

Thirty programmes provided mentoring and befriending to care-experienced children and young people (Table 1). These programmes were broadly targeted at two groups of children and young people, those living in out-of-home placements (including foster care and residential care, n=11) and young people transitioning from care to independent living (n=13). One model (FHF-T, Taussig et al., 2015) targeted children and young people in care or who were involved with child protection services but still living at home. Another programme (Iowa Parent Partner programme, Chambers et al., 2019) targeted families involved with child protection services and three



programmes targeted young people who were care-experienced after entering the country as unaccompanied migrants.

Four programmes provided mentoring and befriending to children and young people at risk of entering the care system and/or poor developmental outcomes. These programmes targeted children and young people with a parent in prison (Stelter et al., 2023), young people who had experienced homelessness in the past 12 months (Thulien et al., 2022), children and young people involved in the care system or at risk of youth violence or gang-related crime (Morgan et al., 2020), and young people identified as at risk of becoming disaffected within school, family, or local community relationships (Rose & Jones, 2007).

## Building a theory of change

To understand how each programme worked, why, for whom, and in what context, information on underlying mechanisms was extracted from the theory of change and programme descriptions for 32 programmes.<sup>3</sup> A theory of change was fully described for 10 programmes and partially inferred for the remaining programmes. Nineteen programmes were underpinned by one or more existing formal theories. The most common were *positive youth development* to describe how young people's strengths and resources can be used to foster positive wellbeing (n=4, Taussig et al., 2007; Leathers et al., 2023; Johnson, 2010; Stelter et al., 2023), *attachment theory* to describe the relationship between mentor and mentee (n=4, Mantovani et al., 2020; Lee, 2021; Johnson, 2010; Dallos & Carder-Gilbert, 2019), and *social learning/cognitive theories* to describe role modelling of mentors by mentees (n=3, Blakeslee et al., 2023; Mantovani et al., 2020; Johnson, 2010).

The tables in [Appendix C](#) provide a summary of the theories drawn on by each programme. Informal mechanisms of change inferred by the study authors in their programme descriptions were also extracted. Informal and formal mechanisms were synthesised and grouped according to programme context (mentor type), intervention design, and resources to produce an overall theory of change (Figure 2).

### *Mentor type*

**Volunteer mentors:** Mentors in 15 programmes were volunteers who had been self-motivated to put themselves forward (Table 1). Volunteer mentors were hypothetically associated with three specific mechanisms of change. First, volunteer mentors came from a range of different backgrounds, views, and values but were open to making a difference in young people's lives. These qualities were theorised to lead to an unbiased relationship with the young person which was not driven by statutory service requirements. Second, young people were hypothesised as reacting positively because they recognised the volunteer mentor had unconditionally chosen to be there for them and did not place demands on the young person (in comparison to service providers). Their relationship was therefore unconditional and built on mutual commitment and respect. Similarly, some studies noted that volunteer mentors provided families/carers with a stable and unconditional source of collaborative support that was different from statutory providers, leading to greater mutual understanding of the young person's family context, experiences, and needs.

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<sup>3</sup> The Iowa Parent Partner model (Chambers et al., 2019) was excluded because it targeted parents rather than children and young people directly.



**Employed mentors:** Mentors in nine programmes were employed as part of the programme as Independent Living Coordinators (Nathans & Chaffers, 2022), therapeutic mentors (Johnson, 2010;), or existing youth specialists (Denby et al., 2016; Leathers et al., 2023; Courtney et al., 2011; Purtell & Mendes, 2016; Moberg & Herz, 2024; Aytar & Brunnberg, 2016). The DREAMR programme combined youth specialists and existing volunteer mentors from an existing Big Brothers Big Sisters mentoring programme (Denby et al., 2016). A local authority programme (Furey & Harris, 2021) provided internships with work-based supervisors. Three mechanisms were proposed in relation to employed mentors. First, employed mentors' knowledge of policy and practice was hypothesised to enable them to plan both tangible and intangible support for young people and remove service navigation barriers. For example, independent living coaches in the Independent Living Programme were joint case managers for young people transitioning out of care who attended multi-disciplinary meetings and conferences (Nathans & Chaffers, 2022). Second, joint case management and multi-disciplinary meeting attendance by mentors were seen to increase continuity of care and permanency in young people's lives (Nathans & Chaffers, 2022; Johnson, 2010). Finally, employed mentors were hypothetically regarded as better versed in trauma-informed care and receiving higher levels of ongoing professional supervision, which could increase their ability to develop trusting relationships and respond therapeutically to young people's needs. For example, the therapeutic mentors in the Therapeutic Monitoring System of Care programme were required to attend 10 hours of training in the first 6 months, ongoing quarterly training, and continuous quality improvement meetings (Johnson, 2010).

**Near-peer mentors:** Four programmes recruited care-experienced adults as near-peer mentors (Powers et al., 2012; Geenen et al., 2015; Blakeslee et al., 2023; Mantovani et al., 2020). These studies proposed that mentors' shared experience of care increased young people's self-determination towards future goals by offering relatable insights. Near-peer mentors' empathy with trauma was also proposed as a way of building trust and meeting young people's needs.

**Natural mentors:** Four programmes supported young people to choose a natural mentor from their existing network of supportive adults (van Dam et al., 2017; Spencer et al., 2018; Nesmith & Christopherson, 2014; Greeson et al., 2015b). Natural mentors were theorised to be 'third order position figures' (van Dam et al., 2017) who were already valued and listened to by young people and their parents/carers. This allowed them to act as a confidant and spokesperson for the young person and their families/carers, build collective knowledge, and increase the resilience of the young person's network to deal with stressors and reduce health risk.

## **Implementation**

### **Resources required**

**Mentor training:** Only 15 programmes stated that they provided training for mentors (Taussig et al., 2007; Powers et al., 2012; Geenen et al., 2015; Nathans & Chaffers, 2022; Mantovani et al., 2020; Narendorf et al., 2020; Nesmith & Christopherson, 2014; Greeson et al., 2015b; Furey & Harris-Evans, 2021; Johnson, 2010; Mendes, 2011; Courtney et al., 2011; Stelter et al., 2023; Thulien et al., 2022; Rose & Jones, 2007). Training covered expectations of the mentoring role (such as maintaining boundaries, confidentiality, and safeguarding: Taussig et al., 2007; Lee, 2021; Thuien et al., 2022; Stelter et al., 2023), trauma-informed approaches (Nesmith & Christopherson, 2014; Stelter et al., 2023), and relationship skills (Nesmith & Christopherson, 2014). The enhanced



mentoring for children of incarcerated parents programme (Stelter et al., 2023) was an enhanced training and supervision intervention delivered to mentors in 20 existing programmes (with business-as-usual mentoring as a comparator). This enhanced training programme covered trauma, positive youth development, resiliency, and being a connector for the mentee across a pre-match in-person workshop (two hours), two self-paced online training sessions (four months post-match), and a follow-up meeting with staff to assess mentor knowledge. Mentor training was theoretically associated with three mechanisms of change. First, practical and emotional support provided in supervision was believed to increase mentors' self-efficacy to overcome problems encountered by their mentee. Second, providing clear expectations of the mentor role could increase their feelings of safety. Third, increasing mentors' awareness of trauma was viewed as increasing their empathy and the quality of support provided to young people.

**Physical and financial resources:** Five programmes provided physical (n=2) or financial (n=4) resources to facilitate mentoring and befriending. Two programmes provided young people with a mobile phone to enhance the trusting relationship between mentor and mentee (Mantovani et al., 2020; Denby et al., 2016), with the DREAMR study having an intervention-specific app for this purpose (Denby et al., 2016). The Stand By Me (Purtell & Mendes, 2016), NIHR (Mantovani et al., 2020), and local authority volunteer (Rose & Jones, 2007) programmes provided mentors with a small funding allowance to spend on social activities and travel, with the intention of creating rapport and giving normal experiences of social support. The Transitioning Youth Out of Homelessness study (Thulien et al., 2022) was a combined rent subsidy and mentoring intervention which provided monthly rent subsidies (CAD\$400–500) to young people to meet the study aim of reducing youth homelessness.

**Standardised materials:** Three programmes had standardised implementation manuals (Taussig et al., 2007; Nesmith & Christopherson, 2014; Greeson et al., 2015b). The CARE programme described how seeking feedback on their manual from staff and young people had been a useful mechanism for refining intervention components and gauging stakeholder optimism that the programme would be successful (Greeson et al., 2015b). Four programmes (Taussig et al., 2007; Nathans & Chaffers, 2022; Johnson, 2010; Stelter et al., 2023) used a standardised assessment tool to identify young people's initial needs and inform the mentoring relationship and activities (Taussig et al., 2007: intervention-specific tool; Nathans & Chaffers, 2022, and Johnson, 2010: Child and Adolescent Needs and Strengths tool; Stelter et al., 2023: intervention-specific optional assets checklist). The ILP and SOC studies reported that assessment tools were a mechanism to formalise and encourage advocacy for the emotional and mental health needs expressed by young people (Nathans & Chaffers, 2022; Johnson, 2010).

### **Mentoring and befriending programme components**

Most programmes provided mentoring and befriending to young people on an individual basis. Two related programmes (Better Futures and TAKE CHARGE/My Life self-determination programme) provided near-peer mentoring and befriending in a group setting (Powers et al., 2012; Blakeslee et al., 2023), and one programme (First Star Academy) combined individual and group mentoring (Wesley et al., 2020).

Twenty-seven programmes delivered mentoring and befriending as the only component of the programme, while 11 programmes combined it with other components (specified below). Across all 33 programmes, 5 core mechanisms were described. First, mentors were regarded as positive



examples who could support care-experienced young people with future orientation and aspiration. Second, a consistent relationship with an empathetic, non-judgemental mentor was hypothesised to compensate for deficits in care-experienced young people's social capital by increasing their social network, aspirations, self-efficacy, and independence. Third, mentors were proposed to connect care-experienced young people to services and activities that they may have difficulty navigating, thus increasing their access to support and help-seeking behaviours. Fourth, the interpersonal nature of mentoring and befriending relationships can potentially increase young people's ability to appraise their needs and behaviours, leading to greater self-efficacy and coping skills. Finally, it was proposed that positive relationships could destigmatise being in care for young person and mentor.

**Relationship-building activities:** Three programmes (CARE, Future Stars, and Royal Family Kids) implemented additional activities to help facilitate and sustain the mentoring or befriending relationship. These included a week-long summer camp (Lee, 2021), social and support group activities for mentor and mentee (Lee, 2021; Greeson et al., 2015b), weekly mentoring supervision sessions between mentor, mentee, and interventionist (Greeson et al., 2015b), and local community-based sports and arts projects (Morgan et al., 2020). Implementing formal activities for mentors and mentees was proposed to strengthen mentor–mentee bonds and reduce isolation by widening their social network.

**Skills and coaching groups:** Four programmes (Better Futures, My Life, FHF-PT, and FHF-T) combined volunteer mentoring with life skills coaching on a one-to-one (Powers et al., 2012; Geenen et al., 2015) or group (Taussig et al., 2007; Taussig et al., 2015) basis. These programmes theorised that combining the emotional support of mentoring with the informational and instrumental support of life skills coaching was a mechanism for fostering young people's resilience. As young people master these skills and learn vicariously through mentors and peers, their self-confidence and self-efficacy towards these life skills can increase.

**Transitioning from care:** As previously described, 13 programmes targeted young people transitioning from care. Six programmes (ACT, Better Futures, First Star Academy, St Luke's, MAOP, and a local authority programme) combined mentoring and befriending with formal support to develop the skills required for independence (Geenen et al., 2015; Leathers et al., 2023; Furey & Harris-Evans, 2021; Wesley et al., 2020; Mendes, 2011; Courtney et al., 2011). The main mechanism associated with these programmes was combining emotional and practical support to build young people's self-efficacy, self-determination, and self-concept as they transition to independence and set future goals. Regular communication between the young person and their mentor also improved statutory services monitoring of young people's progress towards transition, which could lead to better collaborative support. Two programmes provided a month-long summer residential on a university campus (Geenen et al., 2015; Wesley et al., 2020), with one programme also providing a monthly Saturday academy on campus, which focused on social, academic, and life skills development (Wesley et al., 2020). Providing young people in their final one to four years of high school with experiences of higher education was viewed by these studies as a mechanism to increase young people's educational aspirations.

**Employability:** Four programmes (ACT, Future Stars, a local authority internship programme, and St Luke's) focused on employability. All four of these programmes gave young people access to an employment specialist in addition to their mentor, who provided the young person with job readiness training (for example, identifying employment goals, job searches, developing a CV). The



employment specialist then helped the young person to identify work placements, internships, or apprenticeships and provided them with ongoing support while working (Leathers et al., 2023; Furey & Harris-Evans, 2021; Morgan et al., 2020; Mendes, 2011). In the UK local authority programme, work placements were based within the local authority, with the staff member who was directly supervising the young person also asked to take on the mentoring role (Furey & Harris-Evans, 2021). Providing young people with work placements in addition to mentoring was seen as a mechanism for widening young people's emotionally supportive network through their work environment, thus improving young people's resilience and social connection. Being seen by colleagues as contributing to the workplace could also offer young people a sense of accomplishment and commitment and potentially support successful transition to the world of work.

### *Tailoring of mentoring and befriending programmes*

In 22 programmes, the structure, content, and focus of the sessions were guided by the young person's own preferences and needs (Taussig et al., 2007; Cosma & Soni, 2020; Nathans & Chaffers, 2022; Leathers et al., 2023; Garcia-Molsosa et al., 2021a; Mantovani et al., 2020; Narendorf et al., 2020; Nesmith & Christopherson, 2014; Denby et al., 2016; Greeson et al., 2015b; Furey & Harris-Evans, 2021; Johnson, 2010; Dallos & Carder-Gilbert, 2019; Wesley et al., 2020; Mendes, 2011; Stelter et al., 2023; Thulien et al., 2022; Morgan et al., 2020; Rose & Jones, 2007; Alarcon et al., 2021). This was hypothesised to create a more equal and authentic relationship between mentor and mentee by showing concern, flexibility, and responsiveness towards the young person. This could increase young people's self-determination and motivation to identify and address their own needs (rather than their needs being identified by a service provider). In eight programmes, mentor selection was guided by young people's preferences (for example, choosing from mentor profiles: Leathers et al., 2023). Five programmes matched mentors and mentees according to common traits and interests (Cosma & Soni, 2020; Leathers et al., 2023; Lee, 2021; Stelter et al., 2023; Thulien et al., 2022), while three programmes supported young people to identify natural mentors selected from their existing social networks (van Dam et al., 2017; Nesmith & Christopherson, 2014; Greeson et al., 2015b). Matching mentors and mentees who had similar characteristics, interests, and personality traits was hypothesised to encourage discussion about future aspirations and decision making.

### *Length of intervention*

**Duration:** Programme length varied across the included programmes from five weeks to eight years. Seven programmes provided a fixed, short-term period of mentoring and befriending, which ranged from 5 to 36 weeks (median=16 weeks) (Taussig et al., 2007; Taussig et al., 2015; Powers et al., 2012; van Dam et al., 2017; Geenen et al., 2015; Blakeslee et al., 2023; Greeson et al., 2015b). Five of these programmes used near-peer (Powers et al., 2012; Geenen et al., 2015; Blakeslee et al., 2023) or natural mentors (van Dam et al., 2017; Greeson et al., 2015b), suggesting that the authors anticipated the relationships enduring past the evaluated intervention period. Thirteen programmes described a longer-term mentoring relationship ranging from roughly one year (Leathers et al., 2023; Mantovani et al., 2020; Lee, 2021; Johnson, 2010; Stelter et al., 2023) to two to five years (Courtney et al., 2011; Thulien et al., 2022; Morgan et al., 2020; Dallos & Carder-Gilbert, 2019; Wesley et al., 2020). Three programmes targeted at young people transitioning from care provided continuous support from the age of 14 (Osterling & Hines, 2006; Nathans &



Chaffers, 2022) or 16 (Purtell & Mendes, 2016) through to the age of 21 (a period of up to 8 years depending on the age at which young people enrolled in the programmes). The remaining programmes did not specify the length of the mentoring and befriending relationship.

**Frequency:** The frequency of mentoring and befriending sessions varied. Fourteen programmes implemented weekly sessions (Powers et al., 2012; Garcia-Molsosa et al., 2021a; Mantovani et al., 2020; Denby et al., 2016; Greeson et al., 2015b; Johnson, 2010; Wesley et al., 2020; Furey & Harris-Evans, 2021; Blakeslee et al., 2023; Dallos & Carder-Gilbert, 2019; Courtney et al., 2011; Purtell & Mendes, 2016; Morgan et al., 2020; Alarcon et al., 2021). Five programmes set a minimum of monthly sessions (van Dam et al., 2017; Nathans & Chaffers, 2022; Lee, 2021; Thulien et al., 2022) and one programme specified sessions every two months (Geenen et al., 2015). Only three programmes specified a session length of one to two hours (Garcia-Molsosa et al., 2021b; Mantovani et al., 2020; Greeson et al., 2015b), and three set a minimum requirement for contact time between mentor and mentee (Taussig et al., 2007 – two to four hours per week; Purtell & Mendes, 2016 – four hours per week; Lee, 2021 – four hours per month).

### *Intended outcomes from theories of change*

**Intermediate outcomes:** The intended outcomes of each programme were extracted from their theories of change ([Appendix C](#)). Intermediate outcomes were described across three domains of functioning: psychological, social, and behavioural. Fourteen programmes intended to achieve psychological functioning related outcomes (Taussig et al., 2007; Taussig et al., 2015; Mantovani et al., 2020; Osterling & Hines, 2006; Cosma & Soni, 2020; van Dam et al., 2017; Geenen et al., 2015; Greeson et al., 2015b; Nathans & Chaffers, 2022; Nesmith & Christopherson, 2014; Mendes, 2011; Stelter et al., 2023; Thulien et al., 2022; Alarcon et al., 2021), including increased self-esteem (n=3: Taussig et al., 2007; Thulien et al., 2022; Alarcon et al., 2021), self-efficacy (n=2: Taussig et al., 2007; Mantovani et al., 2020), self-concept (n=2: Osterling and Hines, 2006; Stelter et al., 2023), and self-confidence (n=2: Cosma & Soni, 2020; Nesmith & Christopherson, 2014). Programmes also described increasing young people's future aspirations (n=3: Taussig et al., 2007; Cosma & Soni, 2020; Mantovani et al., 2020), sense of empowerment (n=2: van Dam et al., 2017; Geenen et al., 2015), future orientation (n=4: Taussig et al., 2007; Greeson et al., 2015b; Stelter et al., 2023; Thulien et al., 2022), and self-determination skills (n=5: Geenen et al., 2015; Nathans & Chaffers, 2022.; Greeson et al., 2015b; Wesley et al., 2020; Mendes, 2011). Twenty programmes described outcomes in social functioning (Taussig et al., 2007; Powers et al., 2012; Osterling & Hines, 2006; Geenen et al., 2015; Cosma & Soni, 2020; Leathers et al., 2023; Mantovani et al., 2020; Nesmith & Christopherson, 2014; Lee, 2021; Greeson et al., 2015b; Wesley et al., 2020; Denby et al., 2016; Johnson, 2010; Dallos & Carder-Gilbert, 2018; Mendes, 2011; Courtney et al., 2011; Purtell & Mendes, 2016; Thulien et al., 2022; Morgan et al., 2020; Moberg, 2021), with the majority (n=17) aiming to increase young people's social support and supportive relationships (Taussig et al., 2007; Powers et al., 2012; Osterling & Hines, 2006; Geenen et al., 2015; Cosma & Soni, 2020; Leathers et al., 2023; Mantovani et al., 2020; Nesmith & Christopherson, 2014; Greeson et al., 2015b; Wesley et al., 2020; Dallos & Carder-Gilbert, 2018; Mendes, 2011; Courtney et al., 2011; Purtell & Mendes, 2016; Thulien et al., 2022; Moberg, 2021). A number of programmes also described increased social skills, including social competence (n=5: Taussig et al., 2007; Nesmith & Christopherson, 2014; Denby et al., 2016; Johnson, 2010; Morgan et al., 2020), social acceptance (n=1: Taussig et al., 2007), and peer association (n=2: Taussig et al., 2007; Greeson et al., 2015b). Ten programmes had outcomes focused on behavioural functioning (Taussig et al., 2007; Greeson et al., 2015b; van





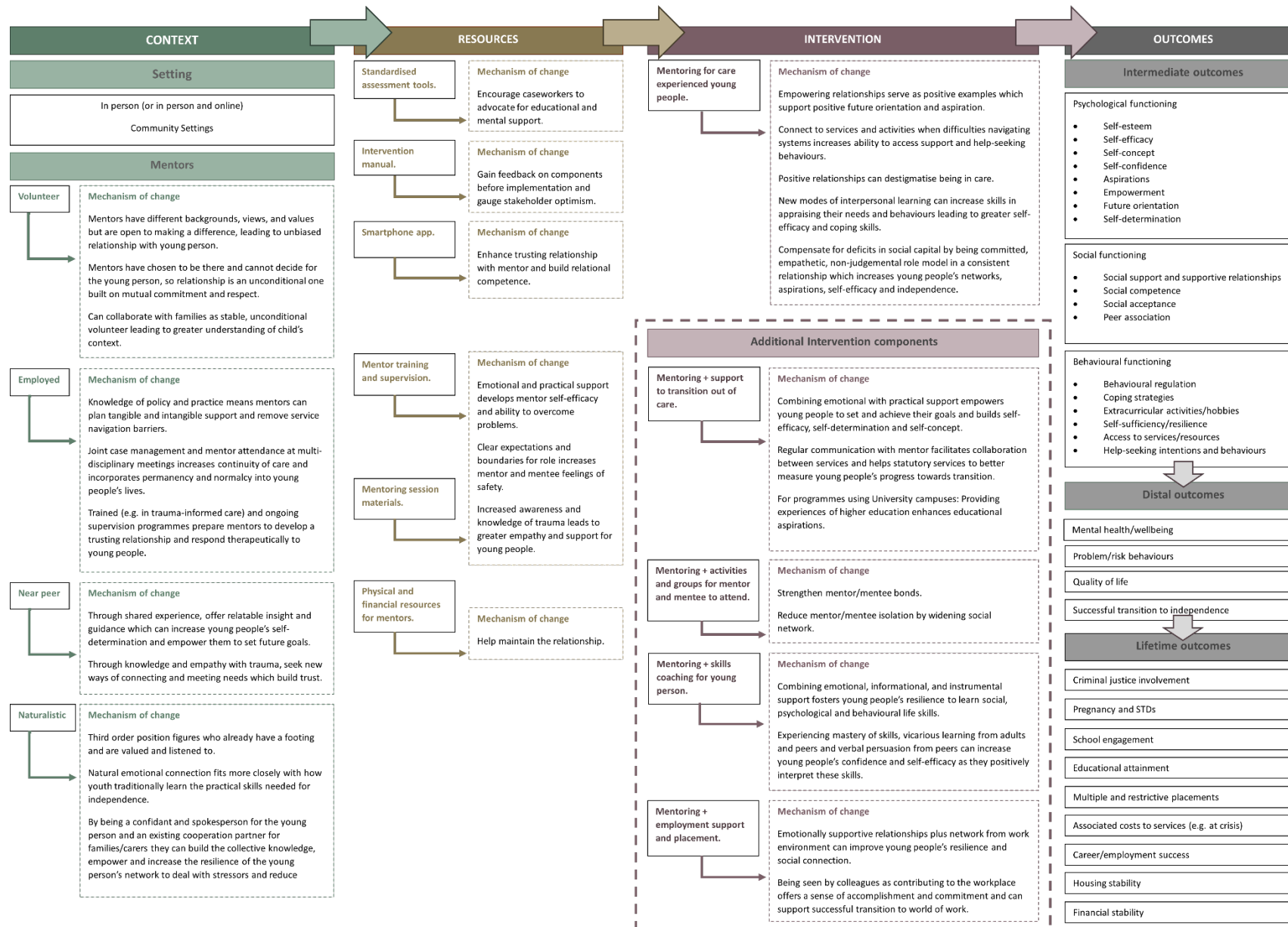
Dam et al., 2017; Blakeslee et al., 2023; Mantovani et al., 2020; Powers et al., 2012; Narendorf et al., 2020; Dallos & Carder-Gilbert, 2018; Nathans & Chaffers, 2022; Aytar & Brunnberg, 2016), namely improved behavioural regulation (n=2: Taussig et al., 2007; Greeson et al., 2015b), coping strategies (n=3: Taussig et al., 2007; van Dam et al., 2017; Blakeslee et al., 2023), participation in extracurricular activities (n=2: Taussig et al., 2007; Mantovani et al., 2020), resilience and self-sufficiency (n=4: Powers et al., 2012; Mantovani et al., 2020; Narendorf et al., 2020; Aytar & Brunnberg, 2016), access to services and resources (n=3: Powers et al., 2012; Blakeslee et al., 2023; Nathans & Chaffers, 2022), and increased help-seeking intentions and behaviours (n=3: Blakeslee et al., 2023; Nathans & Chaffers, 2022; Mantovani et al., 2020).

**Distal and lifetime outcomes:** These intermediate outcomes were, in turn, linked to a range of distal outcomes, including improved mental health and wellbeing in eight programmes (Taussig et al., 2007; Blakeslee et al., 2023; Leathers et al., 2023; Mantovani et al., 2020; Greeson et al., 2015b; Johnson, 2010; Stelter et al., 2023; Thulien et al., 2022), reduced behaviours that challenge in eight programmes (Taussig et al., 2007; Osterling & Hines, 2006; Nathans & Chaffers, 2022; Leathers et al., 2023; Mantovani et al., 2020; Greeson et al., 2015b; Stelter et al., 2023; Morgan et al., 2020), and improved quality of life in one programme (Taussig et al., 2007).

Seven programmes focusing on young people transitioning out of care, specifically intended to achieve successful transition to independence for young people (Osterling & Hines, 2006; Geenen et al., 2015; Cosma & Soni, 2020; Furey & Harris-Evans, 2021; Mendes, 2011; Wesley et al., 2020; Alarcon et al., 2021). These distal outcomes were linked to a range of lifetime outcomes, including reductions in criminal justice involvement (Taussig et al., 2007; Leathers et al., 2023; Mantovani et al., 2020; Greeson et al., 2015b; Stelter et al., 2023), pregnancy and STDs (Taussig et al., 2007; Mantovani et al., 2020), multiple and restrictive care placements (Taussig et al., 2007), and associated costs such as use of government benefits and emergency mental health service contact (Taussig et al., 2007; Greeson et al., 2015b). Improved lifetime outcomes were school engagement (Taussig et al., 2007; Leathers et al., 2023; Greeson et al., 2015b; Johnson, 2010; Mendes, 2011; Wesley et al., 2020; Thulien et al., 2022; Morgan et al., 2020), educational attainment (Powers et al., 2012; Osterling & Hines, 2006; Nathans & Chaffers, 2022; Garcia-Molsosa et al., 2021a; Greeson et al., 2015b; Johnson, 2010; Morgan et al., 2020), employment (Powers et al., 2012; Nathans & Chaffers, 2022; Leathers et al., 2023; Greeson et al., 2015b; Furey & Harris-Evans, 2021; Mendes, 2011; Thulien et al., 2022; Morgan et al., 2020), and housing stability (Powers et al., 2012; Nathans & Chaffers, 2022; Greeson et al., 2015b; Purtell & Mendes, 2016; Thulien et al., 2022).



**Figure 2. Overall theory of change (go to accessibility text)**





## Risk of bias assessment

For the review of *effectiveness*, 19 studies reported on the findings of RCTs. However, overall, there were only 10 unique RCTs. The FHF-PT programme has been assessed in both a pilot RCT (Taussig & Culhane, 2010; Taussig et al., 2012) and a larger efficacy RCT (Taussig et al., 2019; Taussig et al., 2021). We combined these four studies into a single risk of bias assessment for the FHF-PT programme because there was overlap in the participants included in the FHF-PT pilot and efficacy studies. Two NRSI (Chambers et al., 2019; Alarcon et al., 2021) were also included in the review of effectiveness. Overall, 22 qualitative studies were used to address RQ4 about *implementation* and RQ5 about *acceptability*.

### Randomised controlled trials

#### **Risk of bias arising from the randomisation process (D1)**

All 10 RCTs were described as randomised but across the studies, few details were provided about the randomisation process. For example, only one study (Leathers et al., 2023) reported that assignment was based on a random number generator. For five studies (Taussig & Culhane, 2010/Taussig et al., 2019; Taussig et al., 2020; Leathers et al., 2023; Courtney et al., 2011; Thulien et al., 2022) it was judged that the allocation sequence was random or probably random. Five studies provided no information (Powers et al., 2012; Geenen et al., 2013; Geenen et al., 2015; Blakeslee et al., 2020; Stelter et al., 2023). In general, across all 10 studies there was a lack of information about whether the allocation sequence was concealed. However, none of the studies reported baseline differences that suggested a problem with the randomisation process.

#### **Risk of bias due to deviations from the intended interventions (D2)**

The risk of bias due to deviations from the intended interventions was judged to be low across five studies (Taussig & Culhane, 2010/Taussig et al., 2019; Taussig et al., 2020; Leathers et al., 2023; Courtney et al., 2011; Stelter et al., 2023). Four studies (Powers et al., 2012; Geenen et al., 2013; Geenen et al., 2015; Blakeslee et al., 2020) were judged to have some concerns because there was no information about whether the analyses were based on an intent-to-treat or 'per-protocol' analysis. One study (Thulien et al., 2022), which reported an intent-to-treat analysis, was also judged to have some concerns because the authors reported that deviations arose because of the COVID-19 pandemic that reduced mentorship engagement.

#### **Risk of bias due to missing outcome data (D3)**

As a range of outcomes were examined across the included studies, risk of bias due to missing outcome data was considered at the study level. Three studies (Blakeslee et al., 2020; Leathers et al., 2023; Stelter et al., 2023) were judged to raise some concerns about the risk of bias. Data was not available for all (or nearly all) participants in two studies (Blakeslee et al., 2020; Stelter et al., 2023), but for both studies there was some evidence that the result was unlikely to be biased by the missing outcome data because missing data was addressed through the analysis. Blakeslee et al. (2020) used a mixed-models approach and Stelter et al. (2023) used multiple imputation. One study (Leathers et al., 2023) did not provide any information about the extent of missing outcome data.



## **Risk of bias in measurement of the outcome (D4)**

As a range of outcomes were examined across the included studies, risk of bias in measurement of the outcome was considered at the study level. All 10 studies were judged to have used appropriate methods for measuring outcomes and there was no indication in any study that the ascertainment of outcomes had differed between the intervention and control groups. In all 10 studies, participants were aware of the intervention they received and only three studies (Taussig & Culhane, 2010/Taussig et al., 2019; Taussig et al., 2020; Blakeslee et al., 2020) provided information that outcome assessors (other than the participants and their caregivers) were masked or blinded to the intervention received by participants. The other studies either provided no information or reported that the study was unblinded. These studies reported a mix of participant self-report and more objective measures, and because it was not possible to rule out the possibility that measurement may have been influenced by knowledge of the intervention received, these studies were judged as having some concerns about risk of bias in this domain.

## **Risk of bias in selection of the reported result (D5)**

Although it is likely that all the studies had a pre-specified analysis plan, only five studies (Taussig & Culhane, 2010/Taussig et al., 2019; Taussig et al., 2020; Blakeslee et al., 2020; Courtney et al., 2011; Thulien et al., 2022) referred to pre-specified study procedures and/or a study protocol. For this reason, five studies (Powers et al., 2012; Geenen et al., 2013; Geenen et al., 2015; Leathers et al., 2023; Stelter et al., 2023) which reported no information were judged to have some concerns about bias in this domain. However, there was no indication across any of the included studies of selective reporting.

## **Overall judgement**

The two RCTs of the FHF-PT and FHF-T programmes (Taussig & Culhane, 2010/Taussig et al., 2019; Taussig 2020) were judged to be low risk across all five domains, and the other eight studies were judged to have some concerns in at least one or more domains. Four studies were judged to have some concerns in all but one of the domains and were given an overall judgement of high risk. These judgements were largely driven by a lack of information to inform the risk of bias assessment rather than clear evidence of bias affecting the results of these RCTs.

## **Non-randomised studies of interventions**

Two NRSI were included in the review of effectiveness (Table 3). Overall, the study by Chambers et al. (2019) was judged to be at a moderate risk of bias and the mixed-methods study by Alarcon et al. (2021) was judged to be at serious risk of bias. Chambers et al. (2019) used propensity score matching to address bias due to confounding but there remained a risk of bias from unobserved confounding factors. Alarcon et al. (2021) did not report sufficient information to judge the risk of bias due to confounding. There was no evidence of selective reporting in either study, but because there was no reference to a pre-specified analysis plan the risk of bias due to bias in selection of the reported result was judged to be moderate. Both studies were judged to be at a low risk of bias in the domains for selection of participants into the study and classification of interventions. The study by Chambers et al. (2019) was also judged to be at a low risk of bias from missing data and measurement of outcomes. Neither study reported on whether there were deviations from the intended intervention. For the study by Alarcon et al. (2021) the risk of bias due to missing data



was judged to be serious because not all intervention participants could be traced for follow-up and missing data was not or could not be addressed through the analysis. The study by Alarcon et al. (2021) was also judged to be at a moderate risk of bias in measurement of outcomes because all the measures were based on self-report and it was not possible to rule out the possibility that they could have been influenced by the knowledge of the intervention received.



**Table 2. Risk of bias assessment (RoB2) for RCTs**

<b>Programme</b>	<b>Reference(s)</b>	<b>D1</b>	<b>D2</b>	<b>D3</b>	<b>D4</b>	<b>D5</b>	<b>Overall</b>
<b>Fostering Healthy Futures for Preteens</b>	Taussig & Culhane, 2010; Taussig et al., 2012; Taussig et al., 2019; Taussig et al., 2021	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
<b>Fostering Healthy Futures for Teens</b>	Taussig et al., 2020; Fostering Healthy Futures for Teens, 2021	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
<b>TAKE CHARGE/My Life</b>	Powers et al., 2012	Some concerns	Some concerns	Low risk	Some concerns	Some concerns	High risk
<b>TAKE CHARGE/My Life</b>	Geenen et al., 2013	Some concerns	Some concerns	Low risk	Some concerns	Some concerns	High risk
<b>Better Futures</b>	Geenen et al., 2015	Some concerns	Some concerns	Low risk	Some concerns	Some concerns	High risk
<b>My Life</b>	Blakeslee et al., 2020	Some concerns	Some concerns	Low risk	Low risk	Low risk	Some concerns
<b>Adult Connections Team</b>	Leathers, 2023	Low risk	Low risk	Some concerns	Some concerns	Some concerns	Some concerns
<b>Massachusetts Adolescent Outreach Programme</b>	Courtney et al., 2011	Low risk	Low risk	Low risk	Some concerns	Low risk	Some concerns



Programme	Reference(s)	D1	D2	D3	D4	D5	Overall
<b>Mentoring programmes for children with incarcerated parents</b>	Stelter et al., 2022	Some concerns	Low risk	Some concerns	Some concerns	Some concerns	High risk
<b>Transitioning Youth Out of Homelessness</b>	Thulien et al., 2022	Low risk	Some concerns	Low risk	Some concerns	Low risk	Some concerns

**Judgement:** Low risk = low risk of bias; some concerns = some concerns about the risk of bias; high risk = high risk of bias.

**Domains:** D1, risk of bias arising from the randomisation process; D2, risk of bias due to deviations from the intended interventions; D3, risk of bias due to missing outcome data; D4, risk of bias in measurement of the outcome; D5, risk of bias in selection of the reported result.

**Table 3. Risk of bias assessment (ROBINS-I) for NRSI**

Programme	Reference	D1	D2	D3	D4	D5	D6	D7	Overall
<b>Iowa Parent Partner Programme</b>	Chambers et al., 2019	Moderate	Low	Low	NI	Low	Low	Moderate	Moderate
<b>Referents mentoring programme</b>	Alarcon et al., 2021	NI	Low	Low	NI	Serious	Moderate	Moderate	Serious

**Judgement:** serious = serious risk of bias; moderate = moderate risk of bias; low = low risk of bias; NI = no information.

**Domains:** D1, bias due to confounding; D2, bias in the selection of participants into the study; D3, bias in classification of interventions; D4, bias due to deviations from intended intervention; D5, bias due to missing data; D6, bias in measurement of outcomes; D7, bias in selection of the reported result.



## Qualitative studies

Twenty-two qualitative studies were included to address RQ4 and/or RQ5. Most studies (n=16) were rated as high quality and the remaining studies were rated moderate quality (n=6). Eighteen studies did not adequately reflect on the relationship between the researcher and participant; however, because all of the studies were conducted by independent researchers (rather than mentors or other professionals who may have been in an unequal position of power with the young person), this was not considered a tipping point criterion. All 22 studies were included in the analysis for RQ4 and/or RQ5 and a summary of the CASP checklist is provided in Table 4.

**Table 4. Results of CASP Qualitative Checklist**

Reference	1	2	3	4	5	6	7	8	9	10	Overall
Cosma & Soni, 2020	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	H
Dallos & Carder-Gilbert, 2019	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	H
Denby et al., 2016	Y	Y	Y	Y	Y	Y	?	Y	Y	Y	M
Furey & Harris-Evans, 2021	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	H
Garcia-Molsosa et al., 2021a	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	H
Garcia-Molsosa et al., 2021b	Y	Y	Y	Y	Y	?	?	Y	Y	Y	M
Gomez et al., 2021	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	H
Greeson et al., 2015b	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	H
Greeson et al., 2015c	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	H





Reference	1	2	3	4	5	6	7	8	9	10	Overall
Lee, 2021	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	H
Mantovani et al., 2020	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	H
Mendes, 2011	Y	Y	Y	?	Y	?	Y	Y	Y	Y	H
Narendorf et al., 2020	Y	Y	Y	Y	Y	?	?	?	Y	Y	M
Nathans & Chaffers, 2022	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	H
Nesmith & Christopher-son, 2014	Y	Y	Y	Y	Y	?	?	Y	Y	Y	M
Newton et al., 2017	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	H
Powers et al., 2018	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	H
Smith et al., 2023	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	H
Spencer et al., 2018	Y	Y	Y	Y	Y	?	?	Y	Y	Y	M
Spencer et al., 2019	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	H
Van Dam et al., 2019	Y	Y	Y	Y	Y	?	?	Y	Y	Y	M
Wesley et al., 2020	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	H

Y = yes; N = no; ? = can't tell; H = high; M = moderate; L = low.



Reference	1	2	3	4	5	6	7	8	9	10	Overall
<b>CASP Checklist questions</b>											
<ol style="list-style-type: none"><li>1. Was there a clear statement of the aims of the research?</li><li>2. Is the qualitative methodology appropriate?</li><li>3. Was the research design appropriate to address the aims of the research?</li><li>4. Was the recruitment strategy appropriate to the aims of the research?</li><li>5. Was the data collected in a way that addressed the research issue?</li><li>6. Has the relationship between researcher and participants been adequately considered?</li><li>7. Have ethical issues been taken into consideration?</li><li>8. Was the data analysis sufficiently rigorous?</li><li>9. Is there a clear statement of findings?</li><li>10. How valuable is the research?</li></ol>											



## RQ1: How effective are mentoring and befriending interventions?

Study and intervention characteristics are summarised in the tables in [Appendix D](#). Twenty articles were included in the review of effectiveness, which reported on 10 mentoring and befriending programmes:

- Adults Connections Team (Leathers et al., 2023).
- Better Futures (Geenen et al., 2015).
- Fostering Healthy Futures for Preteens (Taussig & Culhane, 2010; Taussig et al., 2012; Taussig et al., 2019; Taussig et al., 2021).
- Fostering Healthy Futures for Teens (Taussig et al., 2020; Fostering Healthy Futures for Teens, 2021).
- Iowa Parent Partner programme (Chambers et al., 2019).
- Massachusetts Adolescent Outreach Programme (Courtney et al., 2011; Greeson et al., 2015a).
- Enhanced mentoring for children with incarcerated parents (Stelter et al., 2023).
- TAKE CHARGE/My Life (Powers et al., 2012; Geenen et al., 2013; Blakeslee et al., 2020).
- Referents mentoring programme (Alarcon et al., 2021).
- Transitioning Youth Out of Homelessness programme (Thulien et al., 2022).

Quantitative studies were identified for four further mentoring and befriending programmes, including two natural mentoring and befriending programmes (Greeson & Thompson, 2017; Van Dam et al., 2017), peer mentoring for young women in care (Mezey et al., 2015), and a therapeutic mentoring programme (Johnson, 2010; Johnson et al., 2011). Data was extracted for these programmes, but it was not possible to include them in the review of effectiveness because the studies were either not designed to or were not robust enough to identify differences between the intervention and control participants.

Eighteen studies reported on the effectiveness of eight mentoring and befriending programmes for care-experienced children and young people. Across four linked articles about the Fostering Health Futures programme for preteens (FHF-PT), two studies reported on the pilot RCT (Taussig & Culhane, 2010; Taussig et al., 2012) and two further studies reported on the larger efficacy RCT (Taussig et al., 2019; Taussig et al., 2021). Two further linked articles (Taussig et al., 2020; Fostering Healthy Futures for Teens, 2021) reported on an RCT of the FHF programme for teens (FHF-T). Four studies reported on different adaptations of the TAKE CHARGE/My Life self-determination programme and reported on separate RCTs of the TAKE CHARGE/My Life programme (Powers et al., 2012; Geenen et al., 2013; Blakeslee et al., 2020) and Better Futures programme (Geenen et al., 2015a). Two linked articles reported on an RCT of the Massachusetts Adolescent Outreach Programme (MAOP) (Courtney et al., 2011; Greeson et al., 2015a). One study each reported on the Iowa Parent Partner (IPP) Programme (Chambers et al., 2019), Referents programme for unaccompanied migrants (Alarcon et al., 2021), and Adult Connections Team (ACT) programme (Leathers et al., 2023).



Two studies examined the effectiveness of mentoring and befriending programmes for at-risk children and young people: one study targeted children with a parent or caregiver in prison (Stelter et al., 2023) and the other study targeted young people exiting homelessness (Thulien et al., 2022).

## Care-experienced outcomes

### Placement stability

Three studies (Taussig et al., 2012; Courtney et al., 2011; Chambers et al., 2019) reported outcomes relating to a measure of placement stability and all three reported **no or mixed effects** on placement stability (Table 5). Taussig et al. (2012) found that there was no significant difference in placement changes at 1-year follow-up between young people who participated in FHF-PT and controls (adjusted incidence ratio [95% CI] 0.68 [0.40–1.16];  $p=0.17$ ). However, young people in the FHF-PT group (Taussig et al., 2012) were significantly less likely to have had a new placement in a residential treatment setting (adjusted odds ratio [95% CI] 0.29 [0.09–0.98];  $p=0.04$ ). Courtney et al. (2011) found that there was no difference in the mean number of residential moves between MAOP participants who received additional outreach services and control participants (intervention mean 0.60 [SD 1.77] vs control mean 0.68 [SD 1.51];  $p=0.75$ ) when they were followed up two years from baseline.

The study of the IPP programme (Chambers et al., 2019) found no difference between intervention participants and matched cases at post-intervention in the number of days spent in out-of-home placement (intervention mean 466.3 [SD 206.4] vs control mean 458.7 [SD 239.2] days;  $p=0.58$ ). The study also examined subsequent removal after reunification. Parents who participated in the programme were significantly less likely than matched cases to subsequently have their child removed from their care within 12 months (intervention 13.4% vs control 21.8%;  $p=0.05$ ), but there was no difference at 24 months (intervention 17.3% vs control 24.6%;  $p=0.10$ ).

### Reunification

Three studies (Taussig et al., 2012; Chambers et al., 2019; Geenan et al., 2013) reported reunification outcomes. Two studies (Taussig et al., 2012; Chambers et al., 2019) reported **positive effects** (Table 5). For a subsample of children whose parental rights had not been terminated ( $n=78$ ), Taussig et al. (2012) found that significantly more FHF-PT participants were reunified at 1-year follow-up compared with the control participants (intervention 51.4% vs control 29.3%;  $p<0.05$ ). Among the foster care subgroup within this subsample ( $n=42$ ), intervention participants ( $n=21$ ) were also more likely than controls ( $n=21$ ) to be reunified at the 1-year follow-up (intervention 57.1% vs control 23.8%;  $p=0.03$ ). Children with a parent who participated in the IPP programme (Chambers et al., 2019) were significantly more likely to return home than matched cases (intervention 62.4% vs control 55.8%;  $p=0.04$ ) at post-intervention. Geenan et al. (2013) also reported the number of young people at post-intervention and follow-up who had returned to their birth families, but differences between intervention and control participants were not examined statistically.

### Permanency

Two studies (Taussig et al., 2012; Taussig et al., 2020) reported permanency outcomes (Table 5). In both studies, case closure (self-reported in Taussig et al., 2020) was used as the measure of



permanency. Taussig et al. (2012) reported **no effects**, finding that permanency did not differ significantly between FHF-PT participants and controls at 1-year follow-up (odds ratio 1.81 [95% CI 0.77–4.22];  $p=0.17$ ). However, the study of FHF-T (Taussig et al., 2020) reported a **positive effect**, finding that FHF-T participants were significantly more likely than controls to self-report permanency at follow-up (odds ratio 7.2 [95% CI 2.1–25.1];  $p=0.002$ ).

## Transition from care

Few studies examined outcomes related to the transition from care that were not otherwise categorised as academic and employment outcomes. Powers et al. (2012) reported mixed effects of the TAKE CHARGE/My Life programme across four outcomes (transition planning and knowledge engagement; identification of transition goals; use of transition services; and independent living activities), but three of the four indicated a **positive effect**. The study found no difference in transition planning knowledge and engagement among intervention and control participants at post-intervention or follow-up (effect size 0.27;  $p=0.205$ ), but at 1-year follow-up, intervention participants had identified more transition goals (effect size 0.60;  $p=0.0043$ ), used more transition services (effect size 0.65;  $p=0.0379$ ), and engaged in more independent living activities (effect size 0.58;  $p=0.0034$ ), compared with controls.

Courtney et al. (2011) reported a **mixed effect** across two outcomes related to whether the young person had remained in foster care and whether they had experienced homelessness or hardship (Table 5). Young people who participated in the MAOP (Courtney et al., 2011) were encouraged to remain in care when they turned 18. At follow-up, intervention participants were significantly more likely to remain in extended foster care (effect size 0.35;  $p=0.013$ ). However, there was no difference between MAOP and control participants in the number who had experienced homelessness (intervention 8% vs control 11%;  $p=0.748$ ) or hardship (intervention mean 0.16 [SD 0.56] vs control mean 0.05 [SD 0.31];  $p=0.244$ ) when participants were followed up 2 years from baseline.



**Table 5. Effect direction plot: placement stability, reunification, permanency, transition out of care**

Study ID	Programme	Sample size	Placement stability	Reunification	Permanency	Transition out of care
Taussig et al., 2012	<b>FHF-PT</b> Formal (volunteer) + skills training	I: 56 C: 54	◀ <sub>1, 2</sub>	▲	◀▶	-
Taussig et al., 2020	<b>FHF-T</b> Formal (volunteer) + skills training	I: 125 C: 120	-	-	▲	-
Powers et al., 2012	<b>TAKE CHARGE/My Life</b> Near-peer (group) + skills training	I: 29 C: 32	-	-	-	▲ <sub>7-10</sub>
Courtney et al., 2011	<b>MAOP</b> Formal (employed)	I: 88 C: 91	◀ <sub>3</sub>	-	-	◀ <sub>11-13</sub>
Chambers et al., 2019	<b>IPP</b> Peer (parents)	I: 500 C: 500	◀◀ <sub>4-6</sub>	▲	-	-



▲ = positive impact; ▼ = negative impact; ◄► = no effect/mixed effects.

large ▲ = over 300 individuals in intervention group (I); medium ▲ = 75–300 individuals in intervention group (I); small ▲ = fewer than 75 individuals in intervention group (I).

**Placement stability:** 1) Number of placement changes; 2) new placement in a residential treatment centre; 3) number of residential moves; 4) time in out-of-home placement; 5) removal within 12 months of reunification; 6) removal within 24 months of reunification.

**Transition out of care:** 7) Transition planning knowledge and engagement; 8) identification of transition goals; 9) use of transition services; 10) number of independent living activities; 11) remained in foster care; 12) homeless since baseline; 13) experienced hardship.



## Psychological, social, and behavioural functioning

Psychological, social, and behavioural functioning outcomes were identified as intermediate outcomes in our theory of change and were hypothesised to be part of the chain of mechanisms leading to overall improved outcomes from participating in mentoring and befriending. Twelve studies reported on one of the intermediate outcomes.

### Psychological functioning

A range of outcomes related to psychological functioning were reported across nine studies (Table 6). Seven studies reported **no effects** and two small studies reported a **positive effect** across a range of measures.

Taussig & Culhane (2010) examined the impact of the FHF-PT programme on global self-worth but at 6-months follow-up there was no difference between intervention and control participants (Cohen's  $d$  0.19 [95% CI -0.12, 0.50];  $p=0.23$ ). Taussig et al. (2020) also found no effect of the FHF-T programme on future orientation when participants were followed up 2.5 years from baseline (odds ratio 0.81 [95% CI not reported];  $p=0.37$ ). Three studies (Geenen et al., 2015; Alarcon et al., 2021; Thulien et al., 2022) examined hope across three different scales, finding **mixed effects**. There was a positive effect of the Better Futures programme on hope measured by the Hopelessness Scale for Children, with intervention participants reporting significantly lower scores at the 6-months follow-up (effect size -0.91;  $p=0.0063$ ). Alarcon et al. (2021) found no effect of the Referents mentoring programme for migrant youth on hope at post-intervention measured on the Children and Youth Hope Scale (intervention mean 5.52 [SD 0.60] vs control mean 5.25 [SD 0.82];  $p$  value not reported). Thulien et al. (2022) also found that rent subsidies combined with adult mentorship for youth experiencing homelessness also had no effect on hope measured with the Beck Hopelessness Scale at the 18-months follow-up (adjusted mean difference 0.6 [95% CI -3.3, 4.4];  $p=0.76$ ). The studies by Alarcon et al. (2021) and Thulien et al. (2022) also both measured changes in self-esteem on the Rosenberg Self-Esteem Scale. However, there was no effect for either the Referents mentoring programme (Alarcon et al., 2021) at post-intervention (intervention mean 16.0 [SD 0.23] vs control mean 16.3 [SD 6.1];  $p$  value not reported) or rent subsidies and adult mentorship (Thulien et al., 2022) at 18-months follow-up (adjusted mean difference -1.4 [95% CI -5.0, 2.3];  $p=0.44$ ). Stelter et al. (2023) examined the effects of enhanced mentoring for children with incarcerated parents on positive self-cognitions, which combined items related to thoughts about the self, but found no effects when participants were followed up 18 months from baseline (statistical findings not reported).

Four studies (Powers et al., 2012; Geenen et al., 2013; Geenen et al., 2015; Blakeslee et al., 2020), which were all adaptations of the TAKE CHARGE/My Life programme, examined effects on self-determination, defined as 'having the power to make decisions, to direct one's actions, to dream and take risks, and to exercise rights and responsibilities' (from Powers et al., 2012). There were **mixed effects** across the four studies. For the two studies of the TAKE CHARGE/My Life programme which targeted children in foster care with special educational needs (Powers et al., 2012; Geenen et al., 2013), there was a small positive effect on self-determination in the pilot study at 1-year follow-up (effect size 1.09,  $p=0.0069$ ) (Powers et al., 2012) and post-intervention in a larger efficacy RCT (effect size 0.40;  $p=0.0430$ ) (Geenen et al., 2013), but the differences between the intervention and control groups were not significant at nine-months follow-up (effect





size  $-0.005$ ,  $p=0.8088$ ). The study of Better Futures (Geenen et al., 2015), which targeted foster children with serious mental health challenges, found that intervention participants had higher scores than control participants at six-months follow-up on two self-determination measures. At six-months follow-up, the effect size based on the AIR measure of self-determination was large (effect size  $-0.88$ ;  $p=0.0003$ ) but there was no significant difference between the intervention and control group on the Arc measure of self-determination (intervention mean  $121.80$  [SD  $16.35$ ] vs control mean  $99.97$  [SD  $17.45$ ]; effect size and  $p$  value not reported). The study by Blakeslee et al. (2020) reported on two concurrent RCTs of the TAKE CHARGE/My Life programme (an adaptation of the TAKE CHARGE self-determination intervention) among foster children, with and without special educational needs. The intervention group showed greater improvement on self-determination at follow-up, with effect sizes in the small to moderate range at the 1-year follow-up (effect size  $0.27$ ;  $p=0.025$ ). Blakeslee et al. (2020) also examined self-determination related to self-efficacy but found no difference between intervention and control participants at the 12-months follow-up (intervention mean  $71.81$  [SD  $9.06$ ] vs control mean  $71.30$  [SD  $9.80$ ];  $p$  value not reported).

## Social functioning

Four studies examined outcomes related to social support and all reported **no effects** across a range of social functioning measures (Table 6). Taussig & Culhane (2010) examined the effects of the FHF-PT programme on social acceptance and social support but found no difference between the intervention and control participants on either measure at post-intervention or at 6-months follow-up (social acceptance at 6-months follow-up: Cohen's  $d$   $0.17$  [95% CI  $-0.15, 0.48$ ];  $p=0.89$  | social support at 6-months follow-up: Cohen's  $d$   $0.02$  [95% CI  $-0.31, 0.36$ ];  $p=0.89$ ). Leathers et al. (2023) examined the impact of the ACT programme on social support, measured with the social provisions scale, but found no effect at post-intervention follow-up (intervention mean change from baseline  $-1.10$  [SD  $11.1$ ] vs control mean change from baseline  $-0.80$  [SD  $10.46$ ];  $p=0.84$ ). The MAOP also had no effects on social support at 1-year follow-up (effect size  $-1.02$  [95% CI  $-10.40, 8.35$ ];  $p=0.83$ ) (Greeson et al., 2015). Thulien et al. (2022) examined the effects of rent subsidies and adult mentorship on community integration and social connectedness among young people experiencing homelessness but found no differences on either measure at 18-months follow-up (community integration: adjusted mean difference  $-2.0$  [95% CI  $-5.0, 1.0$ ];  $p=0.18$  | social connectedness: adjusted mean difference  $7.3$  [95% CI  $-9.7, 24.4$ ];  $p=0.38$ ).

## Behavioural functioning

Two studies examined behavioural functioning outcomes, both of which reported **no effects** on coping or resilience (Table 6). Taussig & Culhane (2010) examined the effects of the FHF-PT programme on two measures of coping with problems from the Coping Inventory and found no difference between intervention and control participants at post-intervention or 6-months follow-up (coping with problems [positive] at 6-months follow-up: Cohen's  $d$   $0.25$  [95% CI  $-0.09, 0.58$ ];  $p=0.15$  | coping with problems [negative] at 6-months follow-up: Cohen's  $d$   $-0.21$  [95% CI  $-0.51, 0.08$ ];  $p$  not reported). Alarcon et al. (2021) found no effects of the Referents mentoring programme on resilience at post-intervention (intervention mean  $10.76$  [SD  $0.44$ ] vs control mean  $10.04$  [SD  $1.33$ ];  $p$  not reported).



**Table 6. Effect direction plot: psychological, social, and behavioural functioning**

Study ID	Programme	Sample size	Psychological functioning	Social functioning	Behavioural functioning
Taussig & Culhane, 2010	<b>FHF-PT</b> Formal (volunteer) + skills training	I: 79 C: 77	◀▶1	◀▶11, 12	◀▶17, 18
Taussig et al., 2020	<b>FHF-T</b> Formal (volunteer) + skills training	I: 125 C: 120	◀▶2	-	-
Powers et al., 2012	<b>TAKE CHARGE/My Life</b> Near-peer (group) + skills training	I: 29; C: 32	▲3	-	-
Geenen et al., 2013	<b>TAKE CHARGE/My Life</b> Near-peer (group) + skills training	I: 60 C: 63	◀▶4	-	-
Geenen et al., 2015	<b>Better Futures</b> Near-peer (group) + skills training	I: 36 C: 31	▲3-5	-	-
Blakeslee et al., 2020	<b>TAKE CHARGE/My Life</b> Near-peer (group) + skills training	I: 142 C: 146	◀▶3, 6	-	-
Leathers et al., 2023	<b>Adult Connections Team</b> Formal (employed), support for transition + employability	I: 77 C: 75	-	◀▶13	-
Greeson et al., 2015	<b>MAOP</b> Formal (employed)	I: 97 C: 97	-	◀▶14	-



Study ID	Programme	Sample size	Psychological functioning	Social functioning	Behavioural functioning
Alarcon et al., 2021	<b>Referents mentoring programme</b> Formal (volunteer)	I: 21; C:23	◀▶7, 8	-	◀▶19
Stelter et al., 2023	<b>Enhanced mentoring for COIP</b> Formal (volunteer)	I: 668; C: 666	◀▶9	-	-
Thulien et al., 2022	<b>TYOH</b> Formal (volunteer)	I: 13 C: 11	◀▶7, 10	◀▶15, 16	-

▲ = positive impact; ▼ = negative impact; ◀▶ = no effect/mixed effects.

large ▲ = over 300 individuals in intervention group (I); medium ▲ = 75–300 individuals in intervention group (I); small ▲ = fewer than 75 individuals in intervention group (I).

Psychological functioning: 1) Global Self-Worth scale of the Self-Perception Profile for Children; 2) future orientation from the Adolescent Risk Behavior Survey; 3) Arc Self-Determination Scale; 4) AIR Self-Determination Scale; 5) Hopelessness Scale for Children; 6) self-efficacy scale developed for the study; 7) Rosenberg Self-Esteem Scale; 8) Children and Youth Hope Scale; 9) positive self-cognitions; 10) Beck Hopelessness Scale.

Social functioning: 11) Social Acceptance scale of the Self-Perception Profile for Children; 12) social support factor score from The People in My Life – Short Form; 13) Social Provisions Scale; 14) social support count across 7 variables; 15) Community Integration Scale; 16) Social Connectedness Scale.

Behavioural functioning: 17) Positive Coping scale from The Coping Inventory; 18) Negative Coping scale from The Coping Inventory; 19) Children and Youth Resilience Measure.

## Mental health & wellbeing and quality of life

### Mental health & wellbeing

Nine studies (Taussig & Culhane, 2010; Taussig et al., 2019; Fostering Healthy Futures for Teens, 2021; Leathers et al., 2023; Geenen et al., 2013; Blakeslee et al., 2020; Geenen et al., 2015; Alarcon et al., 2021; Stelter et al., 2022) reported a mental health outcome (Table 7).

Three studies, two medium and one small, reported a **positive effect** direction. Two studies of the FHF-PT programme (Taussig & Culhane, 2010; Taussig et al., 2019) found that intervention participants had improved mental health and wellbeing outcomes. FHF-PT participants reported significantly better scores on a mental health index than controls at the 6-months follow-up in the pilot RCT (Cohen's d [95% CI] -0.51 [-0.84, -0.19]; p=0.003) (Taussig & Culhane, 2010) and at 10-months follow-up in the larger efficacy RCT (Cohen's d [95% CI] -0.25 [-0.46, -0.03]; p=0.02)



(Taussig et al., 2019). Intervention participants also reported lower post-traumatic symptoms at follow-up in the pilot (Taussig & Culhane, 2010: Cohen's d [95% CI]  $-0.30 [-0.63, 0.02]$ ;  $p=0.07$ ) and efficacy RCTs (Taussig et al., 2019: Cohen's d [95% CI]  $-0.20 [-0.41, 0.00]$ ;  $p=0.04$ ) but the significance was borderline. FHF-PT participants also reported significantly lower levels of dissociation at 6- and 10-months follow-up, respectively, in the pilot (Taussig & Culhane, 2010: Cohen's d [95% CI]  $-0.39 [-0.70, -0.08]$ ;  $p=0.02$ ) and efficacy RCTs (Taussig et al., 2019: Cohen's d [95% CI]  $-0.29 [-0.49, -0.08]$ ;  $p=0.006$ ). The study of the TAKE CHARGE/My Life programme (Geenen et al., 2013) found that it had a significant small to medium effect at 18-months follow-up on 3 scales of the Child Behaviour Checklist, with programme participants reporting lower scores for anxiety (effect size 0.33;  $p=0.0481$ ), being withdrawn (effect size 0.30;  $p=0.0732$ ), and somatic complaints (effect size 0.51;  $p=0.0029$ ).

Five studies reported **no or mixed effects**. Stelter et al. (2023) found a small effect of enhanced mentoring for children of incarcerated parents on internalising behaviours at 12-months follow-up from baseline, but at 18-months follow-up there was no difference between intervention and control participants (statistical findings not reported). Three further studies (Blakeslee et al., 2020; Leathers et al., 2023; Alarcon et al., 2021) also found no difference between intervention and control participants on a mental health-related outcome. Blakeslee et al. (2020) found no effects of the TAKE CHARGE/My Life programme on post-traumatic symptoms at post-intervention or 1-year follow-up (intervention mean 15.29 [SD 10.20] vs control mean 14.74 [SD 10.68];  $p$  not reported). The ACT programme (Leathers et al., 2023) had no effect on depression at post-intervention follow-up (effect size 0.11;  $p=0.51$ ) and there was no effect of the Referents mentoring programme for migrant youth on psychological distress at post-intervention follow-up (intervention mean 4.76 [SD 2.84] vs control mean 5.17 [SD 2.37];  $p$  value not reported).

Three studies (Taussig & Culhane, 2010; Taussig et al., 2019; Geenen et al., 2015) reported other mental health outcomes. Two studies of FHF-PT examined the impact of the programme on uptake of mental health therapy and mental health medication. Taussig & Culhane (2010) found a borderline positive impact of the programme at the 6-months follow-up on recent uptake of therapy (relative risk 0.75 [95% CI 0.57, 0.98];  $p=0.04$ ), but not on current uptake of therapy (relative risk 0.82 [95% CI 0.59, 1.12];  $p=0.21$ ) or recent or current uptake of medication (recent: relative risk 0.67 [95% CI 0.34, 1.31];  $p=0.25$  | current: relative risk 0.61 [95% CI 0.30, 1.27];  $p=0.18$ ). The larger efficacy trial of FHF-PT (Taussig et al., 2019) also found a borderline positive impact on mental health therapy at 10-months follow-up (odds ratio 0.62 [95% CI 0.40, 0.970];  $p=0.04$ ) but no effect on mental health medication (relative risk 1.01 [95% CI 0.53, 1.94];  $p=0.97$ ). Geenen et al. (2015) reported two outcomes related to mental health. Better Futures participants reported better outcomes than the control group at 6-months follow-up on mental health recovery (effect size 0.63;  $p=0.0132$ ) and youth efficacy in managing their mental health condition (effect size 1.50;  $p<0.0001$ ). However, the difference only reached significance at the 0.05 level for mental health recovery, not the more stringent level of 0.01 set by the study authors.

## Quality of life

Four studies (Taussig & Culhane, 2010; Taussig et al., 2019; Powers et al., 2012; Geenen et al., 2015) examined quality of life (Table 7). Two small studies (Powers et al., 2012; Geenen et al., 2015), both of which were about adaptations of the TAKE CHARGE/My Life programme, reported a **positive effect** direction for quality of life. Effect sizes in both studies were in the moderate



range (typically values of 0.50 for Cohen's d). TAKE CHARGE/My Life participants (Powers et al., 2012) reported significantly higher quality of life than controls at 1-year follow-up (effect size 0.77;  $p=0.0008$ ), and Better Futures participants (Geenen et al., 2015) reported significantly better quality of life scores at 6-months follow-up (effect size 0.66;  $p=0.0287$ ). Both the pilot and efficacy RCTs of the FHF-PT programme (Taussig & Culhane, 2010; Taussig et al., 2019) reported **no effects** on quality of life based on the life satisfaction survey. There were no differences between FHF-PT participants and controls at the 6-months follow-up in the pilot RCT (Cohen's d 0.14 [95% CI -0.17, 0.45];  $p=0.38$ ) or at 10-months follow-up in the efficacy RCT (Cohen's d 0.16 [95% CI 0.37, -0.04];  $p=0.10$ ).

**Table 7. Effect direction plot: mental health & wellbeing and quality of life**

Study ID	Programme	Sample size	Mental health & wellbeing	Quality of life
Taussig & Culhane, 2010	<b>FHF-PT</b> Formal (volunteer) + skills training	I: 79 C: 77	▲ <sub>1-3</sub>	◀ <sub>15</sub>
Taussig et al., 2019	<b>FHF-PT</b> Formal (volunteer) + skills training	I: 233 C: 193	▲ <sub>1-3</sub>	◀ <sub>15</sub>
Fostering Healthy Futures for Teens, 2021	<b>FHF-T</b> Formal (volunteer) + skills training	I: 125 C: 120	◀ <sub>4, 5</sub>	-
Powers et al., 2012	<b>TAKE CHARGE/My Life</b> Near-peer (group) + skills training	I: 29 C: 32	-	▲ <sub>16</sub>
Geenen et al., 2013	<b>TAKE CHARGE/My Life</b> Near-peer (group) + skills training	I: 60 C: 53	▲ <sub>6-8</sub>	-
Geenen et al., 2015	<b>Better Futures</b> Near-peer (group) + skills training	I: 36 C: 31	▲ <sub>9, 10</sub>	▲ <sub>16</sub>
Blakeslee et al., 2020	<b>TAKE CHARGE/My Life</b> Near-peer (group) + skills training	I: 142 C: 146	◀ <sub>11</sub>	-
Leathers et al., 2023	<b>Adult Connections Team</b> Formal (employed), support for transition + employability	I: 77 C: 75	◀ <sub>12</sub>	-



Study ID	Programme	Sample size	Mental health & wellbeing	Quality of life
Alarcon et al., 2021	<b>Referents mentoring programme</b> Formal (volunteer)	I: 21 C: 23	◀ <sup>13</sup>	-
Stelter et al., 2023	<b>Enhanced mentoring</b> Formal (volunteer)	I: 668 C: 666	◀▶ <sup>14</sup>	-

▲ = positive impact; ▼ = negative impact; ◀▶ = no effect/mixed effects.

Sample size: final sample size (individuals) in intervention group, large ▲ >300; medium ▲ 75–300; small ▲ < 75.

**Mental health & wellbeing:** 1) Mental Health Index based on Posttraumatic Stress and Dissociation scales of the Trauma Symptom Checklist for Children, Internalizing scales of the Child Behaviour Checklist and the Teacher Report Form; 2) mental health therapy; 3) mental health medication; 4) Internalizing symptoms from Youth Self Report; 5) Externalizing symptoms from Youth Self Report; 6) Anxious/Depressed scale from the Child Behaviour Checklist; 7) Withdrawn/Depressed scale from the Child Behaviour Checklist; 8) Somatic Complaints scale from the Child Behaviour Checklist; 9) Mental Health Recovery Measure (youth-tailored); 10) Youth Efficacy Empowerment Scale – Mental health; 11) child report of post-traumatic symptoms; 12) Center for Epidemiologic Studies Depression Scale; 13) Kessler Psychological Distress scale; 14) internalizing behaviour problems based on three combined measures (depression, loneliness, and self-competence).

**Quality of life:** 15) Life Satisfaction Survey; 16) Quality of Life Questionnaire.

## Behaviours that challenge and academic & employment outcomes

### Behaviours that challenge

Five studies examined behaviours that challenge; two medium-sized studies reported a **positive effect** direction and three studies reported **no or mixed effects** (Table 8).

Taussig et al. (2021) reported an overall positive effect direction for the FHF-PT programme on delinquency outcomes, finding that it was associated with a 3% decline in total delinquency (event rate ratio 0.97 [95% CI 0.95, 0.99];  $p < 0.01$ ) and a 5% decline in non-violent delinquency (event rate ratio 0.95 [95% CI 0.95, 0.96];  $p < 0.001$ ), but not violent delinquency (event rate ratio 1.00 [95% CI 0.89, 1.14];  $p$  value not reported). Examining trajectories over time, Taussig et al. (2021) found that FHF-PT participants self-reported 30% less delinquency than controls at age 14, 59% less at age 16, and 82% less at age 18. A similar pattern was seen for non-violence delinquency (33% less at age 14, 51% at age 16, and 76% at age 18.) Participation in FHF-PT was associated with a lower rise in total delinquency charges (event rate ratio 0.38 [95% CI 0.15, 0.99];  $p < 0.05$ ) and court charges involving violent behaviour (event rate ratio 0.23 [95% CI 0.08, 0.69];  $p < 0.01$ ). At



age 15 and 16, compared with the control group, FHF-PT participants had 15% fewer total delinquency charges at age 15 and 16. The adapted version of the FHF programme for teens (FHF-T) was found to have no effects on self-reported delinquency at post-intervention or 18-months follow-up (odds ratio 0.71;  $p=0.33$ ). The effects of FHF-PT on juvenile justice involvement were impacted by concerns about the data collected and the authors state that the results in Cohorts 1–2 better reflect the impact of the FHF-T programme compared with the results for all four cohorts recruited into the study. Further explanation of this issue is provided in the study report (Fostering Healthy Futures for Teens, 2021). Based on the results from Cohorts 1–2, at 18-months follow-up there was trend towards FHF-T participants being less likely than control group to have a post-programme charge (odds ratio 0.20;  $p=0.05$ ).

The study of the ACT programme (Leathers et al., 2023) also reported an overall **positive** effect direction, finding that delinquency and arrests were significantly lower in the enhanced services intervention group at post-intervention follow-up compared with the control group. Intervention participants reduced their involvement in delinquency (effect size 0.46;  $p=0.01$ ) and were significantly less likely than control participants to report an arrest at post-intervention follow-up ( $p<0.01$ ). Stelter et al. (2023) reported **no effects** of the enhanced mentoring for COIP on delinquency outcomes. There was no difference when participants were followed up 1 year from baseline between the enhanced mentoring and control groups in terms of parent- or youth-reported delinquency (parent: effect size -0.01;  $p=0.932$  | youth: effect size 0.20;  $p=0.076$ ) or juvenile justice involvement (odds ratio 1.24;  $p=0.348$ ). Courtney et al. (2011) also found that participation in MAOP had no effect on delinquency (statistics not reported).

Stelter et al. (2023) found a significant **positive effect** of enhanced mentoring for COIP on both substance use (odds ratio 0.61;  $p=0.008$ ) and intentions to use substances (odds ratio 0.25;  $p<0.001$ ).

## Academic outcomes

Four studies (Powers et al., 2012; Geenen et al., 2013; Geenen et al., 2015; Leathers et al., 2023) reported an academic outcome and all reported **no or mixed effects** (Table 6). The study of the TAKE CHARGE/My Life programme (Geenen et al., 2013) found no difference between intervention and control participants at 9-month follow-up in school attitude (statistics not reported) or school performance based on the grade point average (statistics not reported). Using another measure of school performance, based on whether students were on target with the number of credits earned towards graduation, however, intervention students were significantly more likely to be on target at 9-months follow-up than control students (effect size 0.42;  $p=0.0313$ ). Three studies (Powers et al., 2012; Geenen et al., 2013; Leathers et al., 2023) reported a measure related to participation in school. Powers et al. (2012) reported that 72% of intervention TAKE CHARGE/My Life participants compared to 50% of control participants had completed graduation or passed the GED test; but the outcomes were not compared statistically. Leathers et al. (2023) found no difference in school enrolment between intervention participants in the ACT programme and control participants at post-intervention follow-up (effect size -0.07;  $p=0.33$ ). One study (Geenen et al., 2013) reported school dropout rates, with a total of 6 intervention and 10 control participants having dropped out at follow-up. However, outcomes were not compared statistically between groups. Two studies (Geenen et al., 2013; Geenen et al., 2015) both examined measures related to preparation and planning for education. Geenen et al. (2013) used an



educational planning assessment tool, which had versions for the student, their foster parent, and teacher. At follow-up, TAKE CHARGE/My Life participants had significantly better scores than controls at 9-months follow-up on the student (effect size 0.40;  $p=0.03$ ) and foster parent (effect size 0.40;  $p=0.03$ ) versions but not on the teacher version (effect size 0.41;  $p$  value not reported). Geenen et al. (2015) found that Better Futures participants had significantly higher scores on a measure of postsecondary preparation than control participants at follow-up (effect size 1.75;  $p=0.0001$ ).

## Employment outcomes

Four studies (Powers et al., 2012; Geenen et al., 2013; Blakeslee et al., 2020; Leathers et al., 2023) reported an employment-related outcome (Table 8). Two studies of TAKE CHARGE/My Life (Powers et al., 2012; Geenen et al., 2013) reported employment status but did not compare the outcomes statistically. However, in both studies, a higher proportion of intervention participants than control participants were in a paid job at follow-up. One medium study (Leathers et al., 2023) reported a **mixed-effect** direction, finding that young people who participated in the ACT programme had significantly more hours of employment at post-intervention follow-up than control participants (effect size 0.36;  $p=0.05$ ). However, the effect on average weekly income was not significant (effect size 0.31;  $p=0.09$ ). Two studies (Courtney et al., 2011; Thulien et al., 2022) reported no effects on employment outcomes. Courtney et al. (2011) found no effect of participation in the MAOP on earnings and net worth (statistics not reported) and Thulien et al. (2022) found no effect of rent subsidies and mentorship on the employment income of young people who had experienced homelessness (statistics not reported). One study (Blakeslee et al., 2020) examined career-related self-efficacy beliefs, finding that TAKE CHARGE/My Life participants had higher levels of self-efficacy than controls at 1-year follow-up (effect size 0.27;  $p=0.031$ ).





**Table 8. Effect direction plot: problem/risk behaviours and academic & employment outcomes**

Study ID	Programme	Sample size	Behaviours that challenge	Academic	Employment
Taussig et al., 2021	<b>FHF-PT</b> Formal (volunteer) + skills training	I: 217 C: 174	▲ <sub>1, 2</sub>	-	-
Fostering Healthy Futures for Teens, 2021	<b>FHF-T</b> Formal (volunteer) + skills training	I: 125 C: 120	◄◄ <sub>3, 4</sub>	-	-
Powers et al., 2012	<b>TAKE CHARGE/My Life</b> Near-peer (group) + skills training	I: 29 C: 32	-	◄◄ <sub>12</sub>	◄◄ <sub>19</sub>
Geenen et al., 2013	<b>TAKE CHARGE/My Life</b> Near-peer (group) + skills training	I: 60 C: 63	-	◄◄ <sub>13-15</sub>	◄◄ <sub>19</sub>
Leathers et al., 2023	<b>Adult Connections Team</b> Formal (employed), support for transition + employability	I: 77 C: 75	▲ <sub>5, 6</sub>	◄◄ <sub>16</sub>	◄◄ <sub>20, 21</sub>
Courtney et al., 2011	<b>MAOP</b> Formal (employed)	I: 88 C: 91	◄◄ <sub>7</sub>	◄◄ <sub>17, 18</sub>	◄◄ <sub>19, 22</sub>



Study ID	Programme	Sample size	Behaviours that challenge	Academic	Employment
Stelter et al., 2023	<b>Enhanced mentoring</b>  Formal (volunteer)	I: 668 C: 666	◀▶ <sub>8-11</sub>	-	-
Thulien et al., 2022	<b>Transitioning Youth Out of Homelessness</b>  Formal (volunteer)	I: 13 C: 11	-	▶▶ <sub>12</sub>	▶▶ <sub>23</sub>

▲ = positive impact; ▼ = negative impact; ▶▶ = no effect/mixed effects.

large ▲ = over 300 individuals in intervention group (I); medium ▲ = 75–300 individuals in intervention group (I); small ▲ = fewer than 75 individuals in intervention group (I).

**Behaviours that challenge:** 1) Self-reported delinquency from Adolescent Risk Behaviour Survey; 2) court records of delinquency or criminal charges; 3) self-reported delinquency from Adolescent Risk Behaviour Survey; 4) court charges; 5) self-reported delinquency from Add Health; 6) self-report of arrests in past year; 7) number of delinquent acts; 8) substance use; 9) intentions to use substances; 10) 10 items from National Youth Survey Delinquency Scale; 11) frequency of involvement with the juvenile justice system.

**Academic:** 12) High school completion; 13) school attitude; 14) school performance (GPA); 15) school performance (credits towards graduation); 16) school enrolment; 17) school enrolment; 18) academic and vocational participation.

**Employment:** 19) Employment status; 20) hours employed; 21) income from employment; 22) earnings and net worth; 23) employment income.

## RQ2: Which programmes are more or less effective for different populations of children and young people?

### Reporting of PROGRESS-Plus characteristics

Sixteen of the included effectiveness studies reported at least one PROGRESS-Plus characteristic in baseline demographic tables ([Appendix E](#)). The one exception was the secondary analysis of the



RCT of MAOP (Greeson et al., 2015). As shown in Table 9, the most measured characteristic was age (16 studies), followed by race (15 studies), and gender/sex (15 studies). No studies reported under the PROGRESS-Plus characteristics of religion and social capital. Under the ‘Plus – Other’ category we recorded a range of other factors that may be associated with marginalisation and vulnerability.

**Table 9. Reporting of PROGRESS-Plus characteristics**

<b>PROGRESS-Plus characteristic</b>	<b>Number of studies [study reference]</b>
Place	3 [14, 15, 17]
Race, ethnicity, culture, language	15 [1–12, 14, 16, 17]
Occupation	3 [11, 12, 17]
Gender and sex	15 [1–12, 14, 16, 17]
Religion	-
Education	7 [5, 6, 9–12, 17]
Socioeconomic status	2 [16, 17]
Social capital	-
Plus – Age	16 [1–12, 14–17]
Plus – Sexual orientation	1 [11]
Plus – Disability	4 [7–10]
Plus – Other	14 [1–10, 12, 15–17]: parental or maternal/paternal characteristics [1–6], child welfare and/or maltreatment [1–10, 12, 14, 17], adverse childhood experiences [3, 4, 6, 17], mental health [9, 11, 12] caregiver imprisonment [16], immigration status [17], and homelessness [17].
<b>Study reference:</b>	
(1) Taussig & Culhane, 2010 [FHF-PT]; (2) Taussig et al., 2012 [FHF-PT]; (3) Taussig et al., 2019 [FHF-PT]; (4) Taussig et al., 2021 [FHF-PT]; (5) Taussig et al., 2020 [FHF-T]; (6) Fostering Healthy Futures for Teens, 2021 [FHF-T]; (7) Powers et al., 2012 [TAKE CHARGE/My Life]; (8) Geenen et al., 2013 [TAKE CHARGE/My Life]; (9) Geenen et al., 2015 [Better Futures]; (10) Blakeslee et al., 2020 [My Life]; (11) Leathers et al., 2023 [ACT]; (12) Courtney et al., 2011 [MAOP]; (13) Greeson et al., 2015 [MAOP];	



(14) Chambers et al., 2019 [IPP]; (15) Alarcon et al., 2021 [Referents]; (16) Stelter et al., 2023 [Enhanced mentoring]; (17) Thulien et al., 2022 [TYOH].

## Population characteristics

Population characteristics of the included effectiveness studies are summarised in the tables in [Appendix E](#). The average age of the participants ranged from 1.8 years (Chambers et al., 2019) to 22.2 years (Thulien et al., 2022). Most studies (n=8) had roughly equal numbers of each gender (Taussig & Culhane, 2010; Taussig et al., 2019; Geenen et al., 2013; Geenen et al., 2015; Blakeslee et al., 2020; Chambers et al., 2019; Stelter et al., 2023; Thulien et al., 2022), but two studies reported overall more male than female participants (Powers et al., 2012; Alarcon et al., 2021), and three studies reported overall more female participants (Taussig et al., 2020; Leathers et al., 2023; Courtney et al., 2011). One study (Thulien et al., 2022) gave the option for participants to select non-binary categories ('Other') for their gender, but none of the participants selected this option. However, the authors noted that two transgender participants were included in the study.

For most studies, race was non-exclusive; therefore, participants could select multiple categories. The most common race categories used by the studies were White, Black, and Hispanic, with White and Black also on average having the higher percentages among participants. The most underrepresented race across studies was Asian.

Ten studies reported education-related characteristics, including whether participants were currently or had previously attended school and whether participants had finished schooling or were working towards a GED (General Educational Development) (Geenen et al., 2015; Blakeslee et al., 2020; Courtney et al., 2011; Leathers et al., 2023; Thulien et al., 2022). Two studies targeting young participants with special educational needs noted that they required extra guidance or accommodations in their school environment, such as having to attend alternative schooling, using in-school developmental disability services or receiving modified certificates (Geenen et al., 2013; Powers et al., 2012). Two studies reported educational neglect among their participants (Taussig et al., 2019; Taussig et al., 2020).

Six studies included characteristics related to disability. Three studies reported various types of disability in their participants (Powers et al., 2012; Geenen et al., 2013; Courtney et al., 2011) with emotional or behavioural disabilities the most highly reported and learning disabilities the second most highly reported. Three further studies reported the percentages of their participants receiving support from disability services (Geenen et al., 2015; Blakeslee et al., 2020; Thulien et al., 2022).

Only one study measured participants' sexuality (Leathers et al., 2023), reporting that most of the participants were heterosexual, and a minority were from the LGBTQ+ community.

Six studies reported participants' length of time in care (Taussig & Culhane, 2010; Powers et al., 2012; Geenen et al., 2013; Geenen et al., 2015; Blakeslee et al., 2020; Chambers et al., 2019), the majority of which spanned several years in care. Eleven studies reported placement types (Taussig & Culhane, 2010; Taussig et al., 2019; Taussig et al., 2020; Powers et al., 2012; Geenen et al., 2013; Geenen et al., 2015; Blakeslee et al., 2020; Courtney et al., 2011; Alarcon et al., 2021; Thulien et al., 2022; Mezey, 2015), with non-relative placements being most common, followed by kinship care. In addition, 10 studies reported types of maltreatment faced by participants, 7 of which reported reasons why the young people were removed from their caregivers (Taussig & Culhane, 2010;



Taussig et al., 2019; Taussig et al., 2020; Powers et al., 2012; Geenen et al., 2013; Geenen et al., 2015; Chambers et al., 2019), and 3 of which reported various adverse childhood experiences (ACEs) faced by the young people in care (including fleeing home countries, parental incarceration) (Alarcon et al., 2021; Stelter et al., 2023; Thulien et al., 2022). Neglect was on average the most reported maltreatment type – specifically, lack of supervision; in addition, the most common type of abuse faced by young participants across the studies was emotional abuse.

## Evidence of differential effects for different populations

Six studies (Taussig et al., 2012; Taussig et al., 2013; Taussig et al., 2019; Weiler & Taussig, 2019; Weiler et al., 2022; Blakeslee et al., 2020) reported subgroup, interaction, or moderation analyses exploring the effects of at least one PROGRESS-Plus characteristic. A further five studies (Taussig et al., 2020; Leathers et al., 2023; Courtney et al., 2011; Chambers et al., 2019; Stelter et al., 2023) adjusted for at least one characteristic in multivariate analyses.

One study (Taussig et al., 2019) explored differential effects for FHF-PT across the main PROGRESS characteristics of gender/sex and race/ethnicity. There were no differential effects for race/ethnicity but there were differential effects by gender on post-intervention psychotropic medication use, with intervention effects appearing to be stronger among boys than girls. Under the ‘Plus – Disability’ characteristic, Blakeslee et al. (2020) found that receipt of special education and/or developmental disability services was not associated with differential intervention effects for the TAKE CHARGE/My Life programme.

Within the ‘Plus – Other’ category, four studies examined differential effects by child welfare factors. Blakeslee et al. (2020) found differential effects according to the level of placement stability, with the intervention having a greater effect on self-determination and self-efficacy measures among young people with average or high foster placement stability at baseline. Taussig et al. (2012) also found differential effects for type of placement based on a subgroup analysis. The study found that intervention effects for FHF-PT were more positive in terms of placement changes, experiencing a new residential placement and achieving permanency among young people living in non-relative foster homes at baseline. Taussig et al. (2013) also used moderation analyses to examine whether the severity of physical neglect experienced by participants had an impact on the effects of FHF-PT, finding that physical neglect severity did not moderate intervention effects on any of the outcomes (Taussig et al., 2013). Weiler et al. (2022) examined differential effects of the FHF-PT programme based on four factors linked to participants’ relational histories. Previous mentoring experience and foster parent relationship quality were not associated with differential effects. However, relationship quality with birth parents and caregiver instability at baseline were associated with differential effects on some outcomes. The intervention appeared to have a greater impact on quality of life among participants who reported lower relationship quality with birth parents, and participants with around three or fewer transitions between caregivers appeared to benefit more from the intervention in terms of quality of life, post-traumatic symptoms, and dissociative symptoms. Two studies of FHF-PT (Taussig et al., 2019; Weiler & Taussig, 2019) examined differential effects according to the baseline ACE measure. Lower levels of ACEs were associated with greater intervention effects on post-traumatic stress and dissociation symptoms (Weiler & Taussig, 2019; Taussig et al., 2019), and quality of life (Taussig et al., 2019).



## RQ3: What practice elements and intervention components are associated with successful befriending and mentoring relationships for children and young people?

The narrative moderator analysis involved tabulating the study-level data from the effect direction analysis against the practice elements and intervention components identified in the review of theory and intervention components (Table 10). The IPP programme was excluded from the analysis because it was the only programme of its type (i.e. based on peer mentoring for parents) included in the review.

Five programmes (FHF-PT, FHF-T, Referents, mentoring programmes for children of incarcerated parents, and Transitioning Youth Out of Homelessness) were based on one-to-one mentoring and befriending from a volunteer, and in two programmes (FHF-PT and FHF-T) this was combined with other intervention components. Examining outcomes across all five programmes, the direction of the effect analysis showed that the programmes based on one-to-one mentoring and befriending alone had no or mixed effects on outcomes. In contrast, the two programmes that combined one-to-one mentoring and befriending with skills training showed a positive effect direction for mental health and wellbeing and behaviours that challenge. This is a tentative finding because there were several differences across the programmes in terms of the age and 'at-risk' factors that were targeted. However, the TAKE CHARGE/My Life and Better Futures programmes which combined near-peer mentoring (in groups) with skills training also showed generally consistent positive effects for psychological functioning, mental health and wellbeing, and quality of life.

Two programmes (ACT and MAOP) provided formal support for transition (Courtney et al., 2011; Leathers et al., 2023), and the ACT programme also focused on employability (Leathers et al., 2023). The ACT programme showed a positive effect direction for problem/risk behaviours and employment outcomes, whereas MAOP only provided formal support for transition (Courtney et al., 2011) and had no effects.

Grouped by mentor type, six programmes used volunteer mentors, four programmes used near-peers, and two programmes incorporated mentoring into the roles of existing employed staff. There was no clear direction of effect across the programmes based on mentor type.

The moderator analysis also examined the resources provided by the intervention by examining whether mentor training was provided. However, although 10 of the 12 programmes reported that mentors received training, the type and content of the training was not reported consistently across the included studies. The training support available for mentors was better described for the FHF programmes (Taussig & Culhane, 2010; Taussig et al., 2020) and the programmes based on the TAKE CHARGE/My Life programme (Powers et al., 2012; Geenen et al., 2013; Blakeslee et al., 2020). Overall, the studies of these programmes showed a positive effect direction for mental health and wellbeing and behaviours that challenge. However, this is also a tentative finding given the differences between the programmes examined in the review of effectiveness.



**Table 10. Moderator analysis of intervention components**

Study ID	Program me	Intervention components			Psychological functioning	Social	Behavioural functioning	Mental health & wellbeing	Quality of life	Problem/risk behaviours	Academic outcomes	Employment outcomes	Placement stability	Reunification	Permanency	Transition out of care
		Activities	Mentor type	Resources												
Taussig, 2010	FHF-PT	1-2-1 m Groups	V	Mentor training	◄◄	◄◄	◄◄	▲	◄◄	-	-	-	◄◄	▲	◄◄	-
Taussig, 2019	FHF-PT	1-2-1 m Groups	V	Mentor training	-	-	-	▲	◄◄	▲	-	-	-	-	-	-
Taussig, 2020	FHF-T	1-2-1 m Group w	V	Mentor training	◄◄	-	-	◄◄	-	◄◄	-	-	-	-	▲	-
Powers, 2012	TAKE CHARGE/ My Life	1-2-1 s Group NP	NP	Mentor training	▲	-	-	-	▲	-	-	-	-	-	-	▲
Geenen, 2013	TAKE CHARGE/ My Life	1-2-1 s Group NP	NP	Mentor training	◄◄	-	-	▲	-	-	◄◄	-	-	-	-	-



Study ID	Program me	Intervention components			Psychological functioning	Social	Behavioural functioning	Mental health & wellbeing	Quality of life	Problem/risk behaviours	Academic outcomes	Employment outcomes	Placement stability	Reunification	Permanency	Transition out of care
		Activities	Mentor type	Resources												
Geenen, 2015	Better Futures	Summer Institute 1-2-1 s Group NP	NP	Mentor training	▲	-	-	◀▶	▲	-	-	-	-	-	-	-
Blakeslee, 2020	My Life	1-2-1 s Group NP	NP	Mentor training	◀▶	-	-	◀▶	-	-	-	-	-	-	-	-
Leathers, 2023	ACT	1-2-1 m Support for transition Employability	E & V	-	-	◀▶	-	◀▶	-	▲	◀▶	▲	-	-	-	-
Courtney, 2011	MAOP	1-2-1 m Support for transition	E	-	-	◀▶	-	-	-	◀▶	◀▶	◀▶	◀▶	-	-	◀▶





Study ID	Program me	Intervention components			Psychological functioning	Social	Behavioural functioning	Mental health & wellbeing	Quality of life	Problem/risk behaviours	Academic outcomes	Employment outcomes	Placement stability	Reunification	Permanency	Transition out of care
		Activitie s	Mentor type	Resourc es												
Alarcon, 2021	Referents	1-2-1 m	V	Mentor training	◄►	-	◄►	◄►	-	-	-	-	-	-	-	-
Stelter, 2022	Enhanced mentoring for COIP	1-2-1 m + enhanced practices	V	Mentor training	◄►	-	-	◄►	-	◄►	-	-	-	-	-	-
Thulien, 2022	TYOH	1-2-1 m	V	Mentor training	◄►	◄►	-	-	-	-	◄►	◄►	-	-	-	-

▲ = positive impact; ▼ = negative impact; ◄► = no effect/mixed effects.

See effect direction plots for more detail about the outcomes measured. COIP = children of incarcerated parents.

**Activities:** 1-2-1 m = one-to-one mentoring; 1-2-1 s = one-to-one skills training; Group s = group skills training; Group w = group workshops; Group NP = group near-peer mentoring.

**Volunteer type:** V = volunteer; E = employed; NP = near-peer.



## RQ4: What are the enablers and barriers to successful implementation?

Twenty studies, including 17 qualitative studies and 3 quantitative studies, were used to address RQ4. A GRADE-CERQual assessment of the qualitative evidence is provided in [Appendix H](#). Two quantitative studies (Weiler et al., 2022; Hambrick et al., 2023) were linked to the RCT of the FHF-PT programme and one further quantitative study (van Dam et al., 2017) was based on case-file analyses.<sup>4</sup> Data on barriers and facilitators was available for 17 mentoring and befriending programmes and one intervention development study (Table 11).

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<sup>4</sup> The design of this study was not robust enough for inclusion in the review of quantitative evidence (RQ1–RQ3).



**Table 11. Summary of studies included in the implementation review of barriers and facilitators**

References	Programme	Country	Barriers	Facilitators	Type of barrier/facilitator
Greeson et al., 2015b; Greeson et al., 2015c	<p><b>Caring Adults ‘R’ Everywhere (C.A.R.E.)</b></p> <p>Natural</p>	USA	<p>Difficulty engaging youth who are sceptical of starting new relationships.</p> <p>Youth insecurity about mentors’ perception of them – causing lack of honesty and avoidance of building mentorship relationship.</p>	<p>Mutually meaningful relationships – when there is reciprocity, a stronger relationship is likely.</p> <p>Youth involvement in identifying mentors, crucial to them feeling a sense of control.</p> <p>Peer support for both mentors and mentees.</p> <p>Mentors having qualities associated with trustworthiness, building more confidence about adults for foster youth.</p>	<p><b>Individual:</b> previous relationships with adults.</p> <p><b>Interpersonal:</b> mentor matching, mentor training, time, and constancy.</p>



References	Programme	Country	Barriers	Facilitators	Type of barrier/facilitator
Nesmith & Christopherson, 2013	<b>CORE programme</b> Natural	USA	<p>Foster youth relying too heavily on foster parents for support when these relationships aren't always long-term.</p> <p>Regular review meetings not involving youth in discussions and decision making in meetings.</p>	<p>Helping youth with basic living skills and building meaningful relationships.</p> <p>Youth having the opportunity to lead their own meetings and take control over how the intervention supports them.</p> <p>Understanding trauma in foster youth and designing the programme around this.</p>	<p><b>Individual:</b> socio-emotional characteristics, young person-led content.</p> <p><b>Interpersonal:</b> mentor training, time, and constancy.</p> <p><b>Organisational:</b> leadership.</p>
Denby et al., 2016; Gomez et al., 2021	<b>DREAMR project</b> Formal (employed)	USA	<p>Software issues, limited contact lists, technical difficulties leaving participants isolated.</p> <p>Youth feeling under-involved in the process of the intervention (decision making etc.).</p> <p>Staff turnover frequency: harder to trust service provider.</p>	<p>Smartphone technology allowing better access to mentors/service providers.</p> <p>Smartphone technology allowing for disadvantaged youth to choose when/who to engage with themselves.</p> <p>Youth responsibility for smartphones teaching responsibility and decision-making skills.</p>	<p><b>Interpersonal:</b> time and constancy.</p> <p><b>Organisational:</b> leadership.</p>



References	Programme	Country	Barriers	Facilitators	Type of barrier/facilitator
Garcia-Molsosa et al., 2021a; Garcia-Molsosa et al., 2021b	<b>European Social Mentoring project</b> Formal (volunteer)	Austria, Croatia, France, Germany, Spain	Cultural and social barriers between mentors and mentees. Scheduling coordination and communication. Caregivers being unsupportive of mentoring relationship. Short programme durations make it difficult.	Mentors being volunteers – mentees felt reassured that mentors actively chose to be their mentors. Mentor personal fulfilment from being mentors – impact on young people’s lives. Mentors having access to training and supervision.	<b>Individual:</b> demographics, socio-emotional characteristics, previous relationships with adults, young person-led content. <b>Interpersonal:</b> mentor matching, mentor training, time, and constancy. <b>Organisational:</b> multi-agency working. <b>Community:</b> peer influence.



References	Programme	Country	Barriers	Facilitators	Type of barrier/facilitator
Wesley et al., 2020	<p><b>First Star Academy</b></p> <p>Formal + support for transition (volunteer)</p>	USA	<p>High staff turnover and staff burnout due to intensity of mentorship relationships.</p> <p>Youth distrust of adults due to history of relationships being unstable.</p> <p>Youth having insecure attachment styles – hard to enter into new relationships.</p> <p>Lack of natural social networks for some foster youth, making it difficult to select natural mentors.</p>	<p>Mentors authentically caring about youths’ wellbeing.</p> <p>Reciprocal mentoring relationships.</p> <p>Mentoring relationships offering relational permanence and providing foster youth with a sense of stability.</p> <p>Emphasis on relational development, helping mentors understand the importance of their role in the youths life.</p>	<p><b>Interpersonal:</b> time and constancy.</p>



References	Programme	Country	Barriers	Facilitators	Type of barrier/facilitator
Hambrick et al., 2023; Weiler et al., 2022	<p><b>Fostering Healthy Futures for Preteens</b></p> <p>Formal + skills training (volunteer)</p>	USA	<p>Past trauma and ACE causing shorter term mentoring relationships and a lack of engagement.</p> <p>Previous negative experiences with service providers.</p> <p>Males could be less engaged in mentoring than females – females often more engaged with therapeutic activities.</p>	<p>Being sensitive to specific needs of foster youth.</p> <p>Not using terms that may evoke poor associations for youth (e.g. instead of “therapy” “mentoring and skills group”).</p> <p>Mentors travelling to mentees breaking down travel barriers.</p> <p>Having support in place for the mentors themselves.</p>	<p><b>Individual:</b> demographics, socio-emotional characteristics, previous relationships with adults.</p> <p><b>Interpersonal:</b> mentor matching, mentor training, time, and constancy.</p>
Nathans & Chaffers, 2022	<p><b>Independent Living Coordinators (ILC)</b></p> <p>Formal (employed)</p>	USA	<p>Foster youth often face significant barriers to independence.</p> <p>Some young people are not interested in engaging with goal planning.</p>	<p>Practical life skills training helping youth to manage lives independently.</p> <p>ILCs (mentors) facilitating engagement with services (e.g. mental health, wellbeing).</p> <p>Centring youth in decision making.</p>	<p><b>Organisational:</b> multi-agency working.</p> <p><b>Community:</b> peer influence.</p>



References	Programme	Country	Barriers	Facilitators	Type of barrier/facilitator
Cosma & Soni, 2020	<p><b>Mission Mentoring programme</b></p> <p>Formal (volunteer)</p>	UK	<p>Traditional mentoring relationships can have power imbalances.</p> <p>Youth distrust of adults due to history of relationships being unstable.</p> <p>Lack of/limited natural social networks making it difficult to select natural mentors.</p> <p>Stigma from being in care affecting building meaningful relationships with adults.</p>	<p>Mentors getting support from agencies.</p> <p>Fostering a greater understanding of youth in foster care to reduce stigma.</p>	<p><b>Individual:</b> young person-led content.</p> <p><b>Interpersonal:</b> mentor matching, time, and constancy.</p> <p><b>Organisational:</b> leadership.</p>





References	Programme	Country	Barriers	Facilitators	Type of barrier/facilitator
Powers et al., 2018	<p><b>TAKE CHARGE/ My Life self-determination programme</b></p> <p>Near-peer (group) + skills training</p>	USA	<p>Past trauma and ACEs lowering engagement (e.g. feeling unable to reach out for help).</p> <p>Youth feeling judged by mentors for their lack of knowledge in some areas rather than feeling helped.</p> <p>Transportation barriers or scheduling conflicts making youth unable to attend workshops.</p>	<p>Mentors providing logistical and practical support, taking the steps to help their mentee with basic everyday tasks, that looked-after youth may not typically have access to.</p> <p>Building trust and enhancing the young people's engagement.</p> <p>Self-determination work with mentors allowing for overall skill development and strengthening.</p>	<p><b>Individual:</b> young person-led content.</p> <p><b>Interpersonal:</b> mentor matching, time, and constancy.</p>
Lee, 2021	<p><b>Royal Family Kids (RFK) programme</b></p> <p>Formal + relationship building (volunteer)</p>	USA	<p>Foster youth have more difficulty in emotional, social, and professional relationships.</p> <p>Insufficient time scales assigned to mentoring relationships.</p> <p>Youth history of disrupted relationships causing reluctance in entering mentoring relationships.</p>	<p>Mentors being motivated to help foster youth.</p> <p>Realistic expectation of a mentoring relationship.</p> <p>Focus on youth perspective on what is needed from mentoring relationships.</p>	<p><b>Individual:</b> young person-led content.</p> <p><b>Interpersonal:</b> time and constancy.</p> <p><b>Organisational:</b> multi-agency working.</p>



References	Programme	Country	Barriers	Facilitators	Type of barrier/facilitator
Mendes, 2011	<p><b>St Luke’s Anglicare Support Service</b></p> <p>Formal, support for transition + employability (volunteer)</p>	Australia	<p>Issues with consistency in mentor–mentee relationships if commitment on either end is not prioritised.</p> <p>Transportation barriers and risk of isolation working in rural areas.</p> <p>Lack of available services for mentors to signpost to.</p> <p>Poor/lack of social networks for young people – find it difficult to build authentic relationships.</p>	<p>Mentors acting as role models to mentees, as such having more trust in them.</p> <p>Tailoring mentor support to the young person via a person-centred approach.</p> <p>Having a focus on bridging social isolation through mentoring activities such as work and leisure activities.</p> <p>Mentor programmes having strong links with various services to help the young people gain a sense of community.</p>	<p><b>Interpersonal:</b> mentor matching.</p> <p><b>Community:</b> peer influence, community assets.</p>



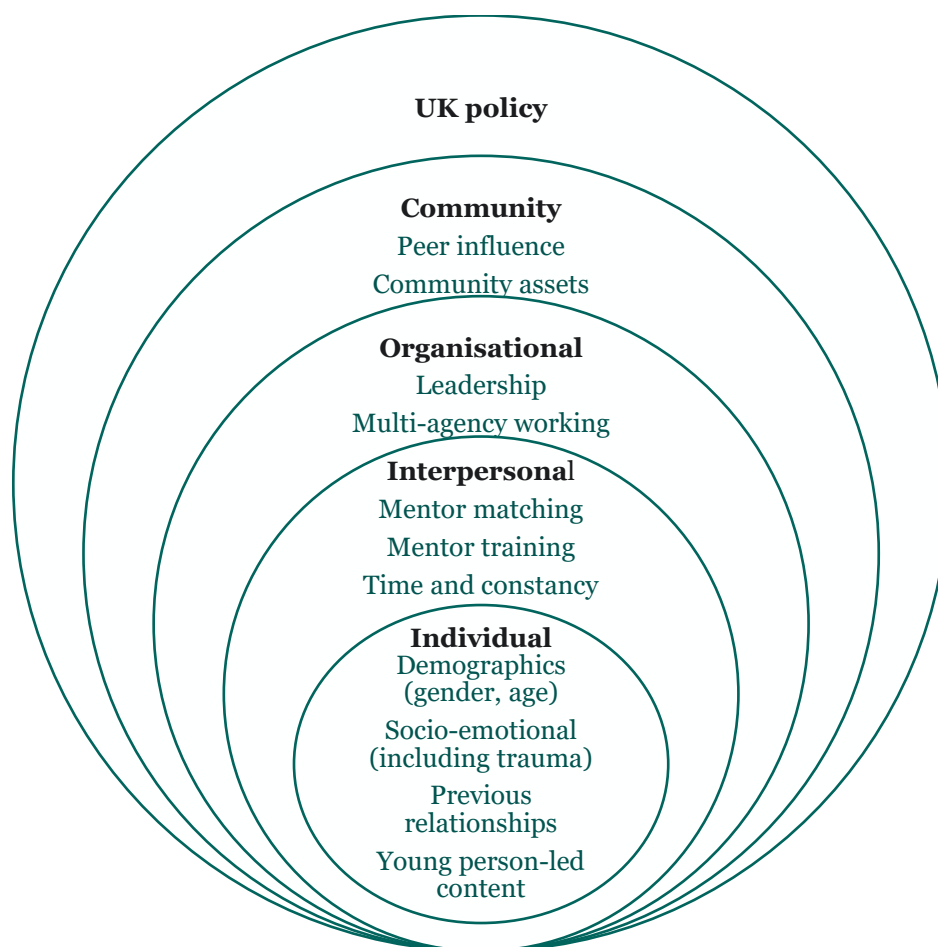
References	Programme	Country	Barriers	Facilitators	Type of barrier/facilitator
Narendorf et al., 2020	<b>Transition Coaching (TC)</b> Formal (volunteer)	USA	<p>Mentor’s implicit biases can create unintentional distance between them and the youth.</p> <p>Mentors not having a genuine interest in foster youth.</p> <p>Previous bad experiences with youth professional affecting mentor matches.</p>	<p>Value of learning from mentors of different backgrounds and ethnicities.</p> <p>Youth-centred relationships with mentors. Mentors being flexible and responsive to youth’s needs.</p> <p>Turning listening into action – mentors being practical and reliable, and building trust for the youth.</p> <p>Mentor characteristics reflecting affection and persistence.</p>	<p><b>Individual:</b> previous relationships with adults, young person-led content.</p> <p><b>Interpersonal:</b> mentor matching, mentor training, time, and constancy.</p>
Spencer et al., 2018; Spencer et al., 2019	<b>Youth ChalleNGe programme</b> Natural	USA	<p>Youth fearing over-burdening mentors and having a self-reliance mindset.</p> <p>Instability and challenges with mentor retention.</p> <p>Former poor experience with service providers.</p> <p>Unrealistic expectations of mentoring relationships.</p>	<p>Pre-existing trust in mentors.</p> <p>Tailored mentorship – mentors more likely to understand youth’s needs.</p> <p>Mentor commitment more likely in youth-initiated mentoring.</p> <p>Youth empowered, being able to choose their mentor.</p>	<p><b>Individual:</b> previous relationships with adults.</p> <p><b>Interpersonal:</b> mentor matching, mentor training, time, and constancy.</p>



References	Programme	Country	Barriers	Facilitators	Type of barrier/facilitator
Van Dam et al., 2017	<b>Youth Initiated Mentoring</b>  Natural	The Netherlands	-	Quicker than other approaches.	<b>Interpersonal:</b> mentor matching.
Smith et al., 2023	<b>Intervention development (Family Finding model)</b>  Intervention development study	Canada	Cultural barriers.  Young people may feel triggered in family finding models with traumatic past experiences with family.  Terminology such as ‘family finding’ may have negative associations for looked-after youth.  Insufficient support for mentors – lack of preparation going into mentoring programmes.	Inclusion of ‘peer navigators’ – young people often find peers more trustworthy.  Focus on building natural, gradual mentoring relationships and not placing pressure on the relationship.  Trauma-informed training for mentors.  Support from service providers and agencies throughout the process for both youth and mentors.	<b>Individual:</b> demographics, young person-led content.  <b>Interpersonal:</b> mentor matching, mentor training, time, and constancy.  <b>Organisational:</b> leadership.



**Figure 3. Facilitators and barriers to implementing mentoring and befriending programmes for care-experienced young people** ([go to accessibility text](#))



## Individual level

Twelve studies discussed individual-level barriers and facilitators to engaging young people with mentoring and befriending programmes (Garcia-Molosa et al., 2021a; Garcia-Molosa et al., 2021b; Greeson et al., 2015; Hambrick et al., 2023; Lee, 2021; Narendorf et al., 2020; Nesmith & Christopherson, 2013; Smith et al., 2023; Spencer et al., 2019; Weiler et al., 2022; Spencer et al., 2018; Cosma & Soni, 2020).

### Demographics

**Contributing papers:** Hambrick et al., 2023; Smith et al., 2023; Garcia-Molsosa et al., 2021b.

Two studies considered the impact of young people's demographic characteristics on their engagement with mentoring and befriending programmes. As discussed in RQ2, FHF-PT identified that males had significantly lower (mentor-reported) skills group engagement and fewer mentoring visits. FHF-PT found no significant association between engagement and age, but acknowledged this could be due to the narrow age range of the programme (9–11 years) (Hambrick et al., 2023). Service provider participants in Smith et al.'s (2023) research into family finding models noted that



pairing of older youth was less successful because they were more likely to have experienced previous rejection (compared with younger youth/those recently entering care). Qualitative mentor data from the European Social Mentoring Programme (quoted below) also found engaging older youth in mentoring to improve educational outcomes more challenging because they had other priorities and desired autonomy rather than being constrained by mentoring.

“The mentee has been busy, he is more interested in doing activities with his friends. Usually, he goes out with his friends during the holidays and in the weekend. He doesn’t have a lot of time for mentoring [...]. Mentoring a teenager is more complicated, they want to have more autonomy and prefer not to have the constraint of mentoring.”

– Mentor, monthly report, 2017, France, Garcia-Molsosa et al., 2021b

## **Socio-emotional characteristics**

**Contributing papers:** Hambrick et al., 2023; Garcia-Molsosa et al., 2021b; Nesmith & Christopherson, 2013.

Three studies considered the impact of young people’s socio-emotional characteristics on engagement with mentoring and befriending. The FHF-PT programme found skills group engagement was positively associated with children’s IQ and trauma symptoms and negatively associated with behavioural problems. The FHF-PT skills groups involve cognitive tasks (brainstorming ways to cope, problem solving, etc.), which children with higher conventionally measured cognitive scores may have engaged with more easily. This suggests skills groups interventions should identify more inclusive ways of engaging participants – for example, by incorporating play or discovery-orientated learning. The association with trauma symptoms is consistent with previous research that shows people who perceive the greatest need for an intervention are more likely to engage (Hambrick et al., 2023). Mentors in the European Social Mentoring Programme noted that aggressive mentee behaviour, having other difficult things going on in their life, and a lack of self-confidence were barriers to engagement in mentoring (Garcia-Molsosa et al., 2021b). A young person participating in a UK local authority scheme noted that mentoring required young people to remain open-minded to accepting advice, which could be challenging (Cosma & Soni, 2020). Young people at the start of the CORE programme described how they had difficulties controlling their anger and did not have the communication skills to sustain meaningful relationships, but that this improved when they received the programme’s emotional effectiveness education (EEE; Nesmith & Christopherson, 2013). This suggests young people may require socio-emotional support to help them effectively engage with mentoring and befriending.

“I was angry all the time. I’d look at someone and think, ‘What are you looking at? What’s your problem?’ Maybe I’d want to punch them. But now I look at people differently. I think maybe they aren’t thinking something bad about me when they look that way. Maybe they got their own stuff going on and it’s not about me at all.”

– Young person, Nesmith & Christopherson, 2013

“I didn’t have communication skills at all. At EEE we did stuff that helped us communicate with each other. And then I felt more comfortable communicating



with my foster mom because we both got taught at the same time how to do it.”

– Young person, Nesmith & Christopherson, 2013

## Previous relationships with adults

**Contributing papers:** Weiler et al., 2022; Spencer et al., 2018; Spencer et al., 2019; Greeson et al., 2015c; Narendorf et al., 2020; Garcia-Molsosa et al., 2021a.

Eight studies considered the impact of young people’s past relationships on their engagement with mentoring and befriending. Weiler et al. (2022) found the impact of FHF on quality of life was greater for those with lower relationship quality with their birth parents. However, the impacts on quality of life, PTSD, and dissociative symptoms were strongest for those with fewer caregiver transitions (three or fewer). These mixed findings were also found in the qualitative studies. Young people in Spencer et al.’s study (2019) reported feelings of isolation and a strong desire for a mentor for support and enjoyable activities: “I need people to be there on my team. To help me become a better person. So that I don’t feel alone” (Bailey, young person, Spencer et al., 2019). Instability and uncertainty in previous family relationships made it hard for young people to make and formalise these types of relationships on their own (Spencer et al., 2019; Greeson et al., 2015c). For example, a young person in Greeson et al.’s (2015) study of naturalistic mentors discussed how “I lost my dad when I was young so I’m still searching for somebody that could be there for me ... I’m still searching and ain’t nobody there and I’m just lost a little bit” (young person, Greeson et al., 2015c).

In the FHF programme prior mentoring experience did not significantly moderate the programme’s effects (on mental health, trauma symptoms, or quality of life). However, the majority of young people participating in Smith et al.’s study (2023) of family finding programmes had previously been unsuccessful finding a match through family finding or adult mentor programmes and reported too much anxiety or fear of rejection to participate in this type of programme again. Previous adult relationships also appeared a barrier to maintaining trust once the mentoring relationship had been established (Greeson et al., 2015c; Narendorf et al., 2020; Spencer et al., 2018). Young people in Spencer et al. (2018) noted they would not always ask their mentor for support due to embarrassment, shame, or feeling they should be able to handle things on their own, and mentors in Greeson et al. (2015c) felt some young people might feel pressured to tell mentors what they thought they wanted to hear. Similarly, a caregiver in Garcia-Molsosa et al.’s (2021a) European Social Mentoring programme, which aimed to increase educational outcomes for children in residential homes, noted:

“When you meet a child who’s already had seven tutors ... you’re the 8th, then ok, start creating a bond. With someone who’s already ... maybe just a bit tired of starting over again and again and again ... it becomes more like a superficial presentation, just to be got over with, but you end up not fully bonding ... ”

– Caregiver, male, Garcia-Molsosa et al., 2021a

## Young person-led content

**Contributing papers:** Garcia-Molsosa et al., 2021a; Garcia-Molsosa et al., 2021b; Nesmith & Christopherson, 2013; Cosma & Soni, 2020; Lee, 2021; Narendorf et al., 2020; Powers et al., 2018; Smith et al., 2023.



The most commonly mentioned (eight papers) individual-level facilitator was ensuring that mentoring and befriending sessions were led by young people's needs and interests (Garcia-Molsosa et al., 2021a; Garcia-Molsosa et al., 2021b; Nesmith & Christopherson, 2013; Cosma & Soni, 2020; Lee, 2021; Narendorf et al., 2020; Powers et al., 2018; Smith et al., 2023). Mentors recognised that successful mentors "should go with what they [the mentee] wants rather than what they think is best" (Matt, mentor, Cosma & Soni, 2020). This included the location for the mentoring, the goals set, the type of emotional and practical support required, and the activities undertaken (including leisure activities). Young people in two studies reported this made them feel more motivated to engage and that having their choices respected built trust (Cosma & Soni, 2020; Powers et al., 2018). This was also evident in the CORE study, where young people in the comparison group described how a decision "... wasn't even about me. It was everybody talking but me" (young person, Nesmith & Christopherson, 2013) compared with young people who had engaged in the programme: "I feel like they're more about me ... I know that they're there to help benefit me and help me succeed" (young person, Nesmith & Christopherson, 2013).

Young people in Powers et al.'s (2018) study described the pleasure they felt in setting and accomplishing their own goals: "it is worth making goals, new ones, and accomplishing those. I just like having that accomplished feeling" (young person, Powers et al., 2018). However, evidence from two studies (Narendorf et al., 2020; Garcia-Molsosa et al., 2021b) suggested that mentoring and befriending programmes with fixed, narrow goals could reduce young people's engagement. As one young person in Narendorf et al.'s (2020) study described: "don't just make it about how to make that person successful ... know where that person comes from in order to get to the person" (Y002, Narendorf et al., 2020). For example, mentors in the European Social Mentoring Programme found that young people's past experiences of learning and other issues in their lives ("his head is full of really important personal stuff", mentor, Garcia-Molsosa et al., 2021a) meant they were often reluctant to engage in learning activities and programme set goals, whereas focusing on activities that motivated and interested mentees increased their engagement (Garcia-Molsosa et al., 2021a; Garcia-Molsosa et al., 2021b).

## Interpersonal level

### Mentor matching

**Contributing papers:** Cosma & Soni, 2020; Garcia-Molsosa, 2021b; Hambrick et al., 2023; Mendes, 2011; Greeson et al., 2015c; Narendorf et al., 2020; Powers et al., 2018; Smith et al., 2023; Spencer et al., 2018; Spencer et al., 2019; van Dam et al., 2017.

Eleven studies discussed the importance of mentor matching (Cosma & Soni, 2020; Garcia-Molsosa et al., 2021b; Hambrick et al., 2023; Mendes, 2011; Greeson et al., 2015c; Narendorf et al., 2020; Powers et al., 2018; Smith et al., 2023; Spencer et al., 2018; Spencer et al., 2019; Van Dam et al., 2017). Young people described a range of mentor qualities which facilitated trust, comfort, acceptance, and mutually meaningful relationships, and these are explored in greater detail in RQ5 below. Parents/carers in Spencer et al.'s study (2019) preferred a mentor who was mature and stable and who they felt comfortable for their child to spend time with. Some parents/carers also discussed their preference for mentors with a career that young people would find interesting, and from the same ethnic background. The data from qualitative studies on matching mentors according to certain demographic characteristics is mixed. However, having a mentor of a different





ethnicity was a barrier to developing a relationship for some young people from minoritised ethnic groups (Narendorf et al., 2020; Powers et al., 2018; Spencer et al., 2019). Young people described finding it “harder to relate to someone that doesn’t look like you” (YO14, Narendorf et al., 2020), whereas “people of my culture ... understood me the most and cared for me the most” (young person, Powers et al., 2018) and “can also link you to your community” (young person, Smith et al., 2024).

As described in the review of intervention components, mentor matching ranged from staff-led to youth-led. Participants in two studies highlighted a preference for greater youth involvement in mentor matching (Cosma & Soni, 2020; Greeson et al., 2015), with young people in Greeson et al. (2015c) expressing concerns that matching mentors based on young people’s case files could lead to invasion of privacy, misrepresentation, and judgement. Naturalistic mentoring programmes, by their design, give greater control to young people by encouraging them to match with a mentor from their existing networks. However, stakeholders in three programmes emphasised the vital role of qualified staff in vetting potential naturalistic mentors, establishing their commitment, and coaching youth to choose an appropriate mentor (Smith et al., 2023; Spencer et al., 2018; Spencer et al., 2019; Mendes, 2011). For example, in the St Luke’s programme, a mentoring coordinator recruits, screens, and trains mentors, identifies young people who are interested, and then organises community days for young people and mentors to meet. The coordinator then facilitates matches and continues to support the mentor once the match has been made (Mendes, 2011). Qualitative data from youth-initiated mentors also suggests that being asked by the young person themselves to undertake a natural extension of their current role in the young person’s life increased their motivation to participate (Spencer et al., 2019). Van Dam et al. (2017) noted that 83% (n=65) of youth in their programme were able to nominate a youth-initiated mentor within 33 days, which was considerably quicker than in other approaches such as family group conferences, which can take an average of 18 weeks.

“When I had my meeting to see like who I wanted ... It was like, ‘What is your interest? What do you like to do for fun? What do you have for your future?’ They asked questions. So every time they asked me some questions, I think in my mind like, ... ‘Who knows me the best and who can encourage me ... the most?’”  
– Jessica, Spencer et al., 2019

“It wasn’t like it was a professional person thinking that I would be a good fit for her, it was Bailey remembering me and asking if I could do it. And how do you say no to that? I can’t imagine saying no.”  
– Lucy, mentor, Spencer et al., 2019

## **Mentor training**

**Contributing papers:** Garcia-Molsosa et al., 2021a; Garcia-Molsosa et al., 2021b; Narendorf et al., 2020; Spencer et al., 2018; Lee, 2021; Spencer et al., 2019; Nesmith & Christopherson, 2013; Smith et al., 2023; Weiler et al., 2022; Greeson et al., 2015c.

Mentors in some studies were concerned that they did not have the expertise, knowledge, and experience to address all the emotional, behavioural, and practical needs of care-experienced young people (Garcia-Molsosa et al., 2021a), that they may have implicit biases (Narendorf et al., 2020), and that they could experience challenges in implementing boundaries (Narendorf et al.,



2020; Spencer et al. 2018). Formal mentor training and supervision programmes were described in eight of the studies (Lee, 2021; Spencer et al., 2018; Spencer et al., 2019; Nesmith & Christopherson, 2013; Smith et al., 2023; Weiler et al., 2022; Greeson et al., 2015c; Garcia-Molsosa et al., 2021b). Training content is detailed in the intervention components section, but included: assertive communication, understanding of trauma and child development, mental health first aid, boundary setting, trust building, and counselling sessions (Lee, 2021; Smith et al., 2023; Weiler et al., 2022). Some programmes also included specialist training – for example, CORE included 12-week emotional effectiveness education (Nesmith & Christopherson, 2013). Preparing adults on what to expect and the length of the relationship was seen as a way of maintaining their engagement and ensuring youth did not experience further feelings of rejection (Smith et al., 2024). Mentors in the Royal Family Kids mentoring programme felt the clear guidelines provided for mentors and mentees helped them feel safe, and training on communication and trauma helped increase their understanding of the challenges faced by care-experienced young people (Lee, 2021). Mentors also described how ongoing group supervision for mentors had social benefits and provided peer support (Garcia-Molsosa et al., 2021b; Greeson et al., 2015c).

“We do have a time usually at each club meeting to just the mentors get together and kind of share ... how was the time during the last month with your kids. So I do feel like we have a space to do that and I know enough of the other mentors now during the three years. If I needed to talk to someone, I have a handful of people I could talk to. OK this is what going on, what do you think, or you know how should I handle it. I feel like there is a good group that we support each other.”

– Mentor, Lee, 2021

## **Time and constancy**

**Contributing papers:** Garcia-Molsosa et al., 2021a; Smith et al., 2023; Gomez et al., 2021; Powers et al., 2018; Weiler et al., 2022; Wesley et al., 2020; Narendorf et al., 2020; Spencer et al., 2019; Cosma & Soni, 2020; Greeson et al., 2015c; Lee, 2021; Nesmith & Christopherson, 2013.

Constancy and time were identified as an important facilitator, with a premature ending to a mentoring or befriending relationship having the potential to negatively impact children and young people with previous experience of instability in adult relationships (Garcia-Molsosa et al., 2021a; Smith et al., 2023; Gomez et al., 2021; Powers et al., 2018; Weiler et al., 2022; Wesley et al., 2020). Dependability had a significant impact on the trust felt by young people (Wesley et al., 2020; Narendorf et al., 2020; Powers et al., 2018). Several studies discussed barriers which could impact mentors' availability, including workload, family responsibilities, and demanding personal circumstances (Garcia-Molsosa et al., 2021b; Gomez et al., 2021). Mentors at the Youth Initiated Mentoring programme described carefully considering these barriers before committing to a mentoring relationship (Spencer et al., 2019). Mentors and mentees across six of the studies discussed their desire for a long-term mentoring relationship and this was considered by participants as an indicator of mentoring and befriending success (Cosma & Soni, 2020; Greeson et al., 2015c; Lee, 2021; Narendorf et al., 2020; Nesmith & Christopherson, 2013; Spencer et al., 2019).



“Most of these [youth] really just need someone they can reach out to, to talk to you about the kinds of things that those of us with parents call our parents about.”

– M017, Narendorf et al., 2020

“ ... I texted a message to [my coach] saying will you call me as soon as you can. Then she called me right way and said, ‘What’s going on?’ I just told her everything and she was like, I’m in a meeting right now, but if you need me to come and get you, I will. She offered her help more than anyone else I know would really do ... I felt like I had support, a reliable person.”

– Young person, Powers et al., 2018

## Organisational level

### Leadership

**Contributing papers:** Cosma & Soni, 2020; Nesmith & Christopherson, 2013; Smith et al., 2023; Gomez et al., 2021.

Four studies considered how the alignment between mentoring and befriending programme aims and wider organisational vision and priorities could impact implementation (Cosma & Soni, 2020; Nesmith & Christopherson, 2013; Smith et al., 2023; Gomez et al., 2021). The DREAMR programme described how staff turnover could dissipate the original vision and purpose of their programme, with new leaders lacking knowledge of the programme while often attempting to juggle multiple programmes and priorities. Stakeholders in Smith et al.’s (2023) exploratory study similarly found that strong agency support, clearly defined staff goals, and sufficient resources were essential to implementing family finding models (Smith et al., 2023).

“We thought selling it to the youth and getting their buy in would be the biggest challenge but that wasn’t it at all. The reality was we really had to sell it to the social workers and other adults involved ... Now we do staff training, so they can understand the program and what we are trying to do.”

– Adult interview 01, Smith et al., 2023

### Multi-agency working

**Contributing papers:** Garcia-Molsosa et al., 2021a; Garcia-Molsosa et al., 2021b; Lee, 2021; Nathan & Chaffers, 2022.

Mentors also described how cooperative, multi-agency partnerships between professionals, mentors, the young person, and family/carers were highly valued (Garcia-Molsosa et al., 2021a). For example, mentors in the European Social Mentoring Programme described occasions where poor communication from schools and residential centres regarding important changes in young people’s lives could lead to a feeling of insecurity for mentors and negatively affect mentees’ emotional state, sometimes leading to the mentoring relationship ending prematurely (Garcia-Molsosa et al., 2021a; Garcia-Molsosa et al., 2021b). In contrast, mentors in the Royal Family Kids mentoring programme noted that respecting the values of the mentee’s family and working collaboratively with them promoted longer-term relationships and increased mentors’



understanding of the young person (Lee, 2021). As discussed within the theory of change, there was some evidence to suggest that mentoring and befriending programmes with employed mentors facilitated greater access to services for young people. For example, Nathans & Chaffers (2022) noted how the Independent Living Coordinator’s knowledge and position within the wider support system facilitated access to a range of practical, health-related, and emotional support.

## Community level

### Peer influence

**Contributing papers:** Nathans & Chaffers, 2022; Garcia-Molsosa et al., 2021b; Mendes, 2011.

Three studies briefly discussed the impact of young people’s peer groups on mentoring (Nathans & Chaffers, 2022; Garcia-Molsosa et al., 2021b; Mendes, 2011). Two programmes (ILCs and St Luke’s) aimed to support young people in developing healthy friendships, romantic relationships, and in some cases alternative social networks (Nathans & Chaffers, 2022; Mendes, 2011). The St Luke’s programme recognised that care-experienced young people often lacked the family, friends, and community supports to develop basic living skills and employment needed for independent living. As quoted below, stakeholders noted how giving youth experience of employment could help build positive social relationships with their employer and other employees, which in turn built their self-confidence. Young people similarly recognised that mentors could expose them to alternative social networks and environments, and this is discussed in greater detail in RQ5.

“One young person had gone out drinking with her work placement co-workers and it was a very different circumstance of drinking to how it would normally have been with her friendship groups, because it was much more controlled and contained, and we’ll go out and we’ll have a few and then we’ll all go home. And that young person actually recognised the social significance of work.”

– Leaving Care Alliance Worker, Mendes, 2011

### Community assets

**Contributing papers:** Mendes, 2011.

Only one study considered the impact of wider community barriers on young people. The St Luke’s programme had a specific objective to reduce issues of isolation among young people transitioning out of care by “promoting social, recreational and leisure” links with the general community (Mendes, 2011). The authors discussed many of the community-level barriers faced by young people, including lack of job opportunities, social isolation, discrimination, poor transport, housing, and exclusion from mainstream social and economic systems (Mendes, 2011).

## Policy level

**Contributing papers:** Cosma & Soni, 2020; Furey & Harris-Evans, 2021.

None of the studies discussed policy-level barriers and facilitators to mentoring and befriending. Two UK local authority-led studies (Cosma & Soni, 2020; Furey & Harris-Evans, 2021) had been developed in response to the 2018 statutory guidance on ‘Applying corporate parenting principles to looked-after children and care leavers’. These programmes used local authority employee



volunteer mentors (Cosma & Soni, 2020) and work placements (Furey & Harris-Evans, 2021) to provide additional social and practical support to young people. However, due to the short-term and qualitative nature of these studies it is not possible to ascertain how changes and developments in UK policy impact the success of mentoring and befriending programmes.

## **Summary of the strength of the evidence**

There was high confidence in the qualitative evidence supporting the following facilitators of mentoring and befriending: (i) being led by young people's needs, (ii) youth-initiated mentor selection, (iii) time and constancy in the relationship, and (iv) appropriate training for mentors. There was also high confidence in the qualitative evidence supporting young people's previous experiences of unstable adult relationships as a barrier to mentoring. There was moderate confidence in the influence of young people's socio-emotional characteristics (communication skills, experience of trauma, and behavioural problems) and ethnicity (of mentor and mentee) on mentoring and befriending due to relatively thin data coming from a small number of studies and with very little data from the UK context. There was low confidence in the qualitative evidence to support that older youth may experience greater barriers to mentoring/befriending (due to previous rejection and a greater desire for autonomy), with evidence coming from two studies. There was also low confidence in the evidence demonstrating that mentoring can facilitate healthier peer relationships, alternative social networks, and community involvement, because this evidence came from a small number of papers with no consistency in the type of network (peer, romantic, workplace, community) considered across studies. There was also low confidence in the evidence to support organisational and political barriers and facilitators to mentoring and befriending. Namely: the role of committed leadership and alignment of mentoring and befriending programme aims with organisational priorities, cooperative multi-agency working between youth, family, mentor, and professionals, and the impact of UK policy. In all three cases this was because only superficial data was presented on these wider contextual factors in a small number of studies.

For a full summary of the GRADE-CERQual assessment of the evidence from RQ4, see [Appendix H](#).



## RQ5: What are the views of children and young people (and parents/carers) about the acceptability and usefulness of different mentoring and befriending interventions?

Fifteen qualitative studies on children's and young people's views and experiences were included to address RQ5 and provided evidence across 14 mentoring and befriending programmes and one intervention under development (Table 12 and Table 13). A GRADE-CERQual assessment of the qualitative evidence is provided in [Appendix H](#).

**Table 12. Summary of included UK qualitative studies (RQ5)**

Reference	Programme	Type	Study population	Sample size	Data collection	Contribution to themes
Cosma & Soni, 2020	<b>Mission mentoring programme</b>	Formal (volunteer)	Children in out-of-home care	Sample, n=1	Semi-structured interview with mentee (out-of-home care) (case study)	<p>Engagement in mentoring and befriending.</p> <p>Characteristics of and relationships with mentors.</p> <p>Content and duration of mentoring and befriending.</p> <p>Impacts of mentoring and befriending.</p>



Reference	Programme	Type	Study population	Sample size	Data collection	Contribution to themes
Dallos & Carder-Gilbert, 2019	<b>PROMISE Mentoring Project</b>	Formal (volunteer)	Young people with a care plan aged 9–19 years	Sample, n=20	Semi-structured interviews with mentees (young people with a care plan)	<p>Engagement in mentoring and befriending.</p> <p>Characteristics of and relationships with mentors.</p> <p>Content and duration of mentoring and befriending.</p> <p>Impacts of mentoring and befriending.</p>
Furey & Harris-Evans, 2021	<b>Local authority mentoring programme 1</b>	Formal (employed), support for transition + employability	Care leavers not currently in paid employment	Sample, n=6	Semi-structured interviews with mentees (care leavers)	<p>Characteristics of and relationships with mentors.</p>
Mantovani et al., 2020	<b>Peer mentoring for young women in care</b>	Near-peer	Young women currently in out-of-home care or care leavers aged 14 to 18 years	Sample, n=9	Semi-structured interviews with mentees (young women in out-of-home care/care leavers)	<p>Need and demand for mentoring and befriending.</p> <p>Engagement in mentoring and befriending.</p> <p>Characteristics of and relationships with mentors.</p>



Reference	Programme	Type	Study population	Sample size	Data collection	Contribution to themes
Newton et al., 2017	<b>Intervention under development</b>	Not applicable	Care leavers aged 17–23 years	Sample, n=11	Focus groups with care leavers	<p>Need and demand for mentoring and befriending.</p> <p>Engagement in mentoring and befriending.</p> <p>Characteristics of and relationships with mentors. Content and duration of mentoring and befriending.</p> <p>Impacts of mentoring and befriending.</p>





**Table 13. Summary of included non-UK qualitative studies (RQ5)**

<b>Reference</b>	<b>Programme</b>	<b>Type</b>	<b>Country</b>	<b>Study population</b>	<b>Sample size</b>	<b>Data collection</b>	<b>Contribution to themes</b>
Denby et al., 2016	<b>DREAMR</b>	Formal	USA	Adolescents living in the foster care system	Sample, n=16	Mixed-methods (focus groups and questionnaire)	Characteristics of and relationships with mentors.
Greeson et al., 2015b	<b>Caring Adults ‘R’ Everywhere</b>	Natural	USA	Youth from a charter school and at risk of ageing out of foster care without a support system	Sample, n=17	Focus groups	Need and demand for mentoring and befriending. Impacts of mentoring and befriending.
Nesmith & Christopherson, 2013	<b>Creating Ongoing Relationships Effectively</b>	Natural	USA	Youth ageing out of foster care	Sample, n=88	In-person interviews/ comparison over a period of time	Content and duration of mentoring and befriending.
Wesley et al., 2020	<b>First Star Academy</b>	Formal (volunteer) + support for transition	USA	Young students close to transitioning into adulthood	Sample, n=17	Semi-structured interviews	Need and demand for mentoring and befriending. Engagement in mentoring and befriending.



Reference	Programme	Type	Country	Study population	Sample size	Data collection	Contribution to themes
Mendes, 2011	<b>St Luke's Anglicare Support Service</b>	Formal (volunteer), support for transition + employability	Australia	Young people receiving support from the service	Sample, n=19	Focus groups, interviews, qualitative survey	Need and demand for mentoring and befriending.
Powers et al., 2018	<b>TAKE CHARGE/ My Life self-determination programme</b>	Near-peer (group) + skills training	USA	Young people in foster care near to transition from care	Sample, n=10	Two phases of interviews	Content and duration of mentoring and befriending.
Narendorf et al., 2020	<b>Transition Coaching (TC)</b>	Formal (volunteer)	USA	Older youth in foster care	Sample, n=14	Interviews	Content and duration of mentoring and befriending.
Spencer et al., 2018; Spencer et al., 2019	<b>Youth ChalleNGe programme</b>	Natural	USA	Youth transitioning out of the foster system	Sample, n=13	Interviews	Need and demand for mentoring and befriending. Characteristics of and relationships with mentors. Impacts of mentoring and befriending.



Reference	Programme	Type	Country	Study population	Sample size	Data collection	Contribution to themes
Van Dam et al., 2019	<b>Youth Initiated Mentoring (YIM)</b>	Natural	The Netherlands	Youth at risk for out-of-home placement	Sample, n=6	Interviews	Characteristics of and relationships with mentors.



## Need and demand for mentoring and befriending

**Contributing papers:** Greeson et al., 2015b; Wesley et al., 2020; Mendes, 2011; Spencer et al., 2018; Mantovani et al., 2020; Newton et al., 2017.

Young people participating in the five UK studies agreed that mentoring and befriending support was needed for care-experienced children and young people, particularly during the transition from care, when they experienced a great deal of uncertainty and required practical and emotional support for independent living. This was corroborated by the non-UK literature with care-experienced young people (Greeson et al., 2015b; Wesley et al., 2020; Mendes, 2011; Spencer et al., 2018). Young people in two studies suggested that mentors could provide support with personal problems that they would not share with, and that would not be understood by, their caregivers or support workers (Mantovani et al., 2020; Newton et al., 2017). For example, young people who had left care in Newton et al. (2017) described how support staff (in this case their personal adviser) were only there to help them with practical issues “they are not there for emotional support. If I had a bad day, I wouldn’t go to them” (young person, Newton et al., 2017), whereas mentors could provide this emotional support.

“ ... I was worried about moving out of my foster care into shared accommodation, and she said she’d been in shared accommodation ... That was really helpful ’cos I was pretty worried ... I don’t really know other people that are like my age and that have gone into their own house ... instead of jumping in straight into it and being all scared. She told me just how to deal with it, she would give me advice.”

– Sharon, mentee, Mantovani et al., 2020

## Engagement in mentoring and befriending

**Contributing papers:** Newton et al., 2017; Mantovani et al., 2020; Wesley et al., 2020; Cosma & Soni, 2020; Dallos & Carder-Gilbert, 2018.

Three of the studies reported that contacting, meeting, and gaining the interest of eligible young people who had been referred to mentoring and befriending programmes was challenging (Newton et al., 2017; Mantovani et al., 2020; Wesley et al., 2020). The authors suggest this could be due to a perceived loss of young people’s self-esteem associated with acknowledging their need for support and uncertainty about the potential benefits (Newton et al., 2017). For example, one young person in Wesley et al. (2020) described that they were initially not used to receiving help and took time to accept and engage with their mentor (“ ... people reject it at first because I’m not used to ... they [sic] helping me 100% ... I got more out of it once I opened up”, young person, Wesley et al., 2020). Timing of support also appeared to impact engagement. Young people who had transitioned from care in Newton et al. (2017) felt they would not accept the offer of a mentor once they had left care (“I’ve left now, I’ve done it on my own, I don’t really need a mentor”, young person, Newton et al., 2017). Young people in two UK studies felt they would recommend mentoring to others (Cosma & Soni, 2020; Dallos & Carder-Gilbert, 2018) but it required young people to be open and accepting of support and committed to finding the right mentor for them.



“The mentor has had a lot of experience and if they’ve been matched with someone their experiences will be similar, so even if you don’t agree with it sometimes, take their views on board because it may help ... Just take it in, chances are they will know something you won’t.”

– Rhys, Cosma & Soni, 2020

## Characteristics of and relationships with mentors

**Contributing papers:** Newton et al., 2017; Dallos & Carder-Gilbert, 2018; Cosma & Soni, 2020; Furey & Harris-Evans, 2021; Mantovani et al., 2020; Spencer et al., 2019; van Dam et al., 2019; Denby et al., 2016.

The majority of programmes match young people to a suitable mentor based on the young people’s wants and needs. A range of similarities in characteristics were discussed which could help mentors and mentees connect, including: family background, career aspirations, interests, gender, and ethnic background (Newton et al., 2017; Dallos & Carder-Gilbert, 2018; Mantovani et al., 2020; Cosma & Soni, 2020; Furey & Harris-Evans, 2021). Young people in Newton et al.’s (2017) study felt a mentor should ideally be 5–10 years older than the mentee. Young men in two UK studies aspired to join the army and described how having a mentor with previous military experience increased their aspirations and provided them with advice to assist in planning their own careers (Cosma & Soni, 2020; Newton et al., 2017). Young people in two UK studies also discussed the benefits of having mentors who were care-experienced themselves because they had worked through many of the same difficulties and understood the challenges and stigma that young people were facing (Newton et al., 2017; Mantovani et al., 2020).

“It felt comfortable (to be) with someone that has been in care ... ’cos I think someone that hasn’t been in care wouldn’t be able to understand properly ... We got along from like the first time we talked and we just understood what each other was like ... So, I’ve been able to put my trust in someone like completely new ... ’cos having someone with the same experiences, it was really interesting to hear about their version of it, so it’s helped me like think of stuff that I can do in the future that would help me to get on better (in life).”

– Sharon, mentee, Mantovani et al., 2020

Once young people were matched with a mentor, trust was identified in all studies as key to a successful mentoring relationship. Several factors were identified to facilitate trust. Young people described feeling they were contributing to a mutual and equal relationship with their mentor that was built on listening: “if I had something to say he would listen and go off that ... we both went with how it was flowing” (Rhys, Furey & Evans-Harris, 2021). Young people also described how having a mentor who was honest about their vulnerabilities and imperfections helped young people feel comfortable to open up and speak freely (Furey & Evans-Harris, 2021; Dallos & Carder-Gilbert, 2018; Mantovani et al., 2020). For example, younger mentees in Dallos & Carder-Gilbert (2018) gave examples of their mentors admitting they didn’t like cold water when swimming or hated rides that went upside down at the fairground. Older mentees in the NIHR programme focused on reducing teenage pregnancy described how the mentors talking about their own relationships helped them to open up about their own experiences (Mantovani et al., 2020).



“You cannot have anything else without trust. You cannot have respect without trust, you cannot have loyalty without trust, you cannot depend on each other without trust.”

– Aran, Furey & Evans-Harris, 2021

“I started really opening up and then I was feeling proper comfortable to talk about everything ... Because it wasn’t just me opening up, it’s not like someone’s asking questions and I’m answering, it was both. Like she’ll tell me stuff about her current life and I’ll tell her something about mine. It’s like we are both really trusting each other, and I saw that she trusted me.”

– Fern, Mantovani et al., 2020

The second facilitator of trust was that mentors were an unconditional source of emotional support and always willing to help mentees: “she says that her door’s always open ... if I need anything or if something’s not going right” (Sophie, Furey & Evans-Harris, 2021). Young people valued having an unconditional source of emotional support that could be relied on and who was always willing to help them. Mentees also valued that their mentor supported them without “judging you – even if you’ve done something really bad” (young person, Newton et al., 2017) and did not push them to talk about difficult topics but made clear that they were available (Dallos & Carder-Gilbert, 2018). Interestingly, young people in two UK studies highlighted that having a volunteer mentor (rather than in a paid position) increased their confidence that their mentor was available for support and would not let them down (Dallos & Carder-Gilbert, 2018; Newton et al., 2017). Young people felt that volunteering for the role showed their mentor liked and cared about them (Dallos & Carder-Gilbert, 2018) and receiving unconditional support and praise increased young people’s self-esteem (Newton et al., 2017). Similarly, young people in a youth-initiated mentoring programme felt the appeal of selecting a mentor from their existing network, that they would be non-judgemental of their histories and had already demonstrated acceptance and belief in them (Spencer et al., 2019). Young people in some studies viewed their mentoring relationship as more reliable and open than with professionals (“if professionals leave, I know I can still count on [mentor]”, young person, van Dam et al., 2019) and their foster parents (“I was closer with [mentors] than I am with my foster parents ... I can open up to them more”, young person, Denby et al., 2016).

“So, you don’t really want to talk to your PA as it’s still with social services, and sometimes you want to stay as far away from that – the mentor could be something different, more of a friend to you than actually being a job – your PA is your job – you’re getting paid to talk to me and give me your time. ... I’m no one to you.”

– Young person, Newton et al., 2017

## Content and duration of mentoring and befriending

**Contributing papers:** Cosma & Soni, 2020; Dallos & Carder-Gilbert, 2018; Nesmith & Christopherson, 2014; Powers et al., 2018; Narendorf et al., 2020; Newton et al., 2017.

Young people participating in five studies (Cosma & Soni, 2020; Dallos & Carder-Gilbert, 2018; Nesmith & Christopherson, 2014; Powers et al., 2018; Narendorf et al., 2020) highlighted that mentoring and befriending sessions should be guided by their needs and ideas: “so they need to be



able to understand that their views may not always fit with the mentees' views ... they should go with what they [the mentee] wants rather than what they think is best" (Rhys, Cosma & Soni, 2020). For example, young people in Dallos & Carder-Gilbert (2018) felt engaging in activities that were meaningful for them (such as swimming, shopping, cinema) reduced their feelings of isolation, allowed them to have fun with their mentor, and gave them a different setting to address and discuss difficult situations and feelings.

The included qualitative studies did not present any clear consensus on the length of mentoring and befriending interventions. Young people in Dallos & Carder-Gilbert (2018) were reassured by their mentors being emotionally available, but respected their mentors' boundaries and did not make excessive demands on their time. Young people in two studies felt mentoring relationships needed to be sustained over a longer period of time to be effective (Dallos & Carder-Gilbert, 2018; Newton et al., 2017). Young people in Newton et al. (2017) suggested a minimum of 12 months. Young people in both these studies felt that a mentoring relationship should continue informally past the point of any formal intervention: "you need a lifetime friend – you can't have a relationship based on a contract" (young person, Newton et al., 2017).

"I see him once a week ... he normally calls up, sometimes, to kind of see if everything's alright ... just keep me in the loop and keep him in the loop. But if anything kind of happens ... I have my own [way] of calming myself down ... I just listen to music, and if those problems come up again ... I just wait until I see him."

– Daniel, Dallos & Carder-Gilbert, 2018

"At least a couple more years ... probably at least until I go Uni ... Hopefully longer than that ... until she wants it to go, because if it keeps going on the way it is, how I like it ... Maybe we'll do more things, maybe talk about things if anything happens, talk about growing me up how I've changed my body and other things."

– May, Dallos & Carder-Gilbert, 2018

## Impacts of mentoring and befriending

**Contributing papers:** Cosma & Soni, 2020; Dallos & Carder-Gilbert, 2018; Newton et al., 2017; Spencer et al., 2018; Mantovani et al., 2020.

Young people in four studies described how mentoring and befriending helped them deal with difficult situations both practically (for example, finances or employment) and emotionally (including reducing conflict and engaging in risky behaviours) (Cosma & Soni, 2020; Dallos & Carder-Gilbert, 2018; Newton et al., 2017; Spencer et al., 2018). In all the studies young people felt increased confidence to "like talk more to people about how I feel" (Cherie, Mantovani et al., 2020) and to address problems and difficulties themselves: "with the support she's given me I'm able to go out and sort it" (Donna, Mantovani et al., 2020). A young person transitioning out of care in Spencer et al. (2018) described how their mentor "changed about how my self-esteem is ... I felt like I could never make it in life. I could never age out the right way ... knowing her ... that encouraged me ... I can do it for myself" (young person, Spencer et al., 2018).



“I used to be very horrible to other people and I used to take out my problems on other persons ... And [she] helped me to get over that and she told me that I can’t blame ... my problems on someone else.”

– Lila, Dallos & Carder-Gilbert, 2018

Two studies highlighted how mentors acted as a positive role model (Mantovani et al., 2020) who prompted young people to understand themselves and their own problems differently (Dallos & Carder-Gilbert, 2018). For example, younger age groups described how they used their mentor’s advice as internal guidance: “because I think, what did she say to me? I imagine that in my head, I hear her talking” (Dallos & Carder-Gilbert, 2018). For young people transitioning out of care, their mentor’s experience helped them develop a broader awareness of what this transition would entail and supported their decision making and goals for the future. Young people also discussed the benefits of having a mentor outside their usual family and peer groups who took them to activities in different environments (Dallos & Carder-Gilbert, 2018; Newton et al., 2017). For younger mentees, these gave them a break from difficult situations and a chance to participate in positive activities that made them feel better (Dallos & Carder-Gilbert, 2019). Older age groups discussed how this could safeguard them from negative peer and environmental structures and protect them from engaging in risky behaviours such as substance use and criminal activity. This was linked by young people to greater emotional stability and resilience (Newton et al., 2017; Mantovani et al., 2020).

“We talked about my future because she asked me where do I see myself like working ... well I’m not really used to making decisions ... my mentor just encouraged me because she told me that one day I will have to make decisions on my own and other people can’t make them for me. And if people make this decision for me, I might not like it, which is true. ... I was quite a bit more relaxed because now I know what I have to do next year in order for me to be able to do nursing.”

– Joy, Mantovani et al., 2020

“It’s just a different environment ’cos, how I would put it? All my friends are ‘hood like’ and we talk and do the same thing day in day out. So, just to have one day of the week where you do something completely different, it’s just relaxing in a way and you get a lot off your chest at the same time ... for once it’s like to have a friend that’s not connected to my social life, we’re not talking about the same people or the same boring days.”

– Jade, Mantovani et al., 2020

## Summary of the strength of the evidence

From the reviewed qualitative evidence of young people’s perspectives, there was high confidence that mentoring and befriending was facilitated by trusting relationships and provided a sustained and unconditional source of emotional support. There was also high confidence in the qualitative evidence that young people participating in mentoring and befriending gained increased confidence, were provided with new positive relationships, and felt greater emotional stability and resilience when dealing with difficulties in their lives. We have moderate confidence in the evidence that young people with experience with care express a need for mentoring as a source of





independent support. There is a lack of UK evidence to support this finding, and the included studies largely focused on the perspectives of those transitioning out of care. We have moderate confidence in our finding that engaging young people in mentoring required work to build trust and self-esteem, and make clear the intended benefits. The reasons for low engagement were underexplored in the included studies. We have moderate confidence in the evidence which suggests that matching young people to mentors with similar characteristics (gender, ethnicity, family background, interests, and aspirations) could increase engagement and reduce stigma. This is because the characteristics discussed by participants varied across the studies and the impact of these mentor characteristics on young people's engagement and outcomes was underexplored. Finally, we have moderate confidence in the evidence demonstrating that young people did not have strong views on structured intervention content and duration, but wanted a mentoring/befriending relationship that was guided by their needs and produced a sustainable relationship with their mentor. This is because, although the need for young person-led content was well supported across the included studies, there was a lack of detailed evidence from young people on the specifics of mentoring/befriending programme components and design.

For a full summary of the GRADE-CERQual assessment of the evidence from RQ5, please see [Appendix H](#).



# DISCUSSION

This systematic review of mentoring and befriending practice and interventions for children and young people has examined evidence to inform better practice and service development for ‘at-risk’ and care-experienced children and young people by considering how effective these programmes are for different groups, identifying practice and intervention components that may lead to successful mentoring/befriending relationships, and identifying barriers and facilitators to implementation. A review of effectiveness was combined with reviews of intervention theory and components, barriers and facilitators, and other qualitative evidence representing the views and experiences of children and young people. Fifty-eight studies that examined 33 mentoring and befriending programmes and 2 interventions under development were included across the reviews.

## Main findings

### **What are the key practice elements and intervention components of mentoring and befriending interventions?**

We identified 33 unique mentoring and befriending programmes that targeted ‘at-risk’ and care-experienced children and young people. Across the programmes, mentoring and befriending interventions were theorised to be associated with five core mechanisms of change. Mentoring and befriending was proposed as an empowering relationship where mentors or befrienders are seen as positive examples who support at-risk and care-experienced children and young people with future orientation and aspirations. Second, as a committed, empathetic, non-judgemental role model, a consistent relationship with a mentor or befriender was hypothesised to compensate for deficits in at-risk and care-experienced children’s and young people’s social capital by increasing their social networks, aspirations, self-efficacy, and independence. Third, mentors and befrienders can potentially play a practical role by connecting at-risk and care-experienced children and young people to services and activities that they may have difficulty navigating, thus increasing the young person’s ability to access support and help-seeking behaviours. Similarly, mentoring and befriending relationships can lead to new forms of interpersonal learning for children and young people, which can increase their skills in appraising their needs and behaviours, leading to greater self-efficacy and coping skills. Finally, it was proposed that positive relationships could help destigmatise the experience of being in care, both in terms of the child or young person learning to unpick and reflect on their care experience, as well as the mentor or befriender reassessing any biases surrounding how care-experienced children and young people might behave. Additional mechanisms of change suggested in relation to specific programme contexts, resources, and components are detailed in the full theory of change. These mechanisms were associated with a range of intended intermediate and longer-term outcomes, which are explored in the review of effectiveness.



## **What works? How effective are mentoring and befriending interventions for at-risk and care-experienced young people?**

Twenty studies were included in the review of effectiveness reporting on 10 mentoring and befriending programmes. Five studies reported care-experienced outcomes relating to placement stability, reunification, and permanency. Two studies of two programmes (FHF-PT and IPP) had positive effects on reunification outcomes but effects were less consistent across the other care-experienced outcomes. Psychological, social, and behavioural functioning were identified as intermediate outcomes in our theory of change and were hypothesised to be part of the chain of mechanisms leading to improved outcomes. Twelve studies of eight programmes reported on at least one intermediate outcome but there were generally no or inconsistent effects on psychological, social, or behavioural functioning across these studies. Nine studies of seven programmes reported a mental health and wellbeing outcome but effects were also mixed, with three studies of two programmes (FHF-PT and TAKE CHARGE/My Life) reporting positive effects and the remainder reported no or mixed effects. Effects on quality of life were also inconsistent but in the direction of no or mixed effects across four studies of three programmes (FHF-PT, TAKE CHARGE/My Life, and Better Futures). Five studies of five programmes examined behaviours that challenge. There were inconsistent effects on outcomes associated with delinquency. Academic and employment outcomes were reported in four studies of four programmes (TAKE CHARGE/My Life, ACT, MAOP, and TYOH) but there was no consistent direction of effect. For RQ1, there was therefore no overall clear pattern to suggest that mentoring and befriending programmes promoted good outcomes for at-risk and care-experienced outcomes. Within each of the outcome categories, many studies reported no effects or mixed effects of the mentoring and befriending programmes examined. However, none of the included programmes was associated with unintended harmful effects.

## **For whom? Effective interventions for particular groups of at-risk and care-experienced children and young people**

We examined reporting against the PROGRESS-Plus characteristics (place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, social capital, socioeconomic position, age, disability, sexual orientation, other vulnerable groups) and the most measured were age, race/ethnicity, and gender/sex. Five studies adjusted for at least one PROGRESS-Plus characteristic in multivariate analyses and six studies reported subgroup, interaction, or moderation analyses that explored differential effects by gender/sex, race/ethnicity, child welfare factors, and baseline ACEs. The synthesis of the differential effects evidence was limited by the number of studies available and, overall, there was no clear pattern suggested in the differential effects evidence for who might benefit most from mentoring and befriending. What it highlighted, however, was that a range of factors in an at-risk or care-experienced child or young person's background may moderate intervention effectiveness and that there needs to be a more rigorous and systematic consideration of these factors across intervention studies.



## How? Common elements for effective mentoring and befriending intervention programmes

The analysis of common elements and intervention components was somewhat limited by the heterogeneity of the evidence available. However, there was tentative evidence to suggest that programmes that combined one-to-one mentoring and befriending with skills training had more consistent effects on mental health, wellbeing, and behaviours that challenge. The two programmes that stood out in this respect were the FHF-PT programme and the TAKE CHARGE/My Life programme.

### Implementation and acceptability

Twenty studies were identified which provided evidence on the barriers and facilitators to implementing mentoring and befriending at the individual, intra-personal, organisational, community, and policy levels of the socio-ecological framework. In addition, 15 qualitative studies provided insight into young people's experiences of mentoring and befriending. Several barriers to engaging with mentoring were identified, including a lack of self-esteem associated with asking for help, uncertainty about the benefits and timing (with some young people transitioning out of care feeling they were past the point where they required support). Trust was key to a successful mentoring relationship and was associated with a mutual and equal relationship built on listening, and the mentor's willingness to be available for the young person.

### Young people's feedback on the review findings

The findings of this report were discussed with a group of six young people (aged 11 years and over) who met the review criteria of at-risk through their experience of parental imprisonment and some were also in kinship care ([Appendix G](#)). All young people had participated in a mentoring programme, and some had also been peer mentors. Young people agreed that being non-judgemental and able to offer support without pressure (in comparison to professionals and teachers) facilitated the mentoring relationship. Participating in activities with their mentor was an important way in which to build trust and rapport, suggesting that the programmes which incorporate this element (through tailored content, relationship-building activities, and financial resources for activities) could be appealing to young people. Young people agreed that lack of trust, inconsistency of mentors, and a desire for autonomy were the main barriers to mentoring and befriending. Young people agreed that lived experience was useful but not vital if the mentor was open to learning from the young person about their situation and needs. This suggests that programmes which incorporate trauma-informed training could help facilitate mentoring relationships. Young people felt that short child-friendly reports with visuals and accessible language could assist in making the review findings accessible to children and young people.

## Strengths and limitations of the available evidence

### Defining mentoring and befriending

Mentoring and befriending programmes, interventions, and practices cover a broad range of approaches. However, while there are overlapping definitions of the two approaches, in practice we



did not identify any studies that used the word 'befriending' to describe the programme, intervention, or practice under study. All the studies we screened referred only to mentoring. However, for this review we found that most programmes for at-risk and care-experienced children and young people fall in the 'middle ground' of how the two approaches have been conceptualised, for example, by the Befriending Network Scotland. That is, they focus on building trusting social relationships, rather than prioritising goals and objectives over the social elements of the relationship.

## **Defining at-risk groups of children and young people**

We encountered some difficulties in applying the population scope to the literature given the varying definitions, and the difficulties in defining at-risk groups of children and young people who would benefit from mentoring and befriending. Hagler et al. (2023) have noted that the role of risk in mentoring and befriending programmes is complex, with the measurement of risk and adversity at a rudimentary stage. The mapping stage of our review confirmed that a range of individual and environmental adversities have been used to categorise children and young people as 'at-risk' across the literature – for example, many interventions were targeted towards children and young people facing adversity in communities described as 'low income', 'socio-economically deprived', 'vulnerable', and 'underserved'. We only included studies of children and young people based on an identified risk within their family or caregiver environment, to be consistent with how we conceptualised children and young people at risk of poor developmental outcomes, but recognise that other reviews may conceptualise a broader range of groups as 'at risk'.

## **Effectiveness evidence in support of the theory of change**

Our logic model hypothesised that consistent and trusting mentor and befriender relationships are the precursor to future orientation and aspiration, and may increase children's and young people's social networks, aspirations, self-efficacy, and independence. Mentors and befrienders can also play a practical role in connecting children and young people to services and activities. Based on the studies included in the review of effectiveness, the effects of mentoring and befriending for at-risk and care-experienced children and young people are mixed across a range of outcomes. We identified that mentoring and befriending programmes are commonly theorised as achieving improved outcomes by acting on a range of intermediate outcomes related to social, psychological, and behavioural functioning outcomes. Qualitative evidence from children and young people also described how mentoring had increased their confidence, self-esteem, intentions to seek support, resilience, and future aspiration. However, none of the mentoring and befriending programmes examined in the review of effectiveness showed a consistent effect on these intermediate outcomes and therefore no programme or approach stood out as effective. Most of the evidence was from US-based studies, which are commonly underpinned by positive youth development theory but, as Bonell et al. (2016) found, how positive youth development might lead to improved outcomes for children and young people is under-theorised. It is important that the evidence base for UK-based mentoring and befriending programmes is further developed through rigorous evaluation and from an underlying theory base that recognises the contextual realities for at-risk and care-experienced children and young people in the UK.



## Synthesis of the evidence

Previous meta-analyses which have synthesised a broader range of literature have suggested that mentoring and befriending are moderately effective across groups of children and young people, producing small but significant improvements in outcomes across behavioural, emotional, and social domains (DuBois et al., 2002; DuBois et al., 2011; Raposa et al., 2019). We were not able to combine the findings from the studies included in this review in a meta-analysis for a range of reasons, and we wanted to avoid ‘lumping’ of intervention types and programmes because this may mask important differences between them. These previous meta-analyses have also concluded that no single feature or intervention component was responsible for trends in positive outcomes (DuBois et al., 2002). Moderator analyses across previous reviews highlight certain practices, but an overall lack of agreement across studies. Mentor characteristics were also reported to moderate effects but these were also inconsistent across reviews, including matching with mentor educational or occupational backgrounds (DuBois et al., 2011), similarity of mentor and mentee interests (DuBois et al., 2011), mentors with a helping profession background (Raposa et al., 2019), and availability of ongoing training for mentors (DuBois et al., 2019). Through our synthesis of the evidence, we similarly aimed to draw out insights for which mentoring and befriending programmes might work for certain groups of at-risk and care-experienced children and young people and in what contexts.

## Considerations for service delivery and practice

### Mentor type and match

Our review identified four key types of mentors and befrienders: adult volunteer, employed, near-peer, and natural. There was no clear evidence of the impact of the type of mentor on programme outcomes from the evidence identified for the review of effectiveness. This aligns with previous meta-analyses of youth mentoring, which have yielded inconsistent results in relation to mentor type. In their earlier review, DuBois et al. (2002) reported that using mentors with experience in a helping profession (for example, teachers) was a significant moderator of effect (with programmes using these types reporting larger effect sizes); however, neither DuBois et al. (2011) nor Raposa et al. (2019) reported any differences between volunteer, peer, or professional mentors.

However, the evidence identified for the other elements of the review provides some interesting insights. Twelve programmes used volunteers, and they were hypothetically associated with unbiased relationships, relationships of mutual respect and trust, and a greater mutual understanding of young people’s needs. Eight programmes employed mentors or incorporated mentoring into the roles of existing staff, and highlighted their ability to remove service navigation barriers, their higher knowledge of trauma-informed practice, and how their presence at multi-agency meetings could increase normalcy and continuity of support for young people.

In the qualitative evidence, children and young people described having greater confidence in volunteer mentors than those in employed positions because their volunteering confirmed the mentor’s commitment to the relationship and caring concern for the young person. In contrast, the implementation evidence highlighted that lack of expertise and experience among mentors could be a barrier to implementing boundaries and meeting young people’s emotional, practical, and behavioural needs. There was no qualitative evidence to suggest, however, that mentors’ lack of



professional expertise impacted acceptability, and young people's discussions of mentor accessibility and trust were often made in contrast to their feelings towards paid professionals.

Four programmes recruited care-experienced adults as mentors, and their shared experience and relatable guidance and insight were hypothesised to empower young people to reach their future goals. The UK qualitative evidence highlighted the benefits of having a care-experienced mentor who had worked through many of the same difficulties, challenges, and stigma.

Three programmes supported children and young people to identify natural mentors, who were theorised to be an already valued confidant and partner for young people and their families/carers who could increase the resilience of the young person's network. The implementation evidence suggested that being asked by a specific young person to undertake a natural extension of their current role in a young person's life could increase mentor motivation to participate and facilitate a quicker match.

The process of matching young people to a suitable mentor was identified in the implementation evidence as a key facilitator of mentoring programmes. Despite this, only a small number of studies described involving children and young people in the matching process through either consultation on their preferences or providing support to choose natural mentors from their networks. The qualitative evidence suggested that some young people were uncomfortable with programme staff selecting mentors on their behalf and preferred to be involved in the matching process. Most programmes described attempting to match mentors according to certain characteristics, including family background, ethnicity, gender, age, career aspirations, and interests. There was no clear evidence on whether certain demographic characteristics impacted the effectiveness of the mentoring relationship, but some qualitative evidence suggests that young people preferred a mentor who was a minimum of five years older than them. The qualitative evidence on matching young people and mentors according to ethnicity and cultural background was mixed but there was some implementation evidence that this could be a barrier to a successful relationship for some young people. Overall, qualitative evidence from young people and a small number of parents suggests that mentor background and interests were more important factors in successful matching. Further, the qualitative evidence suggests that common interests and experiences led to a mutual relationship with more open conversations and increased trust.

## **Timing and constancy**

Across the included mentoring and befriending programmes, we identified significant variation in the duration of mentoring and befriending relationships (between five weeks and eight years) and in the frequency of support (weekly–monthly), with substantial underreporting of duration and frequency. It was difficult to examine how duration and frequency across the studies included in this review impacted effectiveness, but relationship length has been shown to be a significant moderator of effectiveness and, in some contexts, long-lasting relationships may be most effective (Hagler et al., 2023). None of the programmes included in our review provided data on mentor recruitment and retention rates.

Previous experience of rejection and the desire for long-term and consistent mentoring relationships were identified as key factors in successful relationships in both the implementation and qualitative evidence. There was no indication from the qualitative evidence of the acceptability of different frequencies of mentoring and befriending, but children and young people expressed



reassurance from having a mentor or befriender who was available for emotional support when they needed them rather, than simply within the confines of scheduled sessions. Through the implementation evidence, we identified several barriers that could impact the time mentors could commit to the relationship, including workload, family responsibilities, and demanding personal circumstances. There was evidence that mentors and benders considered these factors carefully before committing to the role. Across both the implementation and qualitative evidence, children, young people, and their mentors and benders expressed a desire for long-term relationships and viewed sustained relationships as an indicator of successful mentoring and befriending. There is also a consensus within the broader mentoring and befriending literature that unplanned, early terminations of mentoring and befriending relationships should be avoided but that at-risk and care-experienced children and young people may be more likely to experience early relationship closure (Hagler et al., 2023).

## Recommendations and next steps

### Policy and practice recommendations

**Mentor training:** Formal training and regular supervision for mentors and benders were common components of mentoring and befriending programmes, but details about training content were often sparsely reported. Training should provide educational content relevant to at-risk and care-experienced young people (including, for example, training on trauma-informed approaches and emotional regulation) and practical guidance on the mentoring and befriending role (including required commitments and boundary setting). Strategies should be put in place to ensure that matches for at-risk and care-experienced children and young people are strong and enduring. There should also be ongoing supervision to monitor mentoring and befriending relationships and to identify and support with any arising issues. The implementation evidence suggests that this combination of elements increased mentors' self-efficacy to support at-risk and care-experienced children and young people, facilitated feelings of safety among mentors and benders, and prevented children and young people from experiencing further feelings of rejection by setting clear boundaries and providing mentors with support.

**Equity, diversity, and inclusion:** There is a lack of consistent evidence about what works for whom and under what circumstances with regard to mentoring and befriending programmes, but the goal should be to ensure that all at-risk and care-experienced children and young people have an equal opportunity to benefit from mentoring and befriending regardless of their sex/gender, race/ethnicity, age, or other vulnerable characteristics. Our review found a major gap in that many studies did not examine these characteristics as moderating factors, but it is apparent that this reflects a wider shortcoming in the evidence base for mentoring and befriending (Hagler et al., 2023). Services that provide mentoring and befriending should strive to facilitate and empower at-risk and care-experienced children and young people to form equitable, sustainable collaborations with their mentors and benders.

### Research recommendations

There is a need for further UK-based research to evaluate the impact of mentoring and befriending practice and interventions for at-risk and care-experienced children and young people. There is a need for intervention development research to build the consensus around a theory of change that





is relevant to, and takes account of, the lives of at-risk and care-experienced children and young people in ways that are contextually meaningful and relevant. Further, a key objective of the review was to explore how effective mentoring and befriending interventions are for promoting good outcomes. A range of outcomes were examined but future studies should aim to measure the short- and long-term outcomes along the mentoring and befriending journey that matter most to at-risk and care-experienced children and young people. As such, children and young people should be meaningfully involved in designing programmes and defining goals, change, and impact in ways that matter most to them.

## Conclusions

The evidence in relation to what works, for whom, and how in relation to mentoring and befriending for at-risk and care-experienced children and young people is currently limited, particularly with respect to the UK evidence base. The available evidence from the USA, however, led us to a tentative finding that mentoring and befriending programmes may be more effective when combined with skills training. However, further research is needed to understand how and which types of programmes operate best within a UK context.

In the absence of clear evidence of effectiveness, drawing on our theory of change we hypothesised that mentoring and befriending interventions were associated with five core mechanisms of change. However, it is important that the evidence base for UK-based mentoring and befriending programmes is further developed through rigorous evaluation and from an underlying theory base that recognises the contextual realities for at-risk and care-experienced children and young people in the UK.

The qualitative evidence provided clear lessons for implementation and service delivery, highlighting the need to be led by the children's and young people's needs, for mentor and befriender selection to be initiated by the young person, for time and constancy in the mentoring and befriending relationship, and for appropriate training for mentors. Based on their views and experiences, children and young people found mentoring and befriending a source of emotional support and, in contrast to the lack of effectiveness evidence, participation in mentoring and befriending increased confidence, and provided new positive relationships and greater emotional stability and resilience.



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# APPENDICES

## Appendix A: Mapping and refining the scope of the review

To assist with the process of further defining the population scope of the review, we screened all records published between 2020 and 2024 (n = 3,399). A total of 3,032 records were judged irrelevant and 367 records were assessed as full texts. Of these, 144 studies were included in the detailed mapping phase. Twenty-six studies were about mentoring and befriending programmes for children and young people who had experience of the care system, 94 studies were about mentoring and befriending interventions for different groups of at-risk young people and 23 studies were about natural/informal mentoring.

### **Care-experienced (n = 26)**

The 26 articles were about studies done in the USA (n = 18), the UK (n = 3), other European countries (n = 3) and the rest of the world (n = 2). Half of the studies (n = 13) used qualitative methodologies, five studies were RCTs, and five studies were based on a mixed-methods approach. The remaining studies (n = 3) were based on observational designs. There were 22 unique mentoring and befriending intervention programmes identified across the 26 studies; the majority (n = 20) were community based and two were school based. Thirteen programmes were targeted at children and young people within the care system, eight programmes were targeted at young people transitioning out of care and two programmes were targeted at undergraduate students with experience of care. The overall aim of each programme was categorised as personal development (n = 13), academic and employability (n = 7) or both (n = 3). The type of mentor varied and included adult volunteers (n = 5), youth workers (n = 5), peers (n = 4), student interns (n = 2), academic advisers/life coaches (n = 2), kinship navigators (n = 1), and work placement supervisor (n = 1). The type of mentor was unclear in two programmes.

### **At-risk groups (n = 94)**

The 91 articles included studies done in the USA (n = 64), Canada (n = 7), the UK (n = 4), other European countries (n = 10) and the rest of the world (n = 6). Almost half of the studies were based on qualitative methodologies (n=43). Eighteen studies used a mixed-methods approach, 13 studies were RCTs, 10 studies were based on a quasi-experimental design, five studies were based on observational designs and two studies had 'other' designs. A total of 74 unique mentoring and befriending interventions were identified across the 91 studies. The setting of delivery varied with almost half of the programmes delivered in the community (n = 35). Nineteen programmes were delivered in mainstream schools, two programmes in alternative schools and seven programmes in afterschool settings. Nine programmes involved school or community partnerships with a University and four programmes were delivered in both school and community settings. Twenty programmes from the USA were targeted towards young people from different racial/ethnic groups including Black and African American (n = 11), Hispanic, Latino and Chicano (n = 2) and other mixed groups (referred to as 'youth of color') (n = 8). Many of these programmes were conducted



in schools and communities that were described as ‘low income’, ‘vulnerable’ and ‘underserved’. Three programmes from Canada were targeted at young Indigenous people. Four programmes targeted young people who were migrants or refugees and one programme from Spain targeted unaccompanied migrant youth. Nine programmes were targeted towards young people on the basis that they lived and/or attended school in low income and socio-economically deprived communities. Four programmes were targeted towards young people based on their family circumstances, including programmes that targeted children of parents with mental illness (n = 1), children with a parent in prison (n = 2), children and young people in low-income families (n = 1) and complex families (n = 1).

### **Refining the scope**

Following the mapping review phase, the review team discussed the findings with Foundations and the Advisory Group. All the care-experienced studies were retained for inclusion in the review but we limited inclusion of the mapped at-risk studies to those which had been carried out in the community and which targeted a defined ‘at-risk’ group of people including children and young people with a parent in prison, children and young people with a parent with mental illness, children who were defined on an individual basis as marginalised and/or socially excluded, families defined as ‘complex’, children and young people at risk of sexual exploitation, and children and young people who had experienced homelessness.



## Appendix B: Example search strategy

A sensitive search strategy using both indexed (e.g., Medical Subject Headings in Medline) and free-text terms will be developed based on the example search strategy shown below.

	Search terms
1	exp Child/ or exp Child Behavior/ or Child Health/ or Child Development/
2	Adolescent/ or Adolescent Behavior/ or Adolescent Health/ or Adolescent Development/
3	Young Adult/
4	(child or children or kid or kids or “young person*” or “young people” or “young adult*” or youth or youths or youngster* or minor or minors or underage* or under-age* or “under age” or adolescen* or pre-adolescenc* or preadolescenc* or pre-teen* or preteen or teen or teens teenage* or juvenile* or girl or girls or girlhood or boy or boys or boyhood).ti,ab.
5	1 or 2 or 3 or 4
6	Child, Foster/ or Foster Home Care/ or Child Welfare/
7	(“care experience*” or “care-experience*” or “care leaver*” or “foster child” or “foster care” or “leaving care” or “looked after” or “looked-after” or “welfare-involved” or “welfare involved”).ti,ab.
8	((children or “young people” or youth) adj (“in care")).ti,ab.
9	((“local authority” or foster or “foster home” or “kinship” or “out of home” or “out-of-home” or state or statutory or substitute) adj (care or placement*)).ti,ab.
10	6 or 7 or 8 or 9
11	(“at risk” or at-risk or “high risk” or high-risk or vulnerable or vulnerability or disadvantage* or “adverse childhood experience*” or neglect* or abuse* or maltreat* or exploitat* or marginali*).ti,ab.
12	(complex* adj1 (life or lives or lived or living)).ti,ab.
13	11 or 12
14	exp Ethnic Groups/ or exp Minority Groups/
15	(traveller* or roma or romani or gyps* or gips* or nomad* or pavee or minceir or race or ethnic* or minorit* or cultur* or religio*).ti,ab.



Search terms	
16	exp “Transients and Migrants”/ or exp “Emigrants and Immigrants”/ or exp Refugees/
17	(migra* or immigra* or refugee* or asylum or undocumented or unaccompanied).ti,ab.
18	exp Socioeconomic Factors/ or Social Deprivation/
19	(income* or socio-economic or socioeconomic or SES or class or poverty or depriv* or disadvantage* or poor or disab*).ti,ab.
20	14 or 15 or 16 or 17 or 18 or 19
21	Mentoring/ or Mentors/
22	(mentor* or mentee* or befriend* or buddy* or buddies or companion* or “role model*”).ti,ab.
23	*Social Support/
24	(“informal social support” or “emotional support” or “natural* support” or “supported socialisation” or “supported socialization” or “supported friendship*” or “supported* relationship*” or “intentional socialisation” or “intentional socialization” or “intentional friend*” or “intentional relationship*”).ti,ab.
25	((trust* or support* or positive or nurtur* or caring or helping or helpful or intentional) adj3 relationship* adj3 (adult* or non?parent* or non-parent* or non-kin or “non kin” or peer)).ti,ab.
26	21 or 22 or 23 or 24 or 25
27	((transit* or leav*) adj3 care).ti,ab.
28	((reunif* or re-unif* or reunion or restor* or reintegration or preservation or “return home”) adj3 (famil* or parent*)).ti,ab.
29	((re-entry or reentry or reintroduction or recidivism) adj3 care).ti,ab.
30	((permanency or stability or security or continuity) adj3 (care or placement)).ti,ab.
31	27 or 28 or 29 or 30
32	((social or emotional or social-emotional or socio or socio-emotional or pro-social or prosocial) adj3 (wellbeing or well-being or wellness or learn* or competenc* or skills or behavior* or behaviour*)).ti,ab.



	<b>Search terms</b>
<b>33</b>	(resilien* or coping).ti,ab.
<b>34</b>	Adaptation, Psychological/ or Resilience, Psychological/
<b>35</b>	(self-control or “emotional regulation” or self-aware* or self-efficacy or self-regulat* or selfconfiden* or self-management or self-esteem or self-concept).ti,ab.
<b>36</b>	exp Self Concept/
<b>37</b>	Emotional Adjustment/ or Social Adjustment/
<b>38</b>	((social or interpersonal or communication or relationship*) adj2 (skill* or competence* or attribute*)).ti,ab.
<b>39</b>	(friendship* or friends).ti,ab.
<b>40</b>	((social or peer or peers) adj2 (group* or network*)).ti,ab.
<b>41</b>	(lonel* or “social* isolat*”).ti,ab.
<b>42</b>	Social Isolation/ or Loneliness/
<b>43</b>	(“social awareness” or socialisation or socialization or “social interaction*” or “social inclusion” or “social connectedness”).ti,ab.
<b>44</b>	Social Skills/ or Social Behavior/
<b>45</b>	(delinquen* or anti-social or “anti social” or antisocial or “conduct disorder*” or “risky behavio*” or “problem behavio*” or (behavio* adj problem*)).ti,ab.
<b>46</b>	Problem Behavior/
<b>47</b>	32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46
<b>48</b>	Mental Health/
<b>49</b>	((mental or emotional) adj2 (health or wellbeing or well-being or “well being” or wellness)).ti,ab.
<b>50</b>	((psychological or “psycho social” or psycho-social or psychosocial) adj2 (wellbeing or “well being” or well-being)).ti,ab.
<b>51</b>	(anxiety or anxious or depression or depressed or depressive or stress).ti,ab.



Search terms	
52	48 or 49 or 50 or 51
53	(employ* or unemploy* or workless* or career* or apprenticeship* or traineeship* or qualification* or “skill* training” or “skill* development” or “work experience” or salary or salaries or wage* or income* or earning*).ti,ab.
54	exp Employment/
55	53 or 54
56	((exclusion or exclude* or expulsion or expel* or absent* or truant* or truancy or conflict or violent or violence or disengage*) adj4 school*).ti,ab.
57	((school* or academic) adj2 (achieve* or attain* or engage* or progress* or success or motivat* or connectedness or belonging)).ti,ab.
58	exp Academic Performance/ or Educational Status/
59	56 or 57 or 58
60	47 or 52 or 55 or 59
61	5 and 10 and 26 and 31
62	5 and 10 and 26 and 60
63	5 and 13 and 26 and 60
64	5 and 20 and 26 and 60
65	61 or 62 or 63 or 64
66	limit 65 to (humans and yr="1999 -Current")





## Appendix C: Characteristics of the included programmes

Intervention model Reference(s) Country	Brief intervention description	Intervention provider(s)	Mentor training	Duration/ Intensity Mode(s) of delivery	Formal theory Intended outcomes
Adults Connections Team (ACT) Leathers et al., 2023 USA	Enhanced outreach and coordinated mentoring, job readiness training, and externship services.  <i>Setting:</i> Community.  <i>Target population:</i> Young people transitioning out of care.	Enhanced outreach: Youth specialist.  Mentors: from agency's list of volunteers or the youth specialist.  Job readiness training: Employment specialist.	Three hours of training prior to match.	Enhanced outreach: duration unspecified, as needed.  Mentoring: committed to a year or longer, intensity unspecified; face-to-face, individual.  Job readiness training: 20 hours; face-to-face, individually or in pairs.	<i>Theory:</i> Positive youth development.  <i>Psychological functioning:</i> not specified.  <i>Social functioning:</i> not specified.  <i>Behavioural functioning:</i> not specified.  <i>Distal outcomes:</i> mental health/wellbeing, problem/risk behaviours.  <i>Adverse life outcomes:</i> criminal justice involvement, school engagement, career success/employment.
Advocates to Successful Transition to Independence (ASTI) Programme	One-to-one mentoring and advocacy services for young people aged 14-21 years in the child welfare system to prepare them	ASTI advocates are community volunteers.	Trained to provide advocacy and mentoring services	<i>Mentoring:</i> At least every other week; face-to-face, individual.	<i>Theory:</i> not specified.  <i>Psychological functioning:</i> self-concept.



Intervention model Reference(s) Country	Brief intervention description	Intervention provider(s)	Mentor training	Duration/ Intensity Mode(s) of delivery	Formal theory Intended outcomes
Osterling & Hines, 2006  USA	for the transition from of care.  <i>Setting:</i> Community, Child welfare system.  <i>Target population:</i> Young people transitioning out of care.		but content not specified.	May continue for up to three years after young person has left the care system.	<i>Social functioning:</i> social support and supportive relationships.  <i>Behavioural functioning:</i> not specified.  <i>Distal outcomes:</i> problem/risk behaviours.  <i>Adverse life outcomes:</i> educational attainment.
Better Futures Geenen et al., 2015  USA	Participation in a Summer Institute on a university campus, individual peer coaching, and mentoring workshops.  <i>Setting:</i> Community, University campus.  <i>Target population:</i> Young people transitioning out of care.	<i>Peer coaching and mentoring:</i> Young adults (aged <28 years) in higher education who had experiences of foster care and/or mental health challenges	40 hours of training on the foster care system, mental health, education, and general coaching techniques.  Weekly individual and group supervision sessions run by intervention management.	<i>Summer institute:</i> 4-days, 3 nights  <i>Peer coaching:</i> 9 months, bi-monthly; face-to-face, individual  <i>Mentoring:</i> 5 workshops; face-to-face, group	<i>Theory:</i> Self-determination theory.  <i>Psychological functioning:</i> empowerment, self-determination skills.  <i>Social functioning:</i> social and supportive relationships.  <i>Behavioural functioning:</i> not specified.  <i>Distal outcomes:</i> successful transition to independence.  <i>Adverse life outcomes:</i> not specified.



Intervention model Reference(s) Country	Brief intervention description	Intervention provider(s)	Mentor training	Duration/ Intensity Mode(s) of delivery	Formal theory Intended outcomes
<p>Caring Adults R Everywhere (CARE)</p> <p>Greeson et al., 2015b; Greeson et al., 2015c; Greeson et al., 2017</p> <p>USA</p>	<p>Natural mentoring programme.</p> <p><i>Setting:</i> Community.</p> <p><i>Target population:</i> Young people transitioning out of care.</p>	<p><i>Natural Mentors:</i> Nonparental supportive adults selected by the young people.</p>	<p>Trained in trauma-informed care; 2-day training programme organised by the agency.</p>	<p>Weekly 2-hour meetings for 12 weeks; face-to-face, individual.</p>	<p><i>Theory:</i> not specified.</p> <p><i>Psychological functioning:</i> future orientation, self-determination skills</p> <p><i>Social functioning:</i> social support and supportive relationships, peer association.</p> <p><i>Behavioural functioning:</i> behavioural regulation.</p> <p><i>Distal outcomes:</i> mental health/wellbeing, problem/risk behaviours</p> <p><i>Adverse life outcomes:</i> criminal justice involvement, school engagement, educational attainment, associated costs, career success/employment, housing stability, financial stability.</p>
<p>Creating Ongoing Relationships Effectively (CORE)</p>	<p>Multicomponent programme focused on skills needed to build supportive relationships, youth empowerment</p>	<p><i>Family Alternatives (foster care agency):</i> Social</p>	<p>Mentors are trained in trauma informed approaches, includes grief and loss training, the</p>	<p><i>Mentoring:</i> Weekly sessions over a three-year period. Face-to-face,</p>	<p><i>Theory:</i> Empowerment theory.</p> <p><i>Psychological functioning:</i> self-confidence.</p>



Intervention model Reference(s) Country	Brief intervention description	Intervention provider(s)	Mentor training	Duration/ Intensity Mode(s) of delivery	Formal theory Intended outcomes
Nesmith & Christopherson, 2014  USA	through skills training and trauma-informed practice.  <i>Setting:</i> Community, private foster care provider.  <i>Target population:</i> Young people in foster care.	workers deliver the programme.	effects of trauma as well as potential triggers.  Takes the form of sessions with experts, discussion groups and book clubs.	individual and group.  Youth-led Circles of Support meetings held on a quarterly basis.	<i>Social functioning:</i> social support and supportive relationships, social competence.  <i>Behavioural functioning:</i> not specified.  <i>Distal outcomes:</i> not specified.  <i>Adverse life outcomes:</i> not specified.
Determined, Responsible, Empowered Adolescents Mentoring Relationship (DREAMR)  Gomez et al., 2021; Denby et al., 2016  USA	Smartphones and a Web-based application designed to increase communication between young people in foster care, and their mentors and providers.  <i>Setting:</i> Community.  <i>Target population:</i> Young people in foster care.	<i>Mentors:</i> youth specialists trained in supporting foster youth, from various professional backgrounds.  <i>Former foster youth:</i> voices were utilised in the steering group for the intervention.	Mentors were volunteers from Big Brothers and Sisters of America and were trained to support youth about various issues such as grief and loss, pregnancy prevention and positive relationships.	5 years duration  <i>Mentoring:</i> tailored to the amount of support needed per young person; face-to-face, individual.	<i>Theory:</i> Relational competence theory.  <i>Psychological functioning:</i> not specified.  <i>Social functioning:</i> social competence.  <i>Behavioural functioning:</i> not specified.  <i>Distal outcomes:</i> not specified.  <i>Adverse life outcomes:</i> not specified.



<b>Intervention model Reference(s) Country</b>	<b>Brief intervention description</b>	<b>Intervention provider(s)</b>	<b>Mentor training</b>	<b>Duration/ Intensity Mode(s) of delivery</b>	<b>Formal theory Intended outcomes</b>
<p>European Social Mentoring Project (EuSM)</p> <p>Garcia-Molsosa et al., 2021a; Garcia-Molsosa et al., 2021b</p> <p>Austria, Croatia, France, Germany, Spain</p>	<p>One-to-one social mentoring programme.</p> <p><i>Setting:</i> Community.</p> <p><i>Target population:</i> Young people in residential care.</p>	<p><i>Mentors:</i> Volunteer adults from a variety of backgrounds.</p>	<p>Two-day training programme, contents varied depending which agency assigned them.</p> <p>Training was based on empirically proven best practices.</p>	<p><i>Mentoring:</i> 90-minute weekly meetings; face-to-face, individual.</p> <p><i>Discussion groups:</i> 1-2 hours</p>	<p><i>Theory:</i> Social Capital Theory.</p> <p><i>Psychological functioning:</i> not specified.</p> <p><i>Social functioning:</i> not specified.</p> <p><i>Behavioural functioning:</i> not specified.</p> <p><i>Distal outcomes:</i> not specified.</p> <p><i>Adverse life outcomes:</i> educational attainment.</p>
<p>First Star Academy (FSA)</p> <p>Wesley et al., 2020</p> <p>USA</p>	<p>Multi-component programme based on university campuses and involving weekend and month-long summer activities including group-based mentoring.</p> <p><i>Setting:</i> University campus.</p>	<p>Paid programme staff, present throughout the four years of the programme, and seasonal undergraduate and graduate student interns who act as group mentors.</p>	<p>Not specified.</p>	<p>4-year duration.</p> <p>Regular face-to-face weekend and summer activities; group-based and individual where needed.</p>	<p><i>Theory:</i> not specified.</p> <p><i>Psychological functioning:</i> not specified.</p> <p><i>Social functioning:</i> not specified.</p> <p><i>Behavioural functioning:</i> not specified.</p> <p><i>Distal outcomes:</i> successful transition to independence.</p>



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	<i>Target population:</i> Young people transitioning out of care.				<i>Adverse life outcomes:</i> school engagement.
Fostering Healthy Futures for Preteens  Taussig & Culhane, 2010; Taussig et al., 2012; Taussig et al., 2019; Taussig et al., 2021; Hambrick et al., 2023; Taussig et al., 2007; Taussig et al., 2009; Taussig et al., 2013; Taussig et al., 2022; Weiler & Taussig, 2019; Weiler et al., 2022  USA	One-to-one mentoring and skills group programme (cognitive behavioural skills)  <i>Setting:</i> Community.  <i>Target population:</i> Young people living in out of home placements.	<i>Mentoring:</i> Graduate student interns in social work or psychology  <i>Skills groups:</i> Clinicians and graduate student trainees	4 hour weekly individual and group supervision. Attended seminars designed to support them throughout their mentorship.	<i>Mentoring:</i> face-to-face, individual; 30 weeks, 2-4 hours/week.  <i>Skills groups:</i> face-to-face, group; 30 weeks, 1.5 hours during academic year.  <i>Workshops:</i> held 4-6 times.	<i>Theory:</i> Positive youth development.  <i>Psychological functioning:</i> self-esteem, self-efficacy, aspirations, future orientation.  <i>Social functioning:</i> social and supportive relationships, social competence, social acceptance, peer association.  <i>Behavioural functioning:</i> behavioural regulation, coping strategies, extracurricular activities/ leisure pursuits.  <i>Distal outcomes:</i> mental health/wellbeing, problem/risk behaviours, quality of life  <i>Adverse life outcomes:</i> criminal justice involvement, pregnancy and STDs, school engagement, multiple and



Intervention model Reference(s) Country	Brief intervention description	Intervention provider(s)	Mentor training	Duration/ Intensity Mode(s) of delivery	Formal theory Intended outcomes
					restrictive placements, associated costs.
Fostering Healthy Futures for Teens  Taussig et al., 2015; Taussig et al., 2020; Fostering Healthy Futures for Teens, 2021  USA	<p>One-to-one mentoring and workshops with career shadowing incorporated into weekly one-to-one mentoring visits.</p> <p><i>Setting:</i> Community.</p> <p><i>Target population:</i> Young people with an open welfare case living at home or in out of home placements.</p>	<p><i>Mentoring:</i> Graduate student interns in social work or psychology</p> <p><i>Workshops:</i> led by “professionals in the field”</p>	<p>4 hour weekly individual and group supervision. Attended seminars designed to support them throughout their mentorship.</p>	<p><i>Mentoring:</i> face-to-face, individual; 30 weeks, 2-4 hours/week.</p> <p><i>Workshops:</i> face-to-face, group.</p> <p><i>Career shadowing:</i> 1 hour.</p>	<p><i>Theory:</i> Positive youth development.</p> <p><i>Psychological functioning:</i> self-esteem, self-efficacy, aspirations, future orientation.</p> <p><i>Social functioning:</i> social and supportive relationships, social competence, social acceptance, peer association.</p> <p><i>Behavioural functioning:</i> behavioural regulation, coping strategies, extracurricular activities/ leisure pursuits.</p> <p><i>Distal outcomes:</i> mental health/wellbeing, problem/risk behaviours, quality of life</p> <p><i>Adverse life outcomes:</i> criminal justice involvement, pregnancy and STDs, school engagement, multiple and</p>



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					restrictive placements, associated costs.
Future Stars Programme (FSP) Morgan et al., 2020 UK	Engaged at-risk young people in sports, media and arts activities, one-to-one mentoring and work placements.  <i>Setting:</i> Community.  <i>Target population:</i> Young people involved in the care system or at risk of youth violence or gang related crime.	Not reported	Not specified.	Not specified.	<i>Theory:</i> Social Capital Theory.  <i>Psychological functioning:</i> not specified.  <i>Social functioning:</i> social competence.  <i>Behavioural functioning:</i> not specified.  <i>Distal outcomes:</i> not specified.  <i>Adverse life outcomes:</i> career success/employment.
Independent Living Coordinators Nathans & Chaffers, 2022	One-to-one transition planning meetings for older youth through engagement with mentors.  <i>Setting:</i> Community, Child welfare services.	<i>Independent Living Coordinators:</i> Case managers with specialist knowledge of services, policy and practice.	Independent living coordinators are trained in trauma informed care.	<i>Mentoring:</i> Monthly / more frequent where needed meetings between coordinators and mentees. Face-to-face, individual.	<i>Theory:</i> Pathway from emancipation to lifelong disadvantage and dependence.  <i>Psychological functioning:</i> self-determination skills.  <i>Social functioning:</i> not specified.





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	<p><i>Target population:</i> Young people transitioning out of care.</p>			Full duration unclear.	<p><i>Behavioural functioning:</i> access to resources and services, help-seeking intentions and behaviours.</p> <p><i>Distal outcomes:</i> not specified.</p> <p><i>Adverse life outcomes:</i> educational attainment, career success/employment, housing stability.</p>
<p>Iowa Parent Partner (IPP) Programme Chambers et al., 2019 USA</p>	<p>Voluntary service which pairs parents whose children have been removed from the home and who are receiving child protection services with parents formerly involved with the child welfare system.</p> <p><i>Setting:</i> Community, Child welfare system.</p>	<p>Parent partners: Selected for their interpersonal skills, success within the child welfare system, and proven abilities to overcome obstacles.</p>	<p>Required training for parent partners, not specified.</p>	<p>Unspecified, Parent Partner service activities not described.</p>	<p><i>Theory:</i> not specified.</p> <p><i>Psychological functioning:</i></p> <p><i>Social functioning:</i></p> <p><i>Behavioural functioning:</i></p> <p><i>Distal outcomes:</i></p> <p><i>Adverse life outcomes:</i></p>



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	Target population: Parents involved with child protection services.				
Local Authority programme 1 (LA Work)  Furey & Harris-Evans, 2021  UK	Local authority internship programme for care leavers; provided placements as a 'stepping stone' to apprenticeships or other employment.  <i>Setting:</i> Workplace, Local Authority.  <i>Target population:</i> Young people transitioning out of care, currently not in employment.	<i>Work based supervisors:</i> Professionals supporting young people in the workplace.  <i>Education support workers:</i> Workers supporting the young people into further education/employ- ment pathways.  <i>Dedicated workers:</i> Assigned once young person was in work.	Two-day training programme.	Unspecified duration, support length varied from person to person. Face-to-face, individual.	<i>Theory:</i> Ecological model of resilience.  <i>Psychological functioning:</i> not specified.  <i>Social functioning:</i> not specified.  <i>Behavioural functioning:</i> not specified.  <i>Distal outcomes:</i> successful transition to independence.  <i>Adverse life outcomes:</i> career success/employment.



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Local Authority programme 2 (LA Volunteer)  Rose & Jones, 2007  UK	One-to-one volunteer mentoring scheme within a local authority.  <i>Setting:</i> Community, Local authority.  <i>Target population:</i> Young people aged 11-14 years deemed to be in need of additional support.	Volunteer mentors, not associated with formal institutions such as schools or social services.  Provided with a small weekly allowance for out-of-pocket expenses.	Training provided to promote an understanding of the procedures necessary for the smooth running of the scheme and gave them some understanding of the difficulties experienced by some young people and of the appropriate ways to work with them and their families.  Supported by scheme manager in the local authority.	6 months duration, with option to maintain for up to 12 months. Face-to-face, individual.	<i>Theory:</i> not specified.  <i>Psychological functioning:</i>  <i>Social functioning:</i>  <i>Behavioural functioning:</i>  <i>Distal outcomes:</i>  <i>Adverse life outcomes:</i>
Massachusetts Adolescent Outreach Programme (MAOP)	Voluntary service which pairs young people with an outreach worker; goals set out in a service	Unspecified, outreach workers not described.	Specialised mentor training to ensure mentors understand	At least once a week; face-to-face, individual.	<i>Theory:</i> not specified.  <i>Psychological functioning:</i> not specified.



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Courtney et al., 2011; Greenson et al., 2015a  USA	plan and followed by activities related to the youth's needs.  <i>Setting:</i> Community, Child welfare system.  <i>Target population:</i> Young people transitioning out of care.		young people in foster care.		<i>Social functioning:</i> social support and supportive relationships.  <i>Behavioural functioning:</i> not specified.  <i>Distal outcomes:</i> not specified.  <i>Adverse life outcomes:</i> not specified.
Mentoring programme for unaccompanied young people  Moberg, 2021; Moberg and Herz, 2024  Sweden	Mentoring programme that provides support for unaccompanied young people in the local neighbourhood.  <i>Setting:</i> Community.  <i>Target population:</i> Young people who entered the country as unaccompanied migrants.	Non-governmental organisation	Not specified.	Not specified.	<i>Theory:</i> not specified.  <i>Psychological functioning:</i> not specified.  <i>Social functioning:</i> social support and supportive relationships.  <i>Behavioural functioning:</i> not specified.  <i>Distal outcomes:</i> not specified.  <i>Adverse life outcomes:</i> not specified.



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<p>Mentoring programmes for children with incarcerated parents (COIP)</p> <p>Stelter et al., 2023</p> <p>USA</p>	<p>Seven practices to enhance mentoring, including mentor training, match initiation and match monitoring and support.</p> <p><i>Setting:</i> Community.</p> <p><i>Target population:</i> Children and young people with a parent in prison.</p>	<p>Mentor pre-match training: Mentoring programme staff.</p> <p>Monitoring and coaching: Mentoring programme staff.</p> <p>Strengths-based staff supervision: Peers (mentoring programme staff).</p> <p>Mentoring activities: Adult volunteer mentors</p>	<p>Mentor training includes pre-match training and post-match training</p>	<p>Mentor pre-match training: 2 hours; face-to-face, unclear if group or individual.</p> <p>Mentor post-match training: duration unspecified; online, individual.</p> <p>Strengths-based staff supervision: bi-weekly meetings; face-to-face, group</p> <p>Mentoring activities: minimum 3 community events and 1 community service event in first 12 months face-to-face, individual.</p> <p>Monitoring and coaching: Monthly</p>	<p><i>Theory:</i> Positive youth development.</p> <p><i>Psychological functioning:</i> self-concept, future orientation.</p> <p><i>Social functioning:</i> not specified.</p> <p><i>Behavioural functioning:</i> not specified.</p> <p><i>Distal outcomes:</i> mental health/wellbeing, problem/risk behaviours.</p> <p><i>Adverse life outcomes:</i> criminal justice involvement.</p>



Intervention model Reference(s) Country	Brief intervention description	Intervention provider(s)	Mentor training	Duration/ Intensity Mode(s) of delivery	Formal theory Intended outcomes
				contact with mentor, mentee and parent.	
Mission Mentoring Programme (Mission) Cosma & Soni, 2020 UK	Voluntary scheme that supports council employees to become mentors for foster children.  <i>Setting:</i> Community, Local authority.  <i>Target population:</i> Young people living in out of home placements.	Local authority's virtual school team.  Local authority employees volunteer to become mentors.	Not specified.	Unspecified duration, over several weeks at least; face-to-face, individual.	<i>Theory:</i> Corporate parenting responsibility model.  <i>Psychological functioning:</i> self-confidence, aspirations.  <i>Social functioning:</i> social support and supportive relationships.  <i>Behavioural functioning:</i> not specified.  <i>Distal outcomes:</i> successful transition to independence.  <i>Adverse life outcomes:</i> not specified.
TAKE CHARGE/My Life programme Powers et al., 2012; Geenen et al., 2013; Powers et al., 2018; Blakeslee et al., 2020	One-to-one coaching in self-determination skills and group mentoring workshops.  <i>Setting:</i> Community.	<i>Mentoring:</i> "Near-peers"; young adults who were formerly in foster care (3-4 years older than participants)	Group or individual coach certification training taught by My Life supervisor either in person or virtually; 32 hours	9-12 months duration.  <i>Coaching:</i> weekly, face-to-face, individual.	<i>Theory:</i> Self-determination theory.  <i>Psychological functioning:</i> not specified.  <i>Social functioning:</i> social support and supportive relationships.



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USA	<i>Target population:</i> Young people transitioning out of care.	<i>Coaching:</i> Project staff members and supervised graduate students in social work	over one or two weeks.	<i>Mentoring:</i> up to 4 workshops, face-to-face, group.	<i>Behavioural functioning:</i> self-sufficiency/resilience, access to resources and services.  <i>Distal outcomes:</i> not specified.  <i>Adverse life outcomes:</i> educational attainment, career success/employment, housing stability
Peer mentoring programme (NIHR)  Mantovani et al., 2020; Mezey et al., 2015  UK	One-to-one peer mentoring for young people aged 14-18 years.  <i>Setting:</i> Community.  <i>Target population:</i> Young women living in residential care.	<i>Peer mentors:</i> Young women aged 19-25 years, formerly in foster care.	Received 3.5 days of training	<i>Mentoring:</i> One year duration; face-to-face, individual.	<i>Theory:</i> Attachment theory, Social cognitive/learning theory.  <i>Psychological functioning:</i> self-efficacy, aspirations  <i>Social functioning:</i> social support and supportive relationships.  <i>Behavioural functioning:</i> extracurricular activities/ leisure pursuits, self-sufficiency/resilience, help-seeking intentions and behaviours.



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					<i>Distal outcomes:</i> mental health/wellbeing, problem/risk behaviours  <i>Adverse life outcomes:</i> criminal justice involvement, pregnancy and STDs.
PROMISE mentoring programme  Dallos & Carder-Gilbert, 2019  UK	One-to-one mentoring for children and young people who have experienced disadvantage.  <i>Setting:</i> Community.  <i>Target population:</i> Children who have experienced physical, mental, and emotional abuse or neglect.	Volunteer mentors.	Unspecified	Average mentoring duration was weekly and for a period of 2 to 5 years; face-to-face, individual.	<i>Theory:</i> not specified.  <i>Psychological functioning:</i>  <i>Social functioning:</i>  <i>Behavioural functioning:</i>  <i>Distal outcomes:</i>  <i>Adverse life outcomes:</i>
Referents mentoring programme  Alarcon et al., 2021  Spain	Mentoring programme to support the transition to adulthood; specific objectives established and mentor training.	Volunteer adult mentors	Provide 'exhaustive' training, but details not specified; relationships monitored	Once a week, for six months; face-to-face, individual.	<i>Theory:</i> not specified.  <i>Psychological functioning:</i> self-esteem.  <i>Social functioning:</i> not specified.





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<b>Reference(s)</b>					<b>Intended outcomes</b>
<b>Country</b>					
	<p><i>Setting:</i> Community.</p> <p><i>Target population:</i> Young people who entered the country as unaccompanied migrants.</p>				<p><i>Behavioural functioning:</i></p> <p><i>Distal outcomes:</i> successful transition to independence.</p> <p><i>Adverse life outcomes:</i> not specified.</p>
<p>Resilience Support Centre (RC)</p> <p>Aytar &amp; Brunnberg, 2016</p> <p>Sweden</p>	<p>Mentoring programme and daytime activities for unaccompanied young people aged 13-20 years.</p> <p><i>Setting:</i> Community.</p> <p><i>Target population:</i> Young people who entered the country as unaccompanied migrants.</p>	<p>Four on-site mentors, background unspecified but had social, educational, or lived experience.</p>	<p>Not specified.</p>	<p>Not specified.</p>	<p><i>Theory:</i> Ecological Systems Theory.</p> <p><i>Psychological functioning:</i> not specified.</p> <p><i>Social functioning:</i> not specified.</p> <p><i>Behavioural functioning:</i> self-sufficiency/resilience.</p> <p><i>Distal outcomes:</i> not specified.</p> <p><i>Adverse life outcomes:</i> not specified.</p>
<p>Royal Family Kids Mentoring Clubs (RFK)</p> <p>Lee, 2021</p>	<p>One-to-one mentoring for foster children aged 6-12 years.</p> <p><i>Setting:</i> Community.</p>	<p><i>Mentors:</i> Volunteer adults over the age of 19 years.</p>	<p>Training on target population and challenges, skills training, and effective strategies</p>	<p><i>Mentoring:</i> 4 hours per month for at least 9 months; face-to-face, individual.</p>	<p><i>Theory:</i> Attachment theory.</p> <p><i>Psychological functioning:</i> social support and supportive relationships.</p> <p><i>Social functioning:</i> not specified.</p>



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USA	<i>Target population:</i> Children and young people in foster care who had experienced abuse.		to navigate the mentor/mentee relationship.	<i>Mentoring club coaching:</i> Once a month for 9 months.	<i>Behavioural functioning:</i> not specified. <i>Distal outcomes:</i> not specified. <i>Adverse life outcomes:</i> not specified.
St Luke's Anglicare Support Service (St Luke's) Mendes, 2011 Australia	One-to-one mentoring with a volunteer mentor combined with support from an employability specialist on job readiness, work placement and ongoing support while working.  <i>Target population:</i> Young people transitioning out of care.	Volunteer mentors identified and trained by a mentor coordinator.  Young people also supported by a paid employability coordinator.	Provided but details not specified.	Duration not specified  Face-to-face, individual.	<i>Theory:</i> Corporate Parenting Responsibility Model. <i>Psychological functioning:</i> self-determination skills. <i>Social Functioning:</i> Social support and supportive relationships. <i>Behavioural functioning:</i> Not specified <i>Distal outcomes:</i> successful transition to independence, school engagement, carers success/employment. <i>Adverse Life Outcomes:</i> not specified.



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Stand By Me programme Purtell & Mendes, 2016 Australia	Intensive support service for young people aged 16-21 years and transitioning out of care. <i>Setting:</i> Community, Child welfare system. <i>Target population:</i> Young people transitioning out of care.	Paid staff act as mentors to a group of six young people. Case managers and care teams help facilitate the relationship.	Unspecified	Duration of the pilot intervention was 3 years. Face-to-face, individual and group.	<i>Theory:</i> not specified. <i>Psychological functioning:</i> not specified. <i>Social functioning:</i> social and supportive relationships. <i>Behavioural functioning:</i> not specified. <i>Distal outcomes:</i> not specified. <i>Adverse life outcomes:</i> not specified.
Strengthening Youth Networks and Coping (SYNC) Blakeslee et al., 2023 USA	Group-based programme utilising near-peer mentors to target coping self-efficacy and help-seeking intentions and behaviours among youth in foster care. <i>Setting:</i> Not specified.	Intervention under development.	Intervention under development.	Intervention under development.	<i>Theory:</i> Attachment theory, Social cognitive/learning theory. <i>Psychological functioning:</i> not specified. <i>Social functioning:</i> not specified. <i>Behavioural functioning:</i> coping strategies, access to resources and services, help-seeking intentions and behaviours.



Intervention model Reference(s) Country	Brief intervention description	Intervention provider(s)	Mentor training	Duration/ Intensity Mode(s) of delivery	Formal theory Intended outcomes
	<i>Target population:</i> Young people transitioning out of care.				<i>Distal outcomes:</i> mental/health wellbeing.  <i>Adverse life outcomes:</i> not specified.
Therapeutic Mentoring System of Care Programme (SOC)  Johnson, 2010; Johnson et al., 2011  USA	Therapeutic mentoring as part of a short-term crisis intervention service also providing family and individual counselling, advocacy, case management and referral/linkage.  <i>Setting:</i> Community, Child welfare services.  <i>Target population:</i> Young people at risk of foster placement disruption.	<i>Therapeutic mentors:</i> mentors trained to use a therapeutic approach to one-to-one meetings with young people/their families.  <i>SOC clinician:</i> facilitated therapeutic mentoring relationships and determine the type of therapeutic services beneficial to the young people.	Therapeutic mentor training is focused on the effects of trauma, abuse and impacts on young people	Average duration of one year; face-to-face, individual or family-based.	<i>Theory:</i> Positive youth development, Attachment theory, Social cognitive/learning theory, Relational cultural theory.  <i>Psychological functioning:</i> not specified.  <i>Social functioning:</i> social competence.  <i>Behavioural functioning:</i> not specified.  <i>Distal outcomes:</i> mental health/wellbeing.  <i>Adverse life outcomes:</i> school engagement.



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Transition Coaching (TC)  Narendorf et al., 2020  USA	<p>One-to-one formal mentoring programme for young people aged 15-25 years.</p> <p><i>Setting:</i> Community, Child welfare services.</p> <p><i>Target population:</i> Young people transitioning out of care.</p>	<p><i>Transition centre staff:</i> facilitate mentor/mentee relationships.</p> <p><i>Mentors:</i> Volunteers recruited and trained by the centre.</p>	Not specified	<p>Duration not specified.</p> <p>Face-to-face/virtually, individual.</p>	<p><i>Theory:</i> not specified.</p> <p><i>Psychological functioning:</i> not specified.</p> <p><i>Social functioning:</i> not specified.</p> <p><i>Behavioural functioning:</i> self-sufficiency/resilience.</p> <p><i>Distal outcomes:</i> not specified.</p> <p><i>Adverse life outcomes:</i> not specified.</p>
Transitioning Youth Out of Homelessness (TYOH)  Thulien et al., 2022  Canada	<p>Rent subsidies and adult mentorship; informal mentorship approach that focused on attempts to connect young people to resources to facilitate socioeconomic inclusion.</p> <p><i>Setting:</i> Community.</p> <p><i>Target population:</i> Young people who had experienced</p>	<p>Mentorship: Adults at least 5 years older than the participants</p>	<p>Mentors recruited and trained by Covenant House, Toronto.</p>	<p>Mentorship: 24 months; monthly (face-to-face) and weekly (telephone, email, or text message); face-to-face, individual; telephone, email, text message or video chat during pandemic.</p>	<p><i>Theory:</i> not specified.</p> <p><i>Psychological functioning:</i> self-esteem, future orientation.</p> <p><i>Social functioning:</i> social support and supportive relationships.</p> <p><i>Behavioural functioning:</i> not specified.</p> <p><i>Distal outcomes:</i> mental health/wellbeing.</p>



Intervention model Reference(s) Country	Brief intervention description	Intervention provider(s)	Mentor training	Duration/ Intensity Mode(s) of delivery	Formal theory Intended outcomes
	homelessness in the past 12 months.			Rent subsidies: 24 months.	<i>Adverse life outcomes:</i> school engagement, career success/employment, housing stability, financial stability.
Youth ChalleNGe programme Spencer et al., 2018; Spencer et al., 2019 USA	Youth initiated one-to-one mentoring relationships supported by a formal mentoring programme.  <i>Setting:</i> Community  <i>Target population:</i> Young people transitioning out of care.	<i>Mentoring programme staff:</i> coached young people to choose an appropriate mentor.  <i>Youth-initiated mentors:</i> chosen by young people and at least 21 years old.	Not specified, mentors were screened and trained.	Expected to meet at least once per month, duration of one year initially.	<i>Theory:</i> not specified.  <i>Psychological functioning:</i>  <i>Social functioning:</i>  <i>Behavioural functioning:</i>  <i>Distal outcomes:</i>  <i>Adverse life outcomes:</i>
Youth initiated mentoring (YIM) programme van Dam et al., 2017; van Dam et al., 2019 The Netherlands	An approach involving non-parental trusted adults collaborating with youth care professionals to support foster youth through various challenges.  <i>Setting:</i> Community.	<i>Youth-initiated mentors:</i> A trusted non-parental adult chosen by the young person to be an advocate and confidant	<i>YIM training:</i> when selected by the young person, the mentoring program staff offered them training	Between 6-9 months duration; face-to-face, individual.	<i>Theory:</i> Positive Youth Development, Positioning theory.  <i>Psychological functioning:</i> empowerment.  <i>Social functioning:</i> not specified.  <i>Behavioural functioning:</i> coping strategies.



<b>Intervention model</b>	<b>Brief intervention description</b>	<b>Intervention provider(s)</b>	<b>Mentor training</b>	<b>Duration/ Intensity Mode(s) of delivery</b>	<b>Formal theory</b> <b>Intended outcomes</b>
<b>Reference(s)</b> <b>Country</b>	<i>Target population:</i> Young people living in out of home placements.				<i>Distal outcomes:</i> not specified. <i>Adverse life outcomes:</i> not specified.



## Appendix D: Study characteristics of included effectiveness studies table

In alphabetical order by Study ID

Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Alarcon et al., 2021  <i>Referents mentoring programme</i>	Design: Mixed-methods study with non-randomised control arm  Recruitment period: Oct 18 – Oct 19  Location: Barcelona, Spain  Setting: Community programme	Inclusion: Unaccompanied migrant young people  Intervention: 21  Control: 23	Measured: Age, race/ethnicity  Differential effects: None	Aim: Support transition to adulthood  Brief description: Mentoring programme to support the transition to adulthood; specific objectives established and mentor training; relationships monitored  Delivery: Face-to-face, individual mentoring, volunteer adult mentors	Timing of assessments:  Post-intervention  Outcome measures:  Psychological distress  Self-esteem  Resilience  Hope  Education aspirations and expectations	Funding: RecerCaixa Programme  Conflicts of interest: No conflicts reported





Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
				<p>Duration: Once a week, for six months</p> <p>Comparator: Non-mentored youth</p>		
<p>Blakeslee et al., 2020</p> <p><i>My Life</i></p>	<p>Design: RCT</p> <p>Recruitment period: Unspecified</p> <p>Location: Oregon, USA</p> <p>Setting: State foster care system</p>	<p>Inclusion: Young people aged 16.5-18.5 years in foster care, including those with or without disabilities and mental health challenges</p> <p>Number randomised: 288</p> <p>Intervention: 142</p> <p>Control: 146</p>	<p>Measured: Age, gender, race/ethnicity, education</p> <p>Differential effects: Disability, other vulnerable group (placement stability, trauma-related symptoms)</p>	<p>Aim: Promote successful transition for young people leaving foster care</p> <p>Brief description: One-on-one youth-directed coaching and near-peer mentoring</p> <p>Delivery: Coaching, face-to-face, individual, project staff members and supervised graduate students in social work; group</p>	<p>Timing of assessments: Post-intervention 12-month follow-up</p> <p>Outcome measures: Placement Stability</p> <p>Post-traumatic symptoms</p> <p>Self determination</p> <p>Self-efficacy</p> <p>Career decision-making self-efficacy</p>	<p>Funding: Institute of Educational Sciences and the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health</p> <p>Conflicts of interest: No conflicts reported</p>



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
				<p>mentoring, face-to-face, “near-peers” who were formerly in foster care</p> <p>Duration: 9-12 months; weekly coaching; up to 4 mentoring workshops</p> <p>Comparator: Typical transition services; included foster care independent living services</p>		
<p>Chambers et al., 2019</p> <p><i>Iowa Parent Programme</i></p>	<p>Design: Quasi-experimental study with non-randomised matched control arm</p> <p>Recruitment period:</p>	<p>Inclusion: Families and children involved with child protective services system</p> <p>Parent Partners cases: 500</p>	<p>Measured: Age, gender, race/ethnicity</p> <p>Differential effects: None, controls matched on child’s</p>	<p>Aim: Facilitate engagement with services and family reunification</p> <p>Brief description: Voluntary service</p>	<p>Timing of assessments: Post-intervention</p> <p>Outcome measures: Reunification</p>	<p>Funding: Children’s Bureau, Iowa Department of Human Services to the University of Nebraska-Lincoln</p>



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
	<p>2011 to 2014</p> <p>Location: Iowa, USA</p> <p>Setting: State child welfare system</p>	<p>Matched cases: 500</p>	<p>age, child's sex, child's race/ethnicity and other vulnerable groups (reason for removal, finding of neglect)</p>	<p>which pairs parents whose children have been removed from the home (except removals for sexual abuse) and who were presently receiving child protection services with parents who were formerly involved with the child welfare system</p> <p>Delivery: Parent partners, selected for their interpersonal skills, success within the child welfare system, and proven abilities to overcome obstacles; Parent Partner service activities not described</p> <p>Duration: Unclear</p>	<p>Subsequent removal from home</p> <p>Time in out-of-home placement</p>	<p>Conflicts of interest: Research team member was the Community Partnership State Manager for the intervention programme</p>



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
				Comparator: Matched comparison group; had refused participation or lived in areas the programme is not offered		
<p>Courtney et al., 2011</p> <p><i>Massachusetts' Adolescent Outreach Programme</i></p> <p><i>Other refs: Greeson et al., 2015a</i></p>	<p>Design: RCT</p> <p>Recruitment period:</p> <p>Location: Massachusetts, USA</p> <p>Setting: State foster care system</p>	<p>Inclusion: Young people in intensive foster care who had a permanency goal of independent living or long-term substitute care</p> <p>Number randomised: 203</p> <p>Intervention: 100</p>	<p>Measured: Age, gender, race/ethnicity, education, disability, occupation, social capital, other vulnerable groups (placement type)</p> <p>Differential effects: None, controlled for age, sex, race/ethnicity, social capital, other vulnerable groups</p>	<p>Aim: Prepare young people to live independently</p> <p>Brief description: Voluntary service which pairs young people with an outreach worker; goals set out in a service plan and followed by activities related to the youth's needs</p>	<p>Timing of assessments:</p> <p>1-year follow-up</p> <p>2-year follow-up</p> <p>[NB: all from baseline]</p> <p>Education</p> <p>Employment</p> <p>Economic well-being</p>	<p>Funding: US Department of Health and Human Services</p> <p>Conflicts of interest: No conflicts reported</p>



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
		Control: 103	(care history) in multivariate analyses	<p>Delivery: Face-to-face, individual mentoring, outreach workers are licensed social workers (minimum bachelor's degree); funded by state federal funds.</p> <p>Duration: Flexible (average 22 months); at least once a week, flexible to suit each young person; once goals reached, contact is monthly.</p> <p>Comparator: Services as usual; included other resources for young people ageing out of care including other forms of independent living services.</p>	<p>Living situation and homelessness</p> <p>Job preparedness</p> <p>Delinquency</p> <p>Pregnancy</p> <p>Social support</p>	



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Geenen et al., 2013  <i>TAKE CHARGE/My Life</i>	Design: RCT  Recruitment period: Unspecified  Location: Oregon, USA  Setting: State foster care system	Inclusion: Children aged 14-17 years in foster care and receiving public special education services  Number randomised: 123  Intervention: 60  Control: 63	Measured: Age, gender, race/ethnicity  Differential effects: None	Aim: Improve the transition from high school to adult life  Brief description: One- to-one coaching in self- determination skills and group mentoring workshops  Delivery: face-to-face group mentoring, young adults who were formerly in foster care; face-to-face individual coaching  Duration: 9-12 months; weekly coaching and up to 4 sessions group mentoring	Timing of assessments:  Post-intervention  9-month follow-up  Outcome measures:  Placement stability  Youth emotional and behaviour problems  Self Determination  School attitude  School dropout  School performance  Youth educational planning knowledge and engagement  Employment status	Funding: Institute of Educational Sciences, US Department of Education  Conflicts of interest: No conflicts reported



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
				Comparator: Typical services		
Geenen et al., 2015  <i>Better Futures</i>	Design: RCT  Recruitment period: Unspecified  Location: Oregon, USA  Setting: State foster care system	Inclusion: Young people aged 16-18 years in foster care with serious mental health challenges; receiving special education services for an emotional disability, taking psychotropic medication, living in therapeutic settings, or receiving mental health counselling  Number randomised: 67  Intervention: 36	Measured: Age, gender, race/ethnicity, education  Differential effects: None	Aim: Improve preparation and participation in postsecondary education  Brief description: Participation in a Summer Institute on a university campus, individual peer coaching, and mentoring workshops  Delivery: Individual peer coaching and group mentoring, both face-to-face, young adults (aged <28 years) in higher education who had experiences of	Timing of assessments: Post-intervention 6-month follow-up  Outcome measures: Mental health Hope Self Determination Quality of life Postsecondary preparation Postsecondary and transition planning	Funding: National Institute of Disability and Rehabilitation Research, United States Department of Education, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services  Conflicts of interest: No conflicts reported



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
		Control: 31		<p>foster care and/or mental health challenges</p> <p>Duration: Summer Institute, 4 days and 3 nights; peer coaching, 9 months, bi-monthly; 5 mentoring workshops</p> <p>Comparator: Typical services</p>		
<p>Leathers et al., 2023</p> <p><i>Adult Connections Team</i></p>	<p>Design: RCT</p> <p>Recruitment period: 2014 to 2017</p> <p>Location: USA</p>	<p>Inclusion: Young people in foster care aged 17-20.25 years</p> <p>Number randomised: 185</p> <p>Intervention: 93</p>	<p>Measured: Age, gender, race/ethnicity, education, occupation, sexual orientation, social capital</p>	<p>Aim: Support young people leaving foster care</p> <p>Brief description: Enhanced outreach and coordinated mentoring, job readiness training,</p>	<p>Timing of assessments: Post-intervention</p> <p>Outcome measures: Depression</p>	<p>Administration for Children and Families</p> <p>No conflicts reported</p>





Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
	Setting: Private child welfare agencies	Control: 92	Differential effects: None, controlled for age at follow-up, gender and baseline of outcome variable in multivariable analyses	<p>and externship services.</p> <p>Delivery: Enhanced outreach, youth specialist as needed; mentoring, face-to-face, individual, mentors from agency's list of volunteers or the youth specialist; job readiness training: face-to-face, individually or in pairs with employment specialist.</p> <p>Duration: Enhanced outreach; mentoring, committed to a year or longer, intensity not specified; job readiness training, 20 hours.</p>	<p>Delinquency and arrests</p> <p>Social support</p> <p>School enrolment</p> <p>Hours employed and income from employment</p>	



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
				Comparator: Services as usual; included independent living skills programs, mental health services, and other mentoring and job skills training programmes.		
Powers et al., 2012  <i>TAKE CHARGE/My Life</i>	Design: Pilot RCT  Recruitment period: Unspecified  Location: Oregon, USA  Setting: State foster care system	Inclusion: Young people aged 16.5 to 17.5 years receiving special education services and in foster care  Number randomised: 61  Intervention: 29  Control: 32	Measured: Age, gender, race/ethnicity  Differential effects: None	Aim: Improve the transition from high school to adult life  Brief description: One-to-one coaching in self-determination skills and group mentoring workshops  Delivery: face-to-face group mentoring, young adults who were formerly in foster care; face-to-face individual coaching	Timing of assessments: Post-intervention 1-year follow-up  Outcome measures: High school completion Self determination Employment status Quality of life Independent living activities	Funding: National Institute for Disability and Rehabilitation Research, US Department of Education and the Oregon Department of Education  Conflicts of interest: No conflicts reported



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
				<p>Duration: 9-12 months; weekly coaching and up to 4 sessions group mentoring</p> <p>Comparator: Typical services; included foster care independent living services</p>	<p>Living status (e.g. stable housing)</p> <p>Transition planning</p> <p>Use of transition services</p>	
<p>Stelter et al., 2023</p> <p><i>Mentoring programme for children of incarcerated parents</i></p>	<p>Design: RCT</p> <p>Recruitment period: Unspecified</p> <p>Location: USA</p>	<p>Inclusion: Children of incarcerated parents attending one of 20 mentoring programmes</p> <p>Number randomised: 1,334</p> <p>Intervention: 668</p>	<p>Measured: Age, sex, race/ethnicity, education (parent), occupation (parent), social capital (parent), socio-economic status (parent)</p> <p>Differential effects: None, controlled for age at baseline, sex,</p>	<p>Aim: Mitigate the risk for negative behavioural, emotional, cognitive, and social outcomes.</p> <p>Brief description: Seven practices to enhance mentoring, including mentor training, match initiation and match</p>	<p>Timing of assessments:</p> <p>6-months follow-up</p> <p>12-months follow-up</p> <p>18-months follow-up</p> <p>[NB: all from baseline]</p>	<p>Funding: Office of Juvenile Justice and Delinquency Prevention</p> <p>Conflicts of interest: No conflicts reported</p>



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
	Setting: 20 mentoring programmes	Control: 666	race/ethnicity, other vulnerable groups (background variables related to caregiver incarceration) in multilevel analyses	<p>monitoring and support.</p> <p>Delivery: For mentors, face-to-face pre-match training; online post-match training; face-to-face monitoring and coaching; strengths-based staff supervision; all by mentoring programme staff. For mentees, mentoring activities by adult volunteer mentors</p> <p>Duration: Pre-match mentor training, 2 hours; mentor monitoring &amp; coaching, monthly contact with mentor, mentee and parent; strengths-based staff supervision, bi-weekly meetings. Min 3 community events and</p>	<p>Outcome measures:</p> <p>Internalizing behaviour problems</p> <p>Positive self-cognitions</p> <p>Substance use</p> <p>Intentions to use substances</p> <p>Delinquent behaviours</p> <p>Juvenile justice involvement</p>	



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
				1 community service event in first 12 months.  Comparator: Mentoring programme as usual		
<p>Taussig &amp; Culhane, 2010</p> <p><i>Fostering Healthy Futures for Preteens</i></p> <p>Other refs: Taussig et al., 2012; Taussig et al., 2013</p>	<p>Design: Pilot RCT</p> <p>Recruitment period: Jul-02 to Jan-09</p> <p>Location: Colorado, USA.</p> <p>Setting: Out-of-home care.</p>	<p>Inclusion criteria: Children aged 9 to 11 years who were maltreated and placed in foster care.</p> <p>Number randomised: 156</p> <p>Intervention: 79</p> <p>Control: 77</p>	<p>Measured: Age, gender, race/ethnicity, other vulnerable groups (placement type, maltreatment type).</p> <p>Differential effects: Other vulnerable groups (youth living in non-relative foster homes).</p>	<p>Aim: Reduce delinquency, externalising behaviours and mental health symptoms.</p> <p>Brief description: One-to-one mentoring and skills group programme (cognitive behavioural skills).</p> <p>Delivery: Mentoring, face-to-face, individual, graduate student interns in social work or psychology; skills groups, face-to-face,</p>	<p>Timing of assessments:</p> <p>Post-intervention</p> <p>6-months follow-up</p> <p>1-year follow-up</p> <p>Outcome measures:</p> <p>Mental health index</p> <p>Dissociation (child self-report)</p> <p>Post-traumatic symptoms (child self-report)</p> <p>Use of mental health services and</p>	<p>Funding: National Institute of Mental Health, Kempe Foundation, Pioneer Fund, Daniels Fund, and Children's Hospital Research Institute.</p> <p>Conflicts of interest: No conflicts reported.</p>



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
				<p>group, clinicians and graduate student trainees.</p> <p>Duration: 30 weeks; mentoring, 2-4 hours per week; skills groups, 1.5 hours during academic year.</p> <p>Comparator: No intervention.</p>	<p>psychotropic medications (caregiver and child self-report)</p> <p>Coping with problems</p> <p>Self-competence</p> <p>Social support from caregivers, peers and mentors</p> <p>Quality of life</p> <p>Placement changes</p> <p>Placement in a residential treatment centre</p> <p>Permanency</p>	
<p>Taussig et al., 2019</p> <p><i>Fostering Healthy</i></p>	<p>Design: Pilot and efficacy RCT</p> <p>Recruitment period: 2002 to unspecified</p>	<p>Inclusion: All children, aged 9 to 11, who were placed in foster care in participating counties.</p>	<p>Measured: Age, gender, race/ethnicity.</p>	<p>Aim: Reduce delinquency, externalising behaviours and mental health symptoms</p>	<p>Timing of assessments:</p> <p>6-months follow-up</p> <p>10-months follow-up</p>	<p>Funding: National Institute of Mental Health, Kempe Foundation, Pioneer Fund, Daniels Fund, and Children's</p>



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
<p><i>Futures for Preteens</i></p> <p><i>Other refs:</i> Taussig et al., 2021; Weiler &amp; Taussig, 2019; Weiler et al., 2022; Taussig et al., 2022 (erratum)</p>	<p>Location: Colorado, USA</p> <p>Setting: Out-of-home care</p>	<p>Number randomised: 426</p> <p>Intervention: 233</p> <p>Control: 193</p>	<p>Differential effects: Gender, race/ethnicity, disability (IQ), other vulnerable groups (ACEs, foster vs kinship placement type)</p>	<p>Brief description: One-to-one mentoring and skills group programme (cognitive behavioural skills)</p> <p>Delivery: Mentoring, face-to-face, individual, graduate student interns in social work or psychology; skills groups, face-to-face, group, clinicians, and graduate student trainees</p> <p>Duration: 30 weeks; mentoring, 2-4 hours per week; skills groups, 1.5 hours during academic year</p>	<p>7 consecutive years for court records</p> <p>Outcome measures: Mental health index</p> <p>Dissociation</p> <p>Post-traumatic symptoms</p> <p>Use of mental health services and psychotropic medications</p> <p>Court records of delinquency</p> <p>Self-reported delinquency</p>	<p>Hospital Research Institute</p> <p>Conflicts of interest: No conflicts reported</p>



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
				Comparator: No intervention		
<p>Taussig et al., 2020</p> <p><i>Fostering Healthy Futures for Teens</i></p> <p><i>Other refs:</i> Fostering Healthy Futures for Teens, 2021; Taussig et al., 2015</p>	<p>Design: RCT</p> <p>Recruitment period: Aug 15 to 2019</p> <p>Location: Colorado, USA</p> <p>Setting: Unspecified</p>	<p>Inclusion: Maltreated teenagers aged 13-15 years with open child welfare cases</p> <p>Number randomised: 245</p> <p>Intervention: 125</p> <p>Control: 120</p>	<p>Measured: Age, gender, race/ethnicity, other vulnerable groups (maltreatment and child welfare history, adverse experiences)</p> <p>Differential effects: None, examined correlates of permanency</p>	<p>Aim: Reduce delinquency and associated juvenile justice involvement</p> <p>Brief description: One-to-one mentoring and workshops with career shadowing incorporated into weekly one-to-one mentoring visits</p> <p>Delivery: Mentoring, face-to-face, individual, graduate students in social work or psychology; face-to face, group workshops</p>	<p>Timing of assessments:</p> <p>Post-intervention</p> <p>15-months follow-up</p> <p>21-months follow-up</p> <p>Outcome measures:</p> <p>Court charges</p> <p>Self-reported delinquency</p> <p>Peer deviance</p> <p>Trouble with the police</p>	<p>Funding: Arnold Ventures, Kempe Foundation, Pioneer Fund and Tony Gramscas Youth Services</p> <p>Conflicts of interest: No conflicts reported</p>





Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
				<p>led by “professionals in the field</p> <p>Duration: 30 weeks; mentoring, 1-3 hours per week; workshops held 4-6 times</p> <p>Comparator: No intervention</p>	<p>School connectedness</p> <p>Future orientation</p> <p>Internalizing symptoms</p> <p>Externalizing symptoms</p> <p>Post-traumatic symptoms</p> <p>Caregiver support</p> <p>Involvement in activities</p> <p>Permanency</p>	
<p>Thulien 2022</p> <p><i>Transitioning Youth Out of Homelessness</i></p>	<p>Design: Pilot RCT</p> <p>Recruitment period: Mar – Sep 19</p>	<p>Inclusion: Young people aged 16-26 years living in market rent housing who had experienced homelessness in the past 12 months</p>	<p>Measured: Age, sex, race/ethnicity, education, disability, other vulnerable groups (ACEs)</p> <p>Differential effects: None</p>	<p>Aim: Improve socioeconomic inclusion among young people who are exiting homelessness</p> <p>Brief description: Rent subsidies and adult</p>	<p>Timing of assessments: 18-months follow-up</p> <p>Outcome measures:</p>	<p>Funding: Canadian Institutes of Health Research and St Michael’s Hospital Foundation</p> <p>Conflicts of interest: A research team</p>



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Thulien et al., 2022	<p>Location: Ontario, Canada</p> <p>Setting: Three community partners</p>	<p>Number randomised: 24</p> <p>Intervention: 13</p> <p>Control: 11</p>		<p>mentorship; informal mentorship approach that focused on attempts to connect young people to resources to facilitate socioeconomic inclusion</p> <p>Delivery: Face-to-face, individual mentoring; telephone, email, text message or video chat during pandemic, adult volunteers (at least 5 years older than participants); rent subsidies</p> <p>Duration: 24 months; monthly (face-to-face) and weekly (telephone, email, or text message) mentoring and rent</p>	<p>Community integration (psychological and physical)</p> <p>Self-esteem</p> <p>Hope</p> <p>Social connectedness</p> <p>Academic and vocational participation</p> <p>Employment income</p>	<p>member received personal fees from a community partner and was employed part-time.</p>



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
				subsidies for 24 months  Comparator: Rent subsidies only		



## Appendix E. Population characteristics of included effectiveness studies tables

In alphabetical order by Study ID

### Alarcon et al., 2021: “Referents” programme

Study ID	Alarcon et al., 2021 “Referents” programme	
Total No.	58	
	Intervention	Control
Arm No.	32	26
Age (years) mean (SD)	18.52 (1.50)	18.04 (0.37)
Sex % male	97.7	97.7
Race or Ethnicity %	Moroccan: 61.9	Moroccan: 82.6
Education %	Not reported	Not reported
Disability	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Length of time in foster care mean (SD)	Not reported	Not reported
Placement type %	Total*, Shelter flat, 71.4 Shared flat (with friends), 14.3 Rented shared apartment, 14.3	-



Maltreatment type %	Fleeing in small boat, 47.6 Smuggled on truck, 28.6	Fleeing in small boat, 43.5 Smuggled on truck, 30.3
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\* Only recorded total figures of both control and intervention groups for these categories

### Blakeslee 2020: My Life

Study ID	Blakeslee 2020	
	<i>My Life</i>	
Total No.	288	
	Intervention	Control
Arm No.	142	146
Age (years) mean (SD)	17.30 (0.62)	17.32 (0.61)
Sex % male	43.0	50.7
Race or Ethnicity %	Hispanic, 4.3 Native American, 4.3 Asian or Pacific Islander, 4.3 African American, 16.2 White, 43.3 Multi-racial/other, 31.9	Hispanic, 19.1 Native American, 9.1 Asian or Pacific Islander, 2.1 African American, 16.1 White, 49.7 Multi-racial/other, 23.1
Education %	Attending school/GED programme, 89.3	Attending school/GED programme, 89.7
Disability	Received Developmental Disability Services (%), 59.2 Received Special Education Services (%), 22.5	Received Developmental Disability Services (%), 58.2 Received Special Education Services (%), 20.5



Sexual orientation %	Not reported	Not reported
Length of time in foster care mean (SD)	5.74 (4.94)	5.92 (4.51) years
Placement type %	Non-relative, 59.7 Kinship care, 29.2 Group home/RTC, 4.9 Family (not placement), 5.0 Other, 2.2	Non-relative, 67.6 Kinship care, 20.7 Group home/RTC, 5.4 Family (not placement), 5.5 Other, 0.7
Maltreatment type %	Not reported	Not reported

### Chambers 2019: Iowa Parent Programme

Study ID	Chambers 2019	
	<i>Iowa Parent Programme</i>	
Total No.	1000	
	Intervention	Control
Arm No.	500	500
Age (years) mean (SD)	2.1 (NR)	1.8 (NR)
Sex % male	49.7	48.5
Race or Ethnicity %	Minority, 20.2 White, 79.8 Hispanic, 9.5	Minority, 25.7 White, 74.3 Hispanic, 8.2
Education %	Not reported	Not reported



Disability	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Length of time in foster care mean (SD)	466.3 (206.4) days	458.7 (239.2) days
Placement type %	Not reported	Not reported
Maltreatment type %	Neglect, 47.3 Parental Drug Abuse, 64.9 Parental Alcohol Abuse, 14.6	Neglect, 51.5 Parental Drug Abuse, 63.2 Parental Alcohol Abuse, 16.0

### Courtney 2011: Massachusetts' Adolescent Outreach programme

Study ID	Courtney 2011 <i>Massachusetts' Adolescent Outreach programme</i>	
Total No.	194	
	Intervention	Control
Arm No.	97	97
Age (years) mean (SD)	16.88 (0.76)	16.88 (0.76)
Sex % male	32.0%	34.0%
Race or Ethnicity %	Black, 20.6 Other, 10.3 Unknown, 0.0 White, 75.3 Hispanic, 21.6	Black, 28.9 Other, 13.4 Unknown, 1.0 White, 70.1 Hispanic, 32.0



Education %	High school diploma/GED, 5.2	High school diploma/GED, 8.2
Disability	Learning disability, 34.0	Learning disability, 40.2
Sexual orientation %	Not reported	Not reported
Length of time in foster care mean (SD)	Not reported	Not reported
Placement type %	Non-kin foster home, 99 Kinship, 0 Group/residential, 0 Other, 1	Non-kin foster home, 95.9 Kinship, 1.0 Group/residential, 0.0 Other, 3.1
Maltreatment type %	Not reported	Not reported

### Geenen 2013: TAKE CHARGE/My Life

Study ID	Geenen 2013 <i>TAKE CHARGE/My Life</i>	
Total No.	123	
	Intervention	Control
Arm No.	60	63
Age (years) mean (SD)	15.79 (NR)	15.24 (NR)
Sex % male	60.0	47.6





Race or Ethnicity %	Hispanic, 5.0 Native American, 8.3 Asian, 0 African American, 33.3 White, 46.7 Multiethnic, 5.0 Other, 1.7	Hispanic, 7.9 Native American, 6.3 Asian, 1.6 African American, 25.4 White, 52.4 Multiethnic, 6.3 Other, 0
Education %	Attendance at alternative school, 30.5 Set to have modified diploma, 21.7	Attendance at alternative school, 32.8 Set to have modified diploma, 14.3
Disability	Emotional/behavioural (%), 36.7 Intellectual (%), 8.3 Speech/language (%), 23.3 Physical (%), 3.3 ASD (%), 1.7 Learning (%), 26.7 Other (%), 35.0	Emotional/behavioural (%), 47.6 Intellectual (%), 7.9 Speech/language (%), 6.3 Physical (%), 0 ASD (%), 4.8 Learning (%), 27 Other (%), 39.7
Sexual orientation %	Not reported	Not reported
Length of time in foster care mean (SD)	97.6 months	74.2 months
Placement type %	Non-relative, 85.0 Kinship care, 11.7 Group home/RTC, 3.3	Non-relative, 79.4 Kinship care, 14.3 Group home/RTC, 6.3
Maltreatment type %	Physical, 45.0 Sexual, 26.7 Neglect, 26.7 Emotional, 1.6 Threat of harm, 13.3 Other, 1.7	Physical, 31.7 Sexual, 39.7 Neglect, 28.6 Emotional, 3.2 Threat of harm, 11.1 Other, 1.6



## Geenen 2015: My Life/Better Futures

Study ID	Geenen 2015 <i>My Life/Better Futures</i>	
Total No.	67	
	Intervention	Control
Arm No.	36	31
Age (years) mean (SD)	16.78 (NR)	16.74 (NR)
Sex % male	47.2	48.4
Race or Ethnicity %	Hispanic, 5.6 Native American, 16.7 Asian, 2.8 African American, 22.2 White, 44.4 Multiethnic, 8.3	Hispanic, 3.2 Native American, 32.3 Asian, 0 African American, 16.1 White, 38.7 Multiethnic, 9.7
Education %	Attending school, 91.7 Working toward GED, 8.3	Attending school, 83.3 Working toward GED. 16.2
Disability	Receiving special education services (%), 41.9	Receiving special education services (%), 30.5
Sexual orientation %	Not reported	Not reported
Length of time in foster care mean (SD)	5.6 years	6.9 years



Placement type %	Non-relative, 63.9 Kinship care, 27.7 Group home/RTC, 8.3 Other, 0	Non-relative, 64.5 Kinship care, 25.8 Group home/RTC, 6.5 Other, 3.2
Maltreatment type %	Physical, 54.3 Sexual, 25.7 Neglect, 68.5 Threat of harm, 42.8 Parental Substance abuse, 31.4	Physical, 48.4 Sexual, 12.9 Neglect, 67.7 Threat of harm, 29.0 Parental Substance abuse, 38.7

### Leathers 2020: Adult Connections Team

Study ID	Leathers 2020	
	<i>Adult Connections Team</i>	
Total No.	152	
	Intervention	Control
Arm No.	93	92
Age (years) mean (SD)	18.44 (0.94)	18.24 (1.03)
Sex % male	33.8	38.7
Race or Ethnicity %	Black, 77.9 White, 5.2 Mixed, 7.8 Other, 9.1 Hispanic, 13	Black, 81.6 White, 3.3 Mixed, 7.9 Other, 7.2 Hispanic, 8.1



Education %	School enrolment currently, 69.1	School enrolment currently, 69.3
Disability	Not reported	Not reported
Sexual orientation %	Heterosexual, 80.5 LGBT, 19.5	Heterosexual, 82.7 LGBT, 17.3
Length of time in foster care mean (SD)	Not reported	Not reported
Placement type %	Not reported	Not reported
Maltreatment type %	Not reported	Not reported

#### **Powers 2012: TAKE CHARGE/My Life**

<b>Study ID</b>	<b>Powers 2012</b>	
	<i>TAKE CHARGE/My Life</i>	
Total No.	61	
	Intervention	Control
Arm No.	29	32
Age (years) mean (SD)	16.8 (NR)	16.9 (NR)
Sex % male	58.6	59.4



Race or Ethnicity %	Hispanic, 3.4 Native American, 10.3 Asian, 0 African American, 17.3 White, 41.4 Multiethnic, 20.7 Other, 6.9	Hispanic, 12.5 Native American, 9.4 Asian, 0 African American, 15.6 White, 59.4 Multiethnic, 3.1 Other, 0
Education %	Attendance at alternative school, n=11 Set to have modified diploma, n=14 Developmental disability services, n=9	Attendance at alternative school, n=14 Set to have modified diploma, n=9 Developmental disability services, n=7
Disability	Emotional/behavioural (%), 27.6 Intellectual disability (%), 10.3 Speech/language (%), 17.2 Physical (inc. deafness and blindness) (%), 0 Autism spectrum disorder (%), 0 Learning (%), 31 Other (%), 34.5	Emotional/behavioural (%), 53 Intellectual disability (%), 9.4 Speech/language (%), 15.6 Physical (inc. deafness and blindness) (%), 3.1 Autism spectrum disorder (%), 9.4 Learning (%), 21.8 Other (%), 40.6
Sexual orientation %	Not reported	Not reported
Length of time in foster care mean (SD)	6.6 years (NR)	4.8 years (NR)
Placement type %	Non-relative, 75.8 Kinship care, 13.8 Group home/RTC, 10.3	Non-relative, 75.0 Kinship care, 9.4 Group home/RTC, 15.6



Maltreatment type %	Physical, 17.2	Physical, 21.9
	Sexual, 37.9	Sexual, 18.7
	Neglect, 41.4	Neglect, 43.8
	Emotional, 0	Emotional, 3.1
	Threat of harm, 37.9	Threat of harm, 25
	Other, 6.8	Other, 3.1

### Stelter 2023: Enhanced mentoring programme for children of incarcerated parents

Study ID	Stelter 2023	
	<i>Enhanced mentoring programme for children of incarcerated parents</i>	
Total No.	1,334	
	Business as usual	Enhancement
Arm No.	666	668
Age (years) mean (SD)	11.05	11.35
Sex % male	48.23	43.83
Race or Ethnicity %	Latinx, 22.0	Latinx, 21.19
	White, 36.6	White, 34.47
	Black, 52.97	Black, 53.24
	Asian, 0.16	Asian, 0.16
	Multiracial, 10.59	Multiracial, 11.49
	Native American, 4.01	Native American, 1.78
	Native Alaskan, 0	Native Alaskan, 0.16
	Native Hawaiian, 0.80	Native Hawaiian, 0.16



Education %	Not reported	Not reported
Disability	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Length of time in foster care mean (SD)	Not reported	Not reported
Placement type %	Not reported	Not reported
Maltreatment type %	Caregiver incarcerated, 47.8 Multiple incarcerated caregivers, 25.98 Witnessed caregiver arrest, 18.12 In unstable housing, 22.94	Caregiver incarcerated, 45.99 Multiple incarcerated caregivers, 22.75 Witnessed caregiver arrest, 15.22 In unstable housing, 22.71

**Taussig & Culhane 2010; Taussig et al., 2012: Fostering Healthy Futures for Preteens (pilot RCT)**

Study ID	Taussig & Culhane 2010; Taussig et al., 2012 <i>Fostering Healthy Futures for Preteens (pilot RCT)</i>	
Total No.	156	
	Intervention	Control
Arm No.	79	77
Age (years) mean (SD)	10.4 (0.9)	10.4 (0.9)
Sex % male	52	49



Race or Ethnicity %	Hispanic, 44 African American, 34 White, 33	Hispanic, 56 African American, 25 White, 44
Education %	Not reported	Not reported
Disability	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Length of time in foster care mean (SD)	0.6 (0.3)	0.6 (0.4)
Placement type %	Non-relative, 53.6 Kinship care, 37.5 RTC, 8.9	Non-relative, 57.4 Kinship care, 35.2 RTC, 7.4
Maltreatment type %	Physical abuse, 39 Sexual abuse, 9 Failure to provide, 47 Lack of supervision, 77 Emotional abuse, 57 Moral neglect, 40	Physical abuse, 25 Sexual abuse, 14 Failure to provide, 52 Lack of supervision, 74 Emotional abuse, 21 Moral neglect, 27

**Tanssig et al., 2019; Taussig et al., 2021: Fostering Healthy Futures for Preteens (efficacy RCT)**

<b>Study ID</b>	<b>Taussig et al., 2019; Taussig et al., 2021</b>  <b><i>Fostering Healthy Futures for Preteens (efficacy RCT)</i></b>	
Total No.	426	
	Intervention	Control





Arm No.	233	193
Age (years) mean (SD)	10.31 (0.9)	10.25 (0.9)
Sex % male	51.1	52.8
Race or Ethnicity %	Hispanic, 53.5 African American, 31.0 White, 51.4	Hispanic, 49.2 African American, 25.4 White, 49.7
Education %	Educational neglect, 28.8	Educational neglect, 23.3
Disability	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Length of time in foster care mean (SD)	Not reported	Not reported
Placement type %	Non-relative, 38.6 Kinship care, 56.7 RTC, 4.7	Non-relative, 46.1 Kinship care, 50.3 RTC, 3.6
Maltreatment type %	Physical, 29.6 Sexual, 9.4 Emotional, 62.2 Neglect, 46.8 Unsupervised, 82.0	Physical, 23.8 Sexual, 13.0 Emotional, 64.2 Neglect, 50.3 Unsupervised, 85.0

### Taussig 2020: Fostering Healthy Futures for Teens

<b>Study ID</b>	<b>Taussig 2020</b>  <i>Fostering Healthy Futures for Teens</i>
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Total No.	245	
	Intervention	Control
Arm No.	125	120
Age (years) mean (SD)	14.0	13.9
Sex % male	40	37.5
Race or Ethnicity %	Hispanic, 40.8 White, 56.0 Black, 23.2	Hispanic, 57.5 White, 42.9 Black, 26.9
Education %	Educational Neglect, 28.0	Educational Neglect, 35.6
Disability	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Length of time in foster care mean (SD)	Not reported	Not reported
Placement type %	Kinship care, 33.6 Non-relative, 10.4 Group home, 4.0 RTC, 0.8	Kinship care, 32.5 Non-relative, 8.3 Group home, 5.0 RTC, 0
Maltreatment type %	Physical, 22.4 Emotional, 51.2 Neglect, 32.0 Unsupervised, 64.8	Physical, 29.7 Emotional, 58.5 Neglect, 38.1 Unsupervised, 65.3



## Thulien 2022: Transitioning Youth Out of Homelessness

Study ID	Thulien 2022 <i>Transitioning Youth Out of Homelessness</i>	
Total No.	24	
	Rent subsidies only	Rent subsidies and mentorship
Arm No.	11	13
Age (years) mean (SD)	22.2 (2.1)	21.5 (2.3)
Sex % male	63.6	38.5
Race or Ethnicity %	Asian, 9.1 Black, 27.3 White, 36.4 Indigenous, 18.2 Other, 9.1	Asian, 7.7 Black, 38.5 White, 46.2 Indigenous, 0 Other, 7.7
Education %	Less than high school, 36.4 Completed high school, 27.3 Some or completed postsecondary Education, 36.4	Less than high school, 30.8 Completed high school, 38.5 Some or completed postsecondary Education, 30.8
Disability	Ontario Disability Support Programme, 36.4	Ontario Disability Support Programme, 15.4
Sexual orientation %	Not reported	Not reported
Length of time in foster care mean (SD)	Not reported	Not reported
Placement type %	Not reported	Not reported



Maltreatment type %	ACEs, No.:	ACEs, No.:
	1-3, 18.2	1-3, 33.3
	4-9, 81.8	4-9, 66.7



## Appendix F: Findings from included effectiveness studies tables

### Care-experienced outcomes

**Table F1. Placement stability**

Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Post- intervention	Outcome value, mean (SD)	Test p- value	Follow- up	Outcome value, mean (SD)	Test p- value
Taussig et al., 2012	Placement changes	FHF-PT, n= 56  Control group, n=54	Total: 0.91 (1.37)	Post- intervention	Not reported	-	1-year, without covariates	I: 0.71  C: 1.11  IR (95% CI) 0.64 (0.35–1.19)	0.16
							1-year, with covariates	I: 0.73  C: 1.08  IR (95% CI) 0.68 (0.40–1.16)	0.17
Taussig et al., 2012	Placement in a residential treatment centre  <i>Any new placement in a</i>	FHF-PT, n= 56  Control group, n=54	Total: 35.2%	Post- intervention	Not reported	-	1-year, without covariates	I: 10.7%  C: 24.1%  OR (95% CI) 0.38 (0.13–1.08)	0.06



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Post- intervention	Outcome value, mean (SD)	Test p- value	Follow- up	Outcome value, mean (SD)	Test p- value
	<i>residential treatment centre</i>						1-year, with covariates	I: 8.2% C: 23.5% OR (95% CI) 0.29 (0.09–0.98)	0.04
Courtney et al., 2011	Changes in living situation  <i>Number of residential moves</i>	MAOP, n=88  Control group, n=91	-	2-years from baseline	I: 0.60 (1.77)  C: 0.68 (1.51)  ES = -0.05	0.75	-	-	-
Chambers et al., 2019	Time in out-of- home placement	IPP, n=500  Matched cases, n=500	-	Post- intervention	Mean (SE)  I: 466.3 (206.4) days  Matched cases: 458.7 (239.2) days	0.58	-	-	-
Chambers 2019	Subsequent removal within 12 months of returning home	IPP, n=179  Matched cases, n=179	-	Post- intervention	I: 13.4% (n=24)  Matched cases: 21.8% (n=39)	0.046	-	-	-



<b>Author year</b>	<b>Definition of outcome</b>	<b>Intervention/ Comparator (Duration, N)</b>	<b>Baseline value, mean (SD)</b>	<b>Post- intervention</b>	<b>Outcome value, mean (SD)</b>	<b>Test p- value</b>	<b>Follow- up</b>	<b>Outcome value, mean (SD)</b>	<b>Test p- value</b>
Chambers 2019	Subsequent removal within 24 months of returning home	IPP, n=179 Matched cases, n=179	-	Post-intervention	I: 17.3% (n=31) Matched cases: 24.6% (n=44)	0.099	-	-	-



**Table F2. Permanency and reunification**

Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Post- intervention	Outcome value, mean (SD)	Test p- value	Follow- up	Outcome value, mean (SD)	Test p- value
Taussig et al., 2012	Reunification	FHF-PT, n= 37 Control, n=41 Total, n=78 <sup>a</sup>	-	Post- intervention	Not reported	-	1-year	I: 19 (51%) C: 12 (29%)	p<0.05
Taussig et al., 2012	Reunification (foster care subsample)	FHF-PT, n=21 Control, n=21 Total, n=42	-	Post- intervention	Not reported	-	1-year	I: 12 (57%) C: 5 (24%)	P=0.03
Chambers et al., 2019	Reunification <i>Based on outcome of 'return to home'</i>	IPP, n=500 Matched cases, n=500	-	Post- intervention	I: 62.4% (n=312) Matched cases: 55.8% (n=279)	0.036	-	-	-
Geenen et al., 2013	Reunification <i>Returned to birth family</i>	TAKE CHARGE/My Life, n=60 Control, n=63	-	Post- intervention	Intervention, n=5 Control group, n=7	NR	9-months	Intervention, n=8 Control group, n=12	NR





Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Post- intervention	Outcome value, mean (SD)	Test p- value	Follow- up	Outcome value, mean (SD)	Test p- value
Taussig et al., 2012	Permanency  <i>Whether the child's welfare case with social services was closed</i>	FHF-PT, n= 56  Control, n=54	50.9%	Post- intervention	Not reported	-	1-year, without covariates	I: 57.1% C: 44.4% OR (95% CI) 1.67 (0.78–3.54)	0.18
							1-year, with covariates	I: 65.0% C: 50.6% OR (95% CI) 1.81 (0.77–4.22)	0.17
Taussig et al., 2020	Permanency (self-report)  <i>Do you currently have an open child welfare case with social services?</i>	FHF-T, n=125 (n=56)  Control, n=120 (n=49)	-	Post- intervention	Not reported	-	21 months	I: 82.2% C: 51.4%  OR (95% CI) 7.2 (2.1–25.1)	0.002
Taussig et al., 2012	Adoption	FHF-PT, n= 19  Control, n=13  Total, n=32 <sup>b</sup>	-	Post- intervention	Not reported	-	1-year	I: 5 (26%) C: 1 (8%)	N/A



<b>Author year</b>	<b>Definition of outcome</b>	<b>Intervention/ Comparator (Duration, N)</b>	<b>Baseline value, mean (SD)</b>	<b>Post- intervention</b>	<b>Outcome value, mean (SD)</b>	<b>Test p- value</b>	<b>Follow- up</b>	<b>Outcome value, mean (SD)</b>	<b>Test p- value</b>
<sup>a</sup> Subsample without termination of parental rights; <sup>b</sup> Subsample with termination of parental rights									



**Table F3. Transition from care**

Author year	Definition of outcome	Intervention/ Comparator	Baseline value, mean (SD)	Timepoint 1	Outcome value mean (SD)	Test p-value	Timepoint 2	Outcome value mean (SD)	Test p-value
Powers et al., 2012	Transition planning knowledge and engagement  <i>Transition Planning Assessment</i>	TAKE CHARGE/My Life, n=29  Control group, n=32  Total, n=61	I: 21.79 (9.13)  C: 18.93 (9.46)	Post-intervention, n=60	I: 27.97 (6.81)  C: 23.29 (11.93)  ES 0.69	0.0375	1 year follow-up, n=61	I: 27.93 (10.28)  C: 25.55 (8.77)  ES 0.27	0.205
Powers et al., 2012	Identification of transition goals  <i>Average number of goals identified</i>	TAKE CHARGE/My Life, n=29  Control group, n=32  Total, n=61	I: 3.12 (0.98)  C: 2.67 (1.60)	Post-intervention, n=60	I: 2.25 (1.42)  C: 1.96 (1.16)  ES 0.20	0.3785	1 year follow-up, n=61	I: 2.69 (1.03)  C: 1.76 (1.12)  ES 0.60	0.0043
Powers et al., 2012	Use of transition services  <i>Average number of transition services used</i>	TAKE CHARGE/My Life, n=29  Control group, n=32  Total, n=61	I: 5.34 (2.04)  C: 4.87 (1.81)	Post-intervention, n=60	I: 4.81 (2.77)  C: 3.69 (1.92)  ES 0.60	0.054	1 year follow-up, n=61	I: 4.34 (2.58)  C: 3.12 (2.27)  ES 0.65	0.0379



Author year	Definition of outcome	Intervention/Comparator	Baseline value, mean (SD)	Timepoint 1	Outcome value mean (SD)	Test p-value	Timepoint 2	Outcome value mean (SD)	Test p-value
Powers et al., 2012	Independent living activities <i>Average number of independent living activities</i>	TAKE CHARGE/My Life, n=29  Control group, n=32  Total, n=61	I: 0.44 (.53) C: 0.34 (0.33)	Post-intervention, n=60	I: 1.72 (1.27) C: 0.73 (0.81)  ES 0.92	0.0024	1 year follow-up, n=61	I: 3.14 (1.62) C: 1.81 (1.64)  ES 0.58	0.0034
Courtney et al., 2011	Remained in foster care <i>Asked if they still had a social worker</i>	MAOP, n=88  Control group, n=91	Not reported	2-years from baseline	N (%) I: 57 (64.8) C: 43 (47.3)  ES 0.35 (95% CI not reported)	0.013	-	-	-
Courtney et al., 2011	Homeless since baseline	MAOP, n=88  Control group, n=91	Not reported	2-years from baseline	N (%) I: 7 (8.0) C: 10 (11.0)	0.748	-	-	-
Courtney et al., 2011	Experienced hardship <i>3-item Scale of Hardship</i>	MAOP, n=88  Control group, n=91	Not reported	2-years from baseline	I: 0.16 (0.56) C: 0.05 (0.31)	0.244	-	-	-



## Psychological, social and behavioural outcomes

Table F4. Psychological functioning

Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Post- intervention	Outcome value, mean (SD)	Test p- value	Follow-up	Outcome value, mean (SD)	Test p- value
Taussig & Culhane, 2010	Global self-worth <i>Global Self-Worth scale of the Self-Perception Profile for Children</i>	FHF-PT, n=79  Control group, n=77	I: 3.5 (0.6)  C: 3.4 (0.6)	Post-intervention, n=140	<i>Actual mean (SE)</i>  I: 3.49 (0.07) C: 3.42 (0.08)  <i>Adj mean (SE)</i>  I: 3.47 (0.06) C: 3.44 (0.07)  <i>Adj MD (95% CI)</i>  0.03 (-0.15, 0.21)  <i>Cohen's d (95% CI)</i>  0.05 (-0.25, 0.34)	0.76	6 months, n=132	<i>Actual mean (SE)</i>  I: 3.58 (0.06) C: 3.50 (0.07)  <i>Adj mean (SE)</i>  I: 3.58 (0.06) C: 3.48 (0.06)  <i>Adj MD (95% CI)</i>  0.10 (-0.06, 0.27)  <i>Cohen's d (95% CI)</i>	0.23



Author year	Definition of outcome	Intervention/Comparator (Duration, N)	Baseline value, mean (SD)	Post-intervention	Outcome value, mean (SD)	Test p-value	Follow-up	Outcome value, mean (SD)	Test p-value
								0.19 (-0.12, 0.50)	
Alarcon et al., 2021	Self-esteem <i>Rosenberg Self-Esteem scale</i>	Referents mentoring programme, n=44	I: 2.87 (0.23) C: 2.86 (0.33)	Post-intervention	I: 3.01 (0.30) C: 2.86 (0.30)	NS	-	-	-
Thulien et al., 2022	Self-esteem <i>Rosenberg Self-Esteem scale</i>	Mentorship and rent subsidies,, n=13  Rent subsidies only, n=11	I: 16.0 (4.6) C: 16.3 (6.1)	Post-intervention	Not reported	-	18 months	I: 18.1 (5.2) C: 19.6 (5.7)  Adj MD (95% CI): -1.4 (-5.0 to 2.3)	0.44
Alarcon et al., 2021	Hope <i>Children and Youth Hope scale adapted for migrant youth</i>	Referents mentoring programme, n=44	I: 5.10 (0.73) C: 5.45 (0.83)	Post-intervention	I: 5.52 (0.60) C: 5.25 (0.82)	NS	-	-	-



Author year	Definition of outcome	Intervention/Comparator (Duration, N)	Baseline value, mean (SD)	Post-intervention	Outcome value, mean (SD)	Test p-value	Follow-up	Outcome value, mean (SD)	Test p-value
Thulien et al., 2022	Hope <i>Beck Hopelessness Scale</i>	Mentorship and rent subsidies, n=13  Rent subsidies only, n=11	I: 4.5 (4.2) C: 7.3 (4.8)	Post-intervention	Not reported	-	18 months	I: 4.6 (4.8) C: 5.8 (5.5)  Adj MD (95% CI): 0.6 (-3.3 to 4.4)	0.76
Geenen et al., 2015	Hope <i>Hopelessness Scale for Children</i> (score 17-68)	Better Futures, n=36 Control group, n=31 Total, n=67	I: 28.02 (5.31) C: 28.97 (6.74)	Post-intervention	I: 26.46 (7.83) C: 32.24(7.25)  Post-intervention vs baseline ES -0.74	0.0227	6 months	I: 26.50 (6.07) C: 32.70 (7.21)  Follow-up vs baseline ES -0.91	0.0063
Stelter et al., 2023	Positive self-cognitions  <i>Combined items assessing thoughts</i>	Enhanced mentoring for COIP, n=668	Not reported	12-months from baseline	I: Not reported (fig. only)	0.011	18 months, from baseline	Not reported	-



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Post-intervention	Outcome value, mean (SD)	Test p-value	Follow-up	Outcome value, mean (SD)	Test p-value
	<i>about the self (growth mindset, future self, and flourishing)</i>	Control group, n=666			C: Not reported (fig. only)  ES 0.22 (95% CI not reported)			No significant difference	
Taussig et al., 2020	Future orientation <i>From Adolescent Risk Behavior Survey; asks about likelihood will experience future accomplishments</i>	FHF-PT, n=125  Control group, n=120	I: 1.90 (0.01)  C: 1.88 (0.01)	Post-intervention	I: 1.89 (0.01)  C: 1.89 (0.01)  OR 0.30	0.86	2.5 years from baseline	I: 1.87 (0.01)  C: 1.89 (0.02)  OR 0.81	0.37
Blakeslee et al., 2020	Self-efficacy <i>17-item scale developed for the study to measure self-determination related to self-efficacy (e.g. I am confident that I</i>	My Life, n= 142  Control group, n= 146  Total, N = 288	I: 68.04 (8.78)  C: 68.49 (10.24)	Post-intervention, n = 243	I: 71.02 (9.20)  C: 70.38 (9.13)	vs baseline  0.139	12 months, n= 226	I: 71.81 (9.06)  C: 71.30 (9.80)	vs baseline  0.082





Author year	Definition of outcome	Intervention/Comparator (Duration, N)	Baseline value, mean (SD)	Post-intervention	Outcome value, mean (SD)	Test p-value	Follow-up	Outcome value, mean (SD)	Test p-value
	<i>can solve problems that keep me from achieving goals)</i>								
Powers et al., 2012	Self-determination  <i>Arc Self-determination Scale (72-item self-report)</i>	TAKE CHARGE/My Life, n=29  Control group, n=32 Total, n=61	I: 102.38 (19.30) C: 96.78 (18.94)	Post-intervention, n=60	I: 111.83 (15.16) C: 97.61 (24.64)	ES=1.10 0.0069	1 year, n=61	I: 115.02 (17.01) C: 100.82 (23.41)	ES=1.09 0.0069
Geenen et al., 2013	Self-determination  <i>AIR Self-Determination Scale (parent, student and teacher versions)</i>	TAKE CHARGE/My Life, n=60  Control group, n=63 Total, n=123	I: 61.96 (8.46) C: 61.72 (9.37)	Post-intervention	I: 66.43 (8.90) C: 63.52 (8.94)  Post-intervention vs baseline ES=0.40	0.0430	9 months	I: 65.76 (8.56) C: 62.96 (8.81)  Follow-up vs post-test ES = -0.005	0.8088
Geenen et al., 2015	Self-determination  <i>Arc Self-determination</i>	Better Futures, n=36	I: 105.15 (16.41) C: 96.47 (20.54)	Post-intervention	I: 113.09 (18.73) C: 98.75 (21.90)	NR	6 months	I: 121.80 (16.35) C: 99.97 (17.45)	NR



Author year	Definition of outcome	Intervention/Comparator (Duration, N)	Baseline value, mean (SD)	Post-intervention	Outcome value, mean (SD)	Test p-value	Follow-up	Outcome value, mean (SD)	Test p-value
	<i>Scale (72-item self-report)</i>	Control group, n=31 Total, n=67							
Geenen et al., 2015	Self-determination <i>AIR Self-determination scale</i>	Better Futures, n=36 Control group, n=31 Total, n=67	I: 95.00 (16.80) C: 87.58 (16.56)	Post-intervention	I: 99.42 (11.87) C: 87.87 (19.31)	NS	6 months	I: 103.97 (11.04) C: 89.99 (17.92)  ES=-0.88	0.0003
Blakeslee et al., 2020	Self-determination <i>Arc Self-determination Scale (72-item self-report)</i>	My Life, n= 142 Control group, n= 146 Total, N = 288	I: 102.32 (14.99) C: 104.06 (16.89)	Post-intervention, n = 243	I: 108.39 (17.03) C: 106.13 (16.99)  Post-intervention vs baseline ES=0.24	0.030	12 months, n= 226	I: 109.46 (17.16) C: 107.27 (18.07)  12 months vs baseline ES=0.27	0.025



**Table F5. Social functioning**

Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Taussig & Culhane, 2010	Social competence  <i>Social Acceptance scale of the Self-Perception Profile for Children</i>	FHF-PT, n=79 Control group, n=77	I: 3.2 (0.8) C: 3.0 (0.8)	Post-intervention, n=140	<i>Actual mean (SE)</i> I: 3.25 (0.09) C: 3.03 (0.09)  <i>Adj mean (SE)</i> I: 3.20 (0.08) C: 3.08 (0.09)  <i>Adj MD (95% CI)</i> 0.12 (-0.12, 0.36)  <i>Cohen's d (95% CI)</i> 0.16 (-0.15, 0.48)	0.32	6 months follow-up, n=132	<i>Actual mean (SE)</i> I: 3.34 (0.07) C: 3.16 (0.08)  <i>Adj mean (SE)</i> I: 3.30 (0.07) C: 3.20 (0.07)  <i>Adj MD (95% CI)</i>	0.89



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
								0.11 (-0.10, 0.31)  <i>Cohen's d (95% CI)</i>  0.17 (-0.15, 0.48)	
Taussig & Culhane, 2010	Social support from caregivers, peers and mentors  <i>Social Support Factor Score based on principal components factor analysis of scale scores from The People in My</i>	FHF-PT, n=79 Control group, n=77 Total, n=156	I: 0.13 (1.0) C: -0.14 (1.0)	Post-intervention, n=140	<i>Actual mean (SE)</i> I: 0.21 (0.11) C: -0.23 (0.13)  <i>Adj. mean (SE)</i> I: -0.13 (0.11) C: 0.21 (0.11)	0.10	6 months follow-up, n=132	<i>Actual mean (SE)</i> I: 0.03 (0.11) C: -0.05 (0.12)  <i>Adj. mean (SE)</i> I: 0.00 (0.11)	0.89



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
	<i>Life – Short Form</i>				<i>Adj MD (95% CI)</i> 0.25 (-0.05, 0.54)  <i>Cohen's d (95% CI)</i> 0.25 (-0.05, 0.54)			C: -0.02 (0.12)  <i>Adj MD (95% CI)</i> 0.02 (-0.31, 0.36)  <i>Cohen's d (95% CI)</i> 0.02 (-0.31, 0.36)	
Leathers et al., 2023	Social support	ACT, n=77 Control group, n=75 Total, n=152	I: 80.26 (11.84) C: 82.21 (9.90)	Post-intervention, n=152	<i>Change from baseline</i>  I:	0.84	-	-	-



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2		Outcome value, mean (SD)	Test p-value
	<i>Social Provisions Scale (range 24-96)</i>				-1.10 (11.1) C: -0.80 (10.46)  ES=0.03					
Greeson et al., 2015	Social support  <i>New social support count across 7 variables (range 0-245)</i>	MAOP, n=97  Services as usual, n=97	44.5 (32.7)	12-month follow-up	<i>2-way interaction:</i>  -1.02 (-10.40, 8.35)  <i>3-way interaction:</i>  0.28 (-11.25, 11.81)	0.83	-	-	-	-
Thulien et al., 2022	Community integration  <i>Community Integration Scale</i>	Mentorship and rent subsidies, n=13  Rent subsidies only, n=11	I: 11.3 (2.6) C: 10.8 (4.1)	18-months follow-up	I: 11.2 (3.9) C: 13.2 (2.9)  Adj MD (95% CI)	0.18	-	-	-	-



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
	(score 1-7 physical component; 4-20 psychological component)				-2.0 (-5.0, 1.0)				
Thulien et al., 2022	Social connectedness  <i>Social Connectedness Scale-Revised (score range 20-120)</i>	Mentorship and rent subsidies, n=13  Rent subsidies only, n=11	I: 67.0 (12.9) C: 77.0 (15.9)	18-months follow-up	I: 74.2 (21.3) C: 77.0 (15.9)  Adj MD (95% CI) 7.3 (-9.7, 24.4)	0.38	-	-	-



**Table F6. Behavioural functioning**

Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Taussig & Culhane, 2010	Coping with problems (positive)  <i>Positive Coping scale from The Coping Inventory</i>	FHF-PT, n=79  Control group, n=77	I: 2.0 (0.4)  C: 1.9 (0.4)	Post-intervention, n=140	<i>Actual mean (SE)</i> I: 1.99 (0.04) C: 1.89 (0.05)  <i>Adj mean (SE)</i> I: 1.96 (0.04) C: 1.93 (0.04)  <i>Adj MD (95% CI)</i> 0.03 (-0.08, 0.14)  <i>Cohen's d (95% CI)</i> 0.09 (-0.22, 0.39)	0.59	6 months follow-up, n=132	<i>Actual mean (SE)</i> I: 2.02 (0.04) C: 1.90 (0.04)  <i>Adj mean (SE)</i> I: 2.00 (0.04) C: 1.92 (0.04)  <i>Adj MD (95% CI)</i> 0.09 (-0.03, 0.20)  <i>Cohen's d (95% CI)</i>	0.15





Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
								0.25 (-0.09, 0.58)	
Taussig & Culhane, 2010	Coping with problems (negative)  <i>Negative Coping scale from The Coping Inventory</i>	FHF-PT, n=79  Control group, n=77	I: 1.2 (0.2)  C: 1.2 (0.2)	Post-intervention, n=140	<i>Actual mean (SE)</i> I: 1.21 (0.02) C: 1.23 (0.02)  <i>Adj. mean (SE)</i> I: 1.21 (0.02) C: 1.22 (0.02)  <i>Adj MD (95% CI)</i> -0.01 (-0.07, 0.04)  <i>Cohen's d (95% CI)</i>	0.64	6 months follow-up, n=132	<i>Actual mean (SE)</i> I: 1.21 (0.02) C: 1.24 (0.02)  <i>Adj. mean (SE)</i> I: 1.20 (0.02) C: 1.25 (0.02)  <i>Adj MD (95% CI)</i> -0.04 (-0.10, 0.02)	NS



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
					-0.08 (-0.41, 0.25)			<i>Cohen's d (95% CI)</i> -0.21 (-0.51, 0.08)	
Alarcon et al., 2021	Resilience  <i>12-item version of the Children and Youth Resilience measure</i>	Referent mentoring programme, n=21  Control group, n=23	I: 9.95 (1.40) C: 9.96 (1.52)	Post-intervention	I: 10.76 (0.44) C: 10.04 (1.33)	NS	-	-	-

## Mental health and wellbeing

Table F7. Mental health outcomes



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Taussig & Culhane, 2010	Mental Health Index  <i>Posttraumatic Stress and Dissociation scales of the Trauma Symptom Checklist for Children, internalizing scales of the Child Behavior Checklist and the Teacher Report Form</i>	FHF-PT, n=79  Control group, n=77	I: -0.03 (1.0)  C: 0.03 (1.0)	Post-intervention	<i>Actual mean (SE)</i>  I: 0.05 (0.12) C: -0.06 (0.13)  <i>Adj mean (SE)</i>  I: 0.04 (0.11) C: -0.04 (0.11)  <i>Adj MD (95% CI)</i>  0.07 (-0.25, 0.39)	0.66	6 months follow-up	<i>Actual mean (SE)</i>  I: -0.20 (0.10) C: 0.22 (0.14)  <i>Adj mean (SE)</i>  I: -0.25 (0.11) C: 0.27 (0.12)  <i>Adj MD (95% CI)</i>  -0.51 (-0.84, -0.19)	0.003



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
								<i>Cohen's d (95% CI)</i> -0.51 (-0.84, -0.19)	
Taussig et al., 2019	Mental Health Index  <i>Posttraumatic Stress and Dissociation scales of the Trauma Symptom Checklist for Children, internalizing scales of the Child Behavior Checklist and the Teacher Report Form</i>	FHF-PT, n=233  Control group, n=193	I: -0.02 (0.96)  C: 0.02 (1.05)	10 months follow-up n=346	<i>Actual mean (SE)</i> I: -0.10 (0.07) C: 0.12 (0.08)  <i>Adj mean (SE)</i> I: -0.10 (0.06) C: 0.12 (0.07)  <i>Adj MD (95% CI)</i>	0.02	-	-	-



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2		Outcome value, mean (SD)	Test p-value
					-0.22 (-0.41, -0.03)  Cohen's d (95% CI)  -0.25 (-0.46, -0.03)					
Alarcon et al., 2021	Psychological distress  <i>Adapted Kessler psychological distress scale (range 0 to 10)</i>	Referent mentoring programme, n=21 Control group, n=23	I: 4.95 (2.64)  C: 4.96 (2.69)	Post-intervention	I: 4.76 (2.84)  C: 5.17 (2.37)	NS	-	-	-	
Blakeslee et al., 2020	Post-traumatic symptoms  <i>Child Report of Post-traumatic Symptoms</i>	My Life, n= 142  Control group, n= 146	I: 16.83 (8.42)  C: 15.66 (8.97)	Post-intervention, n = 243	I: 15.57 (9.16)  C: 15.19 (9.16)	-	12 months follow-up, n= 226		I: 15.29 (10.20)  C: 14.74 (10.68)	-



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
	(19-point clinical interest cutoff)								
Taussig & Culhane, 2010	Post-traumatic symptoms  <i>Trauma Symptom Checklist for Children</i>	FHF-PT, n=79  Control group, n=77	I: 47.7 (9.5)  C: 48.0 (9.5)	Post-intervention n=140	<i>Actual mean (SE)</i> I: 44.18 (1.17) C: 45.44 (1.25)  <i>Adj mean (SE)</i> I: 44.28 (1.12) C: 45.33 (1.19)  <i>Adj MD (95% CI)</i> -1.05 (-4.33, 2.33)	0.53	6 months follow-up, n=144	<i>Actual mean (SE)</i> I: 41.76 (1.02) C: 43.71 (1.16)  <i>Adj mean (SE)</i> I: 41.36 (1.02) C: 44.15 (1.08)  <i>Adj MD (95% CI)</i>	0.07



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
								-2.79 (-5.77, 0.19)  <i>Cohen's d (95% CI)</i>  -0.30 (-0.63, 0.02)	
Taussig et al., 2019	Post-traumatic symptoms  <i>Trauma Symptom Checklist for Children</i>	FHF-PT, n=233  Control group, n=193  Total, n=426	I: 49.24 (9.93)  C: 49.69 (10.97)	10 months follow-up, n=375	<i>Actual mean (SE)</i>  I: 43.20 (0.65)  C: 44.77 (0.76)  <i>Adj mean (SE)</i>  I: 43.12 (0.58)  C: 44.88 (0.65)	0.04	-	-	-



Author year	Definition of outcome	Intervention/Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
					<i>Adj MD (95% CI)</i> -1.76 (-3.53, 0.01)  <i>Cohen's d (95% CI)</i> -0.20 (-0.41, 0.00)				
Taussig et al., 2020	Post-traumatic symptoms  <i>Trauma Symptom Checklist</i>	FHF-T, n=125  Control group, n=120  Total, n=245	I: 0.63 (0.04)  C: 0.63 (0.04)	Post-intervention	I: 0.62 (0.03)  C: 0.68 (0.04)  OR 1.36	0.25	2.5 years from baseline	I: 0.63 (0.04)  C: 0.60 (0.05)  OR 0.23	0.63
Taussig et al., 2010	Dissociation	FHF-PT, n=79  Control group, n=77	I: 48.7 (9.5)	Post-intervention, n=140	<i>Actual mean (SE)</i>  I: 45.76 (1.21)	0.44	6 months follow-up, n=144	<i>Actual mean (SE)</i>	0.02





Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
	Trauma Symptom Checklist for Children		C: 48.5 (9.7)		C: 46.23 (1.21)  Adj mean (SE) I: 45.39 (1.07) C: 46.64 (1.14)  Adj MD (95% CI) -1.24 (-4.39, 1.90)			I: 42.70 (0.92) C: 45.51 (1.30)  Adj mean (SE) I: 42.30 (1.00) C: 45.96 (1.06)  Adj MD (95% CI) -3.66 (-6.58, -0.74)	



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
								<i>Cohen's d (95% CI)</i> -0.39 (-0.70, -0.08)	
Taussig et al., 2019	Dissociation  <i>Dissociation scales of the Trauma Symptom Checklist for Children</i>	FHF-PT, n=233  Control group, n=193  Total, n=426	I: 49.98 (10.29)  C: 50.53 (11.35)	10 months follow-up, n=375	<i>Actual mean (SE)</i> I: 44.30 (0.63) C: 46.54 (0.83)  <i>Adj mean (SE)</i> I: 44.21 (0.58) C: 46.64 (0.65)  <i>Adj MD (95% CI)</i> -2.43 (-4.15, -0.71)	0.006	-	-	-



Author year	Definition of outcome	Intervention/Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
					<i>Cohen's d (95% CI)</i> -0.29 (-0.49, -0.08)				
Geenen et al., 2013	Anxious/Depressed  <i>Scale from the Child Behavior Checklist</i>	TAKE CHARGE/My Life, n=60  Control group, n=63 Total, n=123	I: 57.90 (9.51)  C: 60.67 (9.85)	Post-test	I: 55.33 (6.84)  C: 60.43 (8.60)	ES=0.60  0.0004	18 months follow-up	I: 56.20 (6.94)  C: 59.00 (8.58)	ES=0.33  0.0481
Geenen et al., 2013	Withdrawn/Depressed  <i>Scale from the Child Behavior Checklist</i>	TAKE CHARGE/My Life, n=60  Control group, n=63 Total, n=123	I: 61.28 (9.06)  C: 61.94 (9.14)	Post-test	I: 58.89 (7.04)  C: 62.36 (9.60)	ES=0.42  0.0197	18-months follow-up	I: 58.23 (6.73)  C: 61.19 (9.08)	ES=0.30  0.0732



Author year	Definition of outcome	Intervention/Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Geenen et al., 2013	Somatic Complaints  <i>Scale from the Child Behavior Checklist</i>	TAKE CHARGE/My Life, n=60  Control group, n=63 Total, n=123	I: 58.18 (8.93)  C: 59.27 (9.85)	Post-test	I: 57.84 (9.88)  C: 60.70 (9.39)	ES=0.31  0.0749	18-months follow-up	I: 55.56 (6.52)  C: 60.00 (9.53)	ES=0.51  0.0029
Leathers et al., 2023	Depression  <i>Center for Epidemiologic Studies Depression (CES-D) Scale</i>	ACT, n=77  Control group, n=75 Total, n=152	I: 12.99 (8.92)  C: 12.47 (8.63)	Post-intervention, n=152	<i>Change from baseline</i>  I: -1.36 (9.49)  C: -0.33 (9.73)	ES=0.11  0.51	-	-	-
Taussig et al., 2019	Internalizing symptoms (youth report)  <i>Youth Self Report</i>	FHF-PT, n=233  Control group, n=193 Total, n=426	I: 57.58 (0.95)  C: 56.68 (1.07)	Post-intervention	I: 55.60 (1.00)  C: 53.69 (0.79)  OR 2.34	0.13	2.5 years from baseline	I: 53.85 (1.03)  C: 55.01 (1.16)  OR 0.55	0.46



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Taussig et al., 2019	Externalizing symptoms (youth report)  <i>Youth Self Report</i>	FHF-PT, n=233  Control group, n=193  Total, n=426	I: 55.14 (0.94)  C: 54.93 (1.06)	Post-intervention	I: 53.32 (0.80)  C: 54.16 (1.01)  OR 0.45	0.51	2.5 years from baseline	I: 52.93(0.91)  C: 54.02 (1.03)  OR 0.61	0.44
Stelter et al., 2023	Internalizing behaviour problems  <i>Combination of three measures, depression, loneliness, and self-competence</i>	Enhanced mentoring for COIP, n=668  Control group, n=666	Not reported	12-months from baseline	I: Not reported  C: Not reported  ES 0.18 (95% CI not reported)	0.020	18-months from baseline	I: Not reported  C: Not reported	NS



**Table F8. Other Mental Health outcomes**

Author year	Definition of outcome	Intervention/Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Taussig & Culhane. 2010	<i>Mental health therapy</i>	FHF-PT, n=79 Control group, n=77	<i>Recent (Current)</i> I: 71% (63%) C: 71% (64%)	Post-intervention, n=139 (133)	<i>Actual %</i> <i>Recent (Current)</i> I: 66% (57%) C: 71% (70%)  <i>Adj %</i> <i>Recent (Current)</i> I: 63% (55%) C: 71% (68%)  <i>RR (95% CI)</i> Recent: 0.88(0.70, 1.11) Current: 0.81(0.62, 1.06)	0.28 (0.12)	6 months follow-up, n= 142 (135)	<i>Actual %</i> <i>Recent (Current)</i> I: 54% (50%) C: 71% (57%)  <i>Adj %</i> <i>Recent (Current)</i> I: 53% (48%) C: 71% (58%)  <i>RR (95% CI)</i> Recent: 0.75 (0.57, 0.98) Current: 0.82 (0.59, 1.12)	0.04 (0.21)



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Taussig et al., 2019	<i>Mental health therapy</i>	FHF-PT, n=233 Control group, n=193	I: 83.2% C: 75.6%	10 months follow-up, n=377	Actual % I: 60.7% C: 69.9%  Adj % I: 47.6% C: 59.2%  OR (95% CI) 0.62 (0.40, 0.97)	0.04	-	-	-
Taussig & Culhane, 2010	<i>Mental health medication</i>	FHF-PT, n=79 Control group, n=77	Recent (Current) I: 17% (11%) C: 14% (12%)	Post-intervention, n=140 (132)	Actual % Recent (Current) I: 19% (19%) C: 21% (22%)	0.22 (0.83)	6 months follow-up, n=142 (135)	Actual % Recent (Current) I: 17% (14%) C: 22% (24%)	0.25 (0.18)



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
					<i>Adj %</i> Recent (Current) I: 9% (13%) C: 14% (12%)  <i>RR (95% CI)</i> Recent: 0.65 (0.33, 1.29) Current: 1.07 (0.59, 1.94)			<i>Adj %</i> Recent (Current) I: 10% (10%) C: 15% (17%)  <i>RR (95% CI)</i> Recent: 0.67 (0.34, 1.31) Current: 0.61 (0.30, 1.27)	
Taussig et al., 2019	<i>Mental health medication</i>	FHF-PT, n=233 Control group, n=193	I: 19.8% C: 18.7%	10 months follow-up n=378	<i>Actual %</i> I: 19.9% C: 18.0%  <i>Adj %</i> I: 7.6%	0.97	-	-	-





Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
					C: 7.5%  <i>RR (95% CI)</i> 1.01 (0.53, 1.94)				
Geenen et al., 2015	Youth efficacy in managing own mental health condition  <i>Youth Efficacy/Empowerment Scale – Mental Health</i>	Better Futures, n=36  Control group, n=31	I: 3.44 (0.54)  C: 3.58 (0.59)	Post-intervention	I: 3.76 (0.58)  C: 3.53 (0.66)	NS	6-months follow-up	I: 3.62 (0.95)  C: 3.50 (0.65)	ES=1.50  p<0.0001
Geenen et al., 2015	Mental Health Recovery  <i>Youth-tailored version of the Mental Health Recovery Measure (range 30-150)</i>	Better Futures, n=36  Control group, n=31	I: 87.85 (14.46)  C: 89.68 (15.87)	Post-intervention	I: 94.03 (16.34)  C: 86.52 (19.18)	-	6-months follow-up	I: 96:56 (19.86)  C: 87.65 (14.73)	ES=0.63  0.0132



**Table F9. Quality of life**

Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Taussig & Culhane, 2010	Quality of life  <i>Life Satisfaction Survey; satisfaction rated in several domains</i>	FHF-PT, n=79  Control group, n=77  Total, n=156	-	Post-intervention, n=140	<i>Actual mean (SE)</i> I: 2.78 (0.03) C: 2.66 (0.03)  <i>Adj mean (SE)</i> I: 2.78 (0.03) C: 2.66 (0.03)  <i>Adj MD (95% CI)</i> 0.11 (0.03, 0.19)  <i>Cohen's d (95% CI)</i> 0.42 (0.12, 0.71)	0.006	6 months follow-up, n=143	<i>Actual mean (SE)</i> I: 2.78 (0.03) C: 2.74 (0.04)  <i>Adj mean (SE)</i> I: 2.78 (0.03) C: 2.74 (0.03)  <i>Adj MD (95% CI)</i> 0.04 (-0.05, 0.13)  <i>Cohen's d (95% CI)</i> 0.14 (-0.17, 0.45)	0.38



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Taussig et al., 2019	Quality of life  <i>Life Satisfaction Survey; satisfaction rated in several domains</i>	FHF-PT, n=233  Control group, n=193  Total, n=426	I: 2.70 (0.26)  C: 2.67 (0.31)	10 months follow-up, n=375	<i>Actual mean (SE)</i>  I: 2.77 (0.02)  C: 2.71 (0.02)  <i>Adj mean (SE)</i>  I: 2.76 (0.02)  C: 2.72 (0.02)  <i>Adj MD (95% CI)</i>  0.12 (-0.01, 0.09)  <i>Cohen's d (95% CI)</i>  0.16 (0.37, -0.04)	0.10	-	-	-



Author year	Definition of outcome	Intervention/Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Powers et al., 2012	Quality of life  <i>Quality of Life Questionnaire</i>	TAKE CHARGE/My Life, n=29  Control group, n=32  Total, n=61	I: 76.87 (9.55) C: 74.3 (9.41)	Post-intervention, n=60	I: 84.3 (8.65) C: 75.81 (11.36)  ES=0.61	0.0029	1 year follow-up, n=61	I: 87.63 (12.78) C: 78.00 (12.54)  ES= 0.77	0.0008
Geenen et al., 2015	Quality of life  <i>Quality of Life Questionnaire</i>	Better Futures, n=36  Control group, n=31  Total, n=67	I: 83.05 (8.96) C: 81.14 (10.38)	Post-intervention	I: 87.10 (14.9) C: 84.68 (13.57)	NS	6 months follow-up	I: 93.86 (10.86) C: 85.40 (10.72)  ES=0.66	0.0287



**Table F10. Behaviours that challenge outcomes**

Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Taussig et al., 2021	Self-reported delinquency  <i>Adolescent Risk Behavior Survey (15 items including violent and non-violent behaviours)</i>	FHF-PT, n=217  Control group, n=174  Total, n=391	<u>Violent</u> I: 0.05 (0.15) C: 0.06 (0.17)  <u>Non-violent</u> I: 0.03 (0.08) C: 0.06 (0.12)  <u>Total</u> I: 0.03 (0.07) C: 0.05 (0.10)	6 months follow-up	<i>Event rate ratio (95% CI)</i>  <u>Violent</u> 1.00 (0.89, 1.14)  <u>Non-violent</u> 0.95 (0.95, 0.96)  <u>Total</u> 0.97 (0.95, 0.99)	NS  p<0.001  p<0.01	-	-	-



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Taussig et al., 2021	Court records of delinquency  <i>Based on court records of delinquency or criminal charges filed by a prosecutor's office in county or district court</i>	FHF-PT, n=232  Control group, n=193  Total, n=425	<u>Violent</u> I: 0.01 (0.09) C: 0.00 (0.00)  <u>Non-violent</u> I: 0.01 (0.11) C: 0.00 (0.00)  <u>Total</u> I: 0.02 (0.17) C: 0.00 (0.00)	7 consecutive years	<u>Event rate ratio (95% CI)</u>  <u>Violent</u> 0.23 (0.08, 0.69)  <u>Non-violent</u> 0.54 (0.18, 1.62)  <u>Total</u> 0.38 (0.15, 0.99)	  p<0.01  NS  p<0.05	-	-	-



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2		Outcome value, mean (SD)	Test p-value
Fostering Healthy Futures for Teens, 2021	Self-reported delinquency in past year  <i>Adolescent Risk Behavior Survey (16 different delinquent behaviours)</i>	FHF-T, n=96  Control group, n=97  Total, n=193	-	-	<i>I: 56.81%</i>  <i>C: 62.02%</i>  <i>OR (95% CI)</i>  <i>0.71 (NR)</i>	0.32	-		-	-
Fostering Healthy Futures for Teens, 2021	Juvenile justice involvement  <i>Any court charges for delinquent behaviours</i>	<u>Cohort 1-4</u>  FHF-T, n=125  Control group, n=120  Total, n= <u>245</u>	-	-	<i>I: 13.21%</i>  <i>C: 27.10%</i>  <i>OR (95% CI)</i>  <i>0.41 (NR)</i>	0.19	-	-	-	-



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p- value	Timepoint 2		Outcome value, mean (SD)	Test p- value
Fostering Healthy Futures for Teens, 2021	Juvenile justice involvement  <i>Any court charges for delinquent behaviours</i>	<u>Cohort 1-2</u> FHF-T, n=NR  Control group, n=NR  Total, n= <u>105</u>	-	-	I: 7.93%  C: 29.86%  <i>OR (95% CI)</i>  <i>0.20 (NR)</i>	0.05	-	-	-	
Leathers et al., 2023	Self-reported delinquency  <i>Add Health (13 items including non-violent and violent behaviours)</i>	ACT, n=77  Control group, n=75  Total, n=152	<i>Past year</i> I: 2.64 (3.15)  C: 1.88 (2.21)	Post- intervention, n=152	<i>Change from baseline</i>  I: -1.18 (3.00)  C: 0.00 (2.59)  ES=0.46	0.01	-	-	-	





Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2		Outcome value, mean (SD)	Test p-value
Leathers et al., 2023	Self-reported arrests  <i>Arrested in past 12 months</i>	ACT, n=77  Control group, n=75  Total, n=152	<i>Ever arrested</i> I: 45.5% C: 40.2%	Post-intervention, n=152	I: 5.2% C: 20.3%	<0.01	-	-	-	
Courtney et al., 2011	Delinquency  <i>Number of delinquent acts in past 12 months (Engaged in one more delinquent behaviours)</i>	MAOP, n=88  Control group, n=91  Total, n=179	Not reported	2-years from baseline	I: 2.14 (52.3%) C: 2.06 (58.2%)	NS	-	-	-	



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2		Outcome value, mean (SD)	Test p-value
Stelter et al., 2023	Substance use  <i>How many days they had consumed any kind of alcohol, been drunk, used tobacco products, used marijuana, or used drugs without a prescription in past 30 days; responses summed and dichotomised to 0 or 1</i>	Enhanced mentoring programme for COIP, n=668  Control group, n=666	Not reported	12-months follow-up from baseline	I: 0.23 C: 0.31  OR 0.61 (95% CI not reported)	0.008	-	-	-	



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2		Outcome value, mean (SD)	Test p-value
Stelter et al., 2023	Intentions to use substances  <i>Five questions related to their intentions to use alcohol, tobacco products, or illicit drugs; average score on 4-point scale dichotomised to 0 or 1</i>	Enhanced mentoring programme for COIP, n=668  Control group, n=666	Not reported	12-months follow-up from baseline	I: 0.07 C: 0.19  OR 0.25 (95% CI not reported)	<0.001	-	-	-	



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2		Outcome value, mean (SD)	Test p-value
Stelter et al., 2023	Delinquency  <i>10 items selected from the 30-item National Youth Survey Delinquency Scale; frequency of behaviour within past 6 months</i>	Enhanced mentoring programme for COIP, n=668  Control group, n=666	Not reported	12-months follow-up from baseline	<u>Parent-reported</u> ES -0.01 (95% CI not reported)  <u>Youth reported</u> ES 0.20 (95% CI not reported)	0.932  0.076	-	-	-	



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Stelter et al., 2023	Juvenile justice involvement  <i>Frequency of involvement with the juvenile justice system (e.g. stopped or arrested by the police) in the last 6 months; responses summed across 6 questions and dichotomised to 0 or 1</i>	Enhanced mentoring programme for COIP, n=668  Control group, n=666	Not reported	12-months follow-up from baseline	OR 1.24 (95% CI not reported)	0.348	-	-	-



## Academic and employment outcomes

**Table F11. Educational outcomes**

Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Powers et al., 2012	High school completion  <i>Completed graduation or obtained GED</i>	TAKE CHARGE/My Life, n=29  Control group, n=32 Total, n=61	-	Post-intervention	I: 38% C: 26%	NR	1 year follow-up	I: 72% C: 50%	NR



Author year	Definition of outcome	Intervention/Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Geenen et al., 2013	School attitude  <i>School Attitude Measure (Motivation for Schooling and Student's Sense of Control Over Performance Scales)</i>	TAKE CHARGE/My Life, n=60  Control group, n=63  Total, n=123	<i>Not reported</i>	Post-intervention	<i>Not reported</i>  <i>No significant results</i>	-	9-month follow-up	<i>Not reported</i>  <i>No significant results</i>	-



Author year	Definition of outcome	Intervention/Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Geenen et al., 2013	School performance  <i>Credits earned toward graduation (target vs behind)</i>	TAKE CHARGE/My Life, n=60  Control group, n=63  Total, n=123	<i>Not reported</i>	Post-intervention	<i>Not reported</i>  ES = 0.30	0.0784	9-month follow-up	<i>Not reported</i>  ES = 0.42	0.0313
Geenen et al., 2013	School dropout	TAKE CHARGE/My Life, n=60  Control group, n=63  Total, n=123	100% enrolled in school	Post-intervention	I: n=4 C: n=3	NR	9-month follow-up	I: n=6 C: n=10	NR





Author year	Definition of outcome	Intervention/ Comparator  (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2		Outcome value, mean (SD)	Test p-value
Leathers et al., 2023	School enrolment  <i>Enrolment in an academic or vocational program</i>	ACT, n=77  Control group, n=75  Total, n=152	I: 69.1%  C: 69.3%	Post-intervention, n=152	I: 44.2%  C: 52.0%  ES=-0.07	0.33	-		-	-
Courtney et al., 2011	School enrolment	MAOP, n=88  Control group, n=91  Total, n=179	-	2-years follow-up (from baseline)	I: 44 (50.0)  C: 37 (40.7)	0.209	-	-	-	-
Courtney et al., 2011	School completion  <i>Graduated high school or obtained GED</i>	MAOP, n=88  Control group, n=91  Total, n=179	-	2-years follow-up (from baseline)	I: 56 (63.6)  C: 55 (60.4)	0.209	-	-	-	-



Geenen et al., 2013	Youth educational planning knowledge and engagement  <i>Educational Planning Assessment</i>	TAKE CHARGE/My Life, n=60  Control group, n=63  Total, n=123	<i>Student</i> I: 20.78 (8.21) C: 21.17 (7.95) <i>Parent</i> I: 15.83 (7.36) C: 16.21 (9.07) <i>Teacher</i> I: 15.83 (8.23) C: 15.13 (7.33)	Post-intervention	<i>Student</i> I: 26.10 (5.71) C: 23.65 (7.85)  ES = 0.38 <i>Parent</i> I: 22.13 (7.31) C: 19.32 (12.89) <i>Teacher</i> I: 20.40 (7.95) C: 17.89 (8.05)  ES = 0.41	<i>Student</i> 0.0400  <i>Parent</i> 0.098  <i>Teacher</i> 0.0418	9-month follow-up	<i>Student</i> I: 26.61 (6.99) C: 23.93 (9.15)  ES = 0.40 <i>Parent</i> I: 22.62 (8.05) C: 19.40 (8.14)  ES = 0.40 <i>Teacher</i> I: 20.88 (7.84) C: 18.11 (8.90)  ES = 0.41	<i>Student</i> 0.0330  <i>Parent</i> 0.0270  <i>Teacher</i> NS
Geenen et al., 2015	Postsecondary preparation	Better Futures, n=36	I: 6.48 (4.53) C: 6.74 (5.06)	Post-intervention	I: 17.18 (4.95) C: 10.42 (6.50)	0.0001	6-months follow-up	I: 19.05 (4.59)	0.0001



Author year	Definition of outcome	Intervention/Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
	(scores 0-24)	Control group, n=31 Total, n=67			<i>Change from baseline</i> ES = 1.36			C: 10.70 (6.07)  <i>Change from baseline</i> ES = 1.75	



**Table F12. Employment outcomes**

Author year	Definition of outcome	Intervention/Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Powers et al., 2012	Employment status  <i>In a paid job</i>	TAKE CHARGE/My Life, n=29  Control group, n=32  Total, n=61	I: 14% C: 19%	Post-intervention	I: 34% C: 16%	NR	1-year follow-up	I: 45% C: 28%	NR
Geenen et al., 2013	Employment status  <i>In a paid job</i>	TAKE CHARGE/My Life, n=60  Control group, n=63  Total, n=123	I: 46.2% C: 48.5%	Post-intervention	I: 55.0% C: 60.0%	NR	9-month follow-up	I: 60.0% C: 37.0%	NR



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Leathers et al., 2023	Hours of employment/week	ACT, n=77 Control group, n=75 Total, n=152	I: 3.79 (9.19) C: 4.07 (11.92)	Post-intervention, n=152	<i>Change from baseline</i> I: 11.53 (19.32) C: 5.84 (15.71) ES=0.36	0.05	-	-	-
Leathers et al., 2023	Average weekly income	ACT, n=77 Control group, n=75 Total, n=152	I: 30.58 (82.56) C: 29.77 (101.79)	Post-intervention, n=152	<i>Change from baseline</i> I: 119.36 (192.44) C: 68.74 (163.81) ES=0.31	0.09	-	-	-
Courtney et al., 2011	Employment status	MAOP, n=88 Control group, n=91 Total, n=179	-	-	<i>No sig difference</i>	-	-	-	-



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Courtney et al., 2011	Earnings and net worth	MAOP, n=88 Control group, n=91 Total, n=179	-	-	<i>No sig difference</i>	-	-	-	-
Thulien et al., 2022	Employment income  <i>Any income from employment</i>	Mentorship and rent subsidies, n=13  Rent subsidies only, n=11	I: 7 (53.8%) C:8 (72.7%)	18 months follow-up	I: 5 (38.5%) C: 5 (45.5%)	NS	-	-	-



Author year	Definition of outcome	Intervention/ Comparator (Duration, N)	Baseline value, mean (SD)	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Blakeslee et al., 2020	Career-related self-efficacy beliefs  <i>Career Decision-Making Self-Efficacy scale</i>	My Life, n= 142  Control group, n= 146  Total, N = 288	I: 3.76 (0.74)  C: 3.87 (0.66)	Post-intervention, n=243	I: 4.01 (0.72)  C: 4.00 (0.69)	NS	12 months follow-up, N = 243	I: 4.07 (0.69)  C: 4.00 (0.70)  vs baseline  ES = 0.27	0.031



## Appendix G: Characteristics of qualitative studies

Author, date	Country	Mentoring model	Study design	Theoretical approach	Sample	Data collection	Data analysis	Setting	Perspective
Cosma & Soni, 2020	UK	The Mission Mentoring Programme for children in out of home care by volunteer Local Authority employees (Mission)	Exploratory case study	Corporate parenting	Children in out of home care N=1	Semi-structured interview with mentee (case study)	Inductive thematic analysis	Programme within a local authority	Barriers and facilitators  Acceptability and experiences
Dallos & Carder-Gilbert 2019	UK	Promise mentoring programme for young children with a care plan by volunteer mentors	Longitudinal, mixed methods	Attachment theory	Young people with a care plan aged 9-19 years N= 20	Semi-structured interviews with mentees	Inductive thematic analysis and descriptive statistics	Youth at risk of serious harm in Somerset UK	Acceptability and experiences





Author, date	Country	Mentoring model	Study design	Theoretical approach	Sample	Data collection	Data analysis	Setting	Perspective
Denby et al., 2016	USA	DREAMR project	Longitudinal, mixed methods	Attachment theory and relational competence theory	Adolescents living in the foster care system N=16	Mixed-methods (focus groups & questionnaire)	Inductive thematic analysis and descriptive statistics	Foster care in Nevada, US	Barriers and facilitators  Acceptability and experiences
Furey & Harris-Evans 2021	UK	Mentoring of care leavers participating in a local authority internship programme (LA Work)	Case study	Resilience theory	Care leavers not currently in paid employment N=6	Semi-structured interviews with mentees (care leavers)	Inductive thematic analysis	UK local authority	Acceptability and experiences
Garcia-Molsosa et al., 2021a; Garcia-Molsosa et al., 2021b	Europe	Unnamed European social mentoring project	Qualitative exploratory	Social capital theory and ecological systems theory	Children living in residential centres N=13	Focus groups	Inductive thematic analysis	Residential care across 5 European countries	Barriers and facilitators  Acceptability and experiences



Author, date	Country	Mentoring model	Study design	Theoretical approach	Sample	Data collection	Data analysis	Setting	Perspective
Gomez et al., 2021	USA	DREAMR project	Qualitative exploratory	Naturalistic enquiry approach	Service provider perspectives N=14	Focus groups	Thick description	Child welfare	Barriers and facilitators
Greeson et al., 2015b	USA	C.A.R.E Model (Caring Adults 'R' Everywhere)	Qualitative exploratory	Relational cultural theory and human development theory	Youth from a charter school and at risk of ageing out of foster care without a support system N=17	Focus groups	Content analysis	Urban charter school in the US	Barriers and facilitators Acceptability and experiences
Lee, 2021	USA	<i>Royal Family Kids (RFK) programme</i>	Qualitative exploratory	Constructivist, grounded theory, attachment theory	Mentor perspective N=7	Semi-structured interviews	Two-level hierarchical coding	A faith-based organisation focused on foster youth	Barriers and facilitators



Author, date	Country	Mentoring model	Study design	Theoretical approach	Sample	Data collection	Data analysis	Setting	Perspective
Mantovani et al., 2019	UK	Peer mentoring intervention to reduced teenage pregnancy rates looked after young women (NIHR)	Qualitative exploratory	Social learning theory, attachment theory	Young women currently in out of home care or care leavers aged 14 to 18 years N=9	Semi-structured interviews with mentees	Inductive thematic analysis	An educational achievement centre, two local authorities	Acceptability and experiences
Mendes, 2011	Australia	St Luke's Anglicare Leaving Care and After Care Support Service	Qualitative exploratory	Community development model of support	Young people receiving support from the service N=19	Focus groups, interviews, qualitative survey	Inductive thematic analysis	Care leavers in rural settings	Barriers and facilitators Acceptability and experiences
Narendof et al., 2020	USA	Transition Coaching (TC)	Mixed methods	Social support and resilience focus	Older youth in foster care N=14	Interviews, surveys	Inductive thematic analysis	Transition centre, state funded	Barriers and facilitators Acceptability and experiences



Author, date	Country	Mentoring model	Study design	Theoretical approach	Sample	Data collection	Data analysis	Setting	Perspective
Nathans & Chaffers, 2022	USA	<i>Independent Living Programme (ILP)</i>	Mixed methods	Not stated	Foster youth records N=97	Secondary data sources	Inductive thematic analysis	Child welfare	Barriers and facilitators
Nesmith & Christopherson 2013	USA	CORE foster care model (Creating Ongoing Relationships Effectively)	Quasi-experimental design	Theory of youth empowerment, trauma informed practice	Youth ageing out of foster care N=88	In-person interviews / comparison over a period of time	Inductive thematic analysis and inferential statistics	Foster care agencies	Barriers and facilitators  Acceptability and experiences
Newton et al., 2017	UK	Consultation with care leavers to inform a pilot mentoring programme to prevent depression	Qualitative exploratory	Social support theory, attachment theory, ecological systems theory	Care leavers aged 17-23 years N=11	Focus groups with care leavers	Thematic analysis	Residential care in UK	Acceptability and experiences



Author, date	Country	Mentoring model	Study design	Theoretical approach	Sample	Data collection	Data analysis	Setting	Perspective
Powers et al., 2018	USA	TAKE CHARGE/My Life self-Determination enhancement model	Mixed methods	Self-determination theory	Young people in foster care near to transition from care N=10	Two phases of interviews	Mixed models analysis	Residential care in US	Barriers and facilitators  Acceptability and experiences
Smith et al., 2023	Canada	The Family Finding Model	Feasibility study	Youth Participatory Action Research approach	Older young people transitioning from government care n=16	Interviews and focus groups	Inductive thematic analysis	Community-based research organisation	Barriers and facilitators  Acceptability and experiences
Spencer et al., 2018	USA	Youth ChalleNGe program	Qualitative exploratory	Social support theory, attachment theory	Youth transitioning out of the foster system N=13	Interviews	Narrative thematic analysis	2 mentor programmes in a foster care agency in the Midwest	Barriers and facilitators  Acceptability and experiences



Author, date	Country	Mentoring model	Study design	Theoretical approach	Sample	Data collection	Data analysis	Setting	Perspective
Spencer et al., 2019	USA	Youth ChalleNGe program	Qualitative exploratory	Social support theory, attachment theory	Youth transitioning out of the foster system N=17	Interviews	Narrative thematic analysis	2 mentor programmes in a foster care agency in the Midwest	Barriers and facilitators Acceptability and experiences
Van Dam et al., 2019	The Netherlands	Youth Initiated Mentoring (YIM)	Qualitative exploratory	Position theory	Youth at risk for out-of-home placement N=6	Interviews	Narrative thematic analysis	Youth Care institution	Acceptability and experiences
Wesley et al., 2020	USA	First Star Academy	Qualitative exploratory	Interpretivist theory	Young students from the Academy close to transitioning into adulthood N=17	Semi-structured interviews	Interpretivist thematic analysis, conceptual framework	Midwestern American University	Barriers and facilitators Acceptability and experiences



## Appendix H: GRADE CERQual Assessment of Qualitative Evidence (RQ4 and RQ5)

**Table H1. GRADE CERQual Assessment of qualitative evidence to support RQ4 – barriers and facilitators to implementation**

Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Pairing of older youth with mentors may be less successful due to previous rejection and a greater desire for autonomy	Smith et al., 2023; Garcia-Molsosa et al., 2021b	Minor methodological limitations (two studies, one with minor methodological limitations)	Moderate concerns: the lack of commentary on this topic from the majority of papers suggests varied response to mentoring among older youth	Serious concerns: only two studies which had a moderate quantity of participants and perspectives (youth & mentors) but which offered thin richness of data	Moderate concerns: perspectives of mentors and youth people across six countries (all non-UK) focusing on care experience. Minor concerns as each programme has narrower focus (educational mentoring/ reunification)	Low confidence	Serious concerns regarding data adequacy, moderate concerns of relevance and coherence, minor methodological concerns



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Young people may require socio-emotional support to engage with mentoring due to factors such as communication skills, experiences of trauma and, behavioural problems	Garcia-Molsosa et al., 2021b; Cosma & Soni, 2020; Nesmith & Christopherson, 2013	Minor methodological limitations (four studies, two with minor methodological limitations)	Moderate concerns: the data from these studies was varied and this may be an oversimplified description of the factors which impact upon young people's engagement	Moderate concerns: only four studies of which two had relatively thin data	Moderate concerns: only one study was in a UK context and study settings and outcomes varied	Moderate confidence	Moderate concerns about relevance, adequacy and coherence, minor methodological concerns
Whilst young people desire mentor support to reduce isolation, instability and uncertainty in previous adult relationships are barriers to young people establishing and sustaining mentoring relationships	Spencer et al., 2019; Greeson et al., 2015c; Narendorf et al., 2020; Spencer et al., 2018; Garcia-Molsosa et al., 2021a	Minor methodological limitations (six studies, two with minor methodological limitations)	Minor concerns: some nuances but varied data largely supported the impact of uncertainty of previous relationships on engagement	Minor concerns: six studies contributed to this finding, all with sufficient participants to reach data saturation. The majority of studies provided rich data.	Minor concerns: mentor and youth participants, no studies in a UK setting	High confidence	Only minor methodological, coherence, adequacy and relevance concerns





Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Mentoring sessions which are led by young people's interests, preferences and goals facilitate engagement	Garcia-Molsosa et al., 2021a; Garcia-Molsosa et al., 2021b; Nesmith & Christopherson, 2013; Cosma & Soni, 2020; Lee, 2021; Narendorf et al., 2020; Powers et al., 2018; Smith et al., 2023	Minor methodological concerns (eight studies, three with minor methodological limitations)	No or very minor concerns: the association between young people led mentoring content and engagement is well supported by the details in the underlying studies. We explored alternative, more structured mentoring but found no data supporting this	Minor concerns: rich data and seven of eight studies had sufficient quantity of participants to reach data saturation.	Minor concerns: range of youth and mentor participants and mentoring types, no studies in a UK setting	High confidence	Moderate concerns about relevance, adequacy and coherence, minor methodological concerns



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Having a mentor of a different ethnicity may be a barrier to engagement for some young people from minority ethnic groups	Narendorf et al., 2020; Powers et al., 2018; Spencer et al., 2019; Smith et al., 2023	Minor methodological concerns (four studies, one with minor methodological limitations)	Moderate concerns: the findings in relation to mentor ethnicity were mixed in the underlying and underexplored in the majority of studies.	Moderate concerns: only four studies contributed to this finding and the data was relatively thin	Moderate concerns: no UK studies which may limit the cultural relevance of the findings. Youth participants largely from transition focused studies	Moderate confidence	Moderate coherence, adequacy and relevance concerns, and minor methodological concerns
With appropriate vetting of mentors and youth coaching, youth-initiated mentor selection can facilitate identification of mentors and increase youth and mentor engagement.	Cosma & Soni, 2020; Greeson et al., 2015b; Smith et al., 2023; Spencer et al., 2018, Spencer et al., 2019, Mendes, 2011	Minor methodological concerns (seven studies, two with minor methodological limitations)	Minor concerns: varied data which supports youth involvement in mentor matching but with more detailed data from naturalistic mentoring models	Minor concerns: rich data and five of seven studies had sufficient participants to reach data saturation	Minor concerns: youth and mentor perspectives. Only one UK study, predominance of naturalistic mentoring interventions	High confidence	Only minor methodological, coherence, adequacy and relevance concerns



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
<p>Training and supervision of mentors in the skills and expectations of their roles increases mentor confidence and engagement, and reduces young people’s experiences of further rejection</p>	<p>Garcia-Molsosa et al., 2021a; Narendorf et al., 2020; Spencer et al., 2018; Lee, 2021; Spencer et al., 2019; Nesmith &amp; Christopherson, 2013; Smith et al., 2023; Greeson et al., 2015c; Garcia-Molsosa et al., 2021b</p>	<p>Minor methodological concerns (10 studies, 3 with minor methodological limitations)</p>	<p>No or very minor concerns: positive impacts of training on mentor confidence and engagement detailed in underlying studies</p>	<p>Minor concerns: rich and sufficient quantity of data across ten studies</p>	<p>Minor concerns: range of intervention types and settings. No UK evidence.</p>	<p>High confidence</p>	<p>Only minor methodological, coherence, adequacy and relevance concerns</p>



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Time and constancy from their mentor facilitate better youth engagement with mentoring and befriending	Garcia-Molsosa et al., 2021a; Smith et al., 2023; Gomez et al., 2021; Powers et al., 2018; Wesley et al., 2020; Narendorf et al., 2020; Spencer et al., 2019; Cosma & Soni, 2020; Greeson et al., 2015c; Lee, 2021; Nesmith & Christopherson, 2013	Minor methodological concerns (12 studies, two with minor methodological concerns)	No or very minor concerns: the positive impact of mentor constancy and negative impacts when this was absent is well supported in the details from the underlying studies	Minor concerns: rich data and sufficient quantity in 11 of 12 studies.	Minor concerns: mentor and youth participants from a range of settings. Only one UK study	High confidence	Only minor methodological, coherence, adequacy and relevance concerns



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
<p>Consistent, committed leadership and clear alignment between programme aims and wider organisational priorities are required to successfully implement mentoring and befriending programmes</p>	<p>Cosma &amp; Soni, 2020; Nesmith &amp; Christopherson, 2013; Smith et al., 2023; Gomez et al., 2021</p>	<p>Minor methodological concerns (four studies, one with minor methodological concerns)</p>	<p>Moderate concerns: a small number of papers contained data on the absence of committed leadership and alignment between organisational aims but no studies provided evidence on how the presence of these elements improved implementation</p>	<p>Serious concerns: four studies contributed to this finding and data were superficial. Concerns as the finding was expected but not reported in majority of studies.</p>	<p>Serious concerns: only one study in UK context, only three interventions which are in relatively narrow settings</p>	<p>Low confidence</p>	<p>Serious concerns around adequacy and relevance, moderate coherence concerns, minor methodological concerns</p>



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Cooperative multi-agency partnerships between professionals, mentors, young people and parent/carers was highly valued	Garcia-Molsosa et al., 2021a; Garcia-Molsosa et al., 2021b; Lee, 2021; Nathan & Chaffers, 2022.	Minor methodological concerns (four studies, one with minor methodological concerns)	Moderate concerns: the interpretation from this finding is somewhat supported by the data but is limited by the narrow focus of these studies in relation to aims and partnerships included	Serious concerns: four studies contributed to this finding and data were superficial. Unable to understand from the data the extent to which this finding impacts upon mentoring	Serious concerns: no UK studies and lack of similar intervention designs	Low confidence	Serious concerns about relevance and adequacy, moderate coherence concerns, minor methodological concerns



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Mentoring can support young people who lack community supports to develop healthy peer relationships, alternative social networks and address community level barriers	Nathans & Chaffers, 2022; Garcia-Molsosa et al., 2021b, Mendes, 2011	Minor methodological concerns (three studies, two with minor methodological concerns)	Moderate concerns: the interpretation of this finding is somewhat supported by a small number of studies but this theme could be oversimplified due to the varied networks considered (community, peer, work)	Serious concerns: four studies contributed to this finding and data were superficial.	Serious concerns: No UK studies, lack of youth participants	Low confidence	Serious adequacy and relevance concerns, moderate coherence concerns, minor methodological concerns



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Mentoring for care-experienced and at-risk young people in the UK is influenced by broader policy	Cosma & Soni, 2020; Furey & Harris-Evans, 2021	No methodological concerns	Serious concerns: this finding is largely unsupported in the selected studies. In the two UK studies which mentioned policy directives it is hard to tell if the data really supported this finding because it was underexplored	Serious concerns: two studies contributed to this finding and data were superficial	Serious concerns: only two studies reflected on policy. Whilst both were in the UK, perspectives of staff and young people on this issue were not captured	Low confidence	Serious adequacy, relevance, coherence concerns and no methodological concerns





**Table H2. GRADE CERQual Assessment of qualitative evidence to support RQ5 – young people’s experiences of mentoring and befriending**

Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Young people with experience of care express a need for mentoring as a source of independent emotional support	Greenson et al., 2015b; Wesley et al., 2020; Mendes, 2011; Spencer et al., 2018; Mantovani et al., 2020; Newton et al., 2017.	Minor methodological concerns (five studies, one with minor methodological concerns)	Moderate concerns: this finding is supported across five studies but perspectives were more focused on young people transitioning out of care	Minor concerns: relatively rich data in a sufficient quantity in five studies	Moderate concerns: no UK studies, youth participants all from the perspective of leaving care	Moderate confidence	Moderate concerns about coherence and relevance, minor methodological and adequacy concerns



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Engaging young people in mentoring is challenging and requires work to build trust and self-esteem, and make clear the intended benefits	Newton et al., 2017; Mantovani et al., 2020; Wesley et al., 2020; Cosma & Soni, 2020; Dallos & Carder-Gilbert, 2018	No methodological concerns (five studies all of high methodological quality)	Moderate concerns: the interpretation of this finding is somewhat supported by the five included studies but the reasons for low engagement are underexplored from young people's perspectives	Minor concerns: relatively rich data in a sufficient quantity in four of five studies	Minor concerns: data from three of five studies is from the UK. Range of intervention types, slightly more focus on older youth	Moderate confidence	Moderate coherence concerns, minor methodological, adequacy and relevance concerns



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Matching young people to mentors with similar characteristics (gender, ethnicity, family background, interests and aspirations) could increase engagement and reduce stigma	Newton et al., 2017; Dallos & Carder-Gilbert, 2018; Cosma & Soni, 2020; Furey & Harris-Evans, 2021; Mantovani et al., 2020; Spencer et al., 2019; van Dam et al., 2019; Denby et al., 2016	Minor methodological concerns (eight studies, two with minor methodological concerns)	Moderate concerns: eight studies identify a range of mentor characteristics but the impact upon engagement and successful outcomes is underexplored	Moderate concerns: moderately rich data, seven of eight studies reached data saturation	Minor concerns: five of eight studies from the UK representing a range of mentoring programmes	Moderate confidence	Moderate coherence concerns, minor methodological, adequacy and relevance concerns
Mentoring is facilitated by building a trusting relationship, and providing a sustained and unconditional emotional support	Newton et al., 2017; Dallos & Carder-Gilbert, 2018; Cosma & Soni, 2020; Furey & Harris-Evans, 2021; Mantovani et al., 2020; Spencer et al., 2019; van Dam et al., 2019; Denby et al., 2016	Minor methodological concerns (eight studies, two with minor methodological concerns)	Minor concerns: the impact of trust and constancy in facilitating mentoring relationships was well detailed in the underlying studies	Minor concerns: rich data in sufficient quantity in seven of eight studies	Minor concerns: five of eight studies from the UK representing a range of mentoring programmes	High confidence	Minor methodological, coherence, adequacy and coherence concerns



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Young people did not have strong views on structured intervention content and duration but wanted a mentoring/befriending relationship that was guided by their needs produced a sustainable relationship	Cosma & Soni, 2020; Dallos & Carder-Gilbert, 2018; Nesmith & Christopherson, 2014; Powers et al., 2018; Narendorf et al., 2020, Newton et al., 2017	Minor methodological concerns (six studies, three with minor methodological concerns)	Moderate concerns: the need for young person led content was well supported across the studies but there was a lack of detailed evidence on intervention components and design	Moderate concerns: relatively rich data of sufficient quantity in five of six studies	Minor concerns: three of eight studies from the UK representing a range of mentoring programmes	Moderate confidence	Moderate coherence and adequacy concerns, minor methodological and relevance concerns
Mentoring increased young people's confidence and provided new positive relationships to deal with difficulties with greater emotional stability and resilience	Cosma & Soni, 2020; Dallos & Carder-Gilbert, 2018; Newton et al., 2017; Spencer et al., 2018; Mantovani et al., 2020	Minor methodological concerns (five studies, one with minor methodological concerns)	Minor concerns: the positive impact of mentoring on young people's confidence was well detailed in the five studies	Minor concerns: rich data in sufficient quantity from four of five studies	Minor concerns: four of five studies from the UK representing a range of mentoring programmes	High confidence	Minor methodological, coherence, adequacy and relevance concerns



# Appendix I: Public engagement with at-risk and care-experienced young people

## Background

A public engagement focus was held with a group of young people who regularly participate in public engagement consultations and support research through public engagement and involvement activities. A favorable minimal risk approval was granted from Liverpool John Moores Ethics Committee (reference number: 24/NAP/005) to carry out the public engagement activity.

Six young people aged 11-18 years participated in the online focus group. They received a £20 shopping voucher and a letter thanking them for their time and detailing how their involvement helped shape the findings of the review. They had all engaged with mentoring programmes, and two had also been peer mentors.

The key findings from the review were presented to the young people and they were asked to provide feedback on 1) their initial thoughts about the review, 2) if the findings reflected their experiences of mentoring and befriending activities, and 3) if there were any gaps in the review.

The young people also participated in a number of activities to further support the review. This included discussions focused on:

- The research considered a range of outcomes for young people. Which of the following outcomes do you consider to be most important?
- Why do you think having a mentor could benefit young people? (consider the impact on at risk and care-experienced youth)
- What do you think might prevent a young person from engaging with a mentor?
- What do you think helps facilitate positive relationships with mentors for young people?
  - Think about the qualities you value in a mentor/in a trusted adult
  - Think about which qualities could be encouraging to young people and which could be off-putting
- What ways could we communicate the key messages?
- What ways could we involve young people's voices in further findings?

## Key findings

The key findings from the engagement are provided below:

### Facilitators and impacts of mentoring

- Helps express feelings without judgement.
- The potential to form long-term connections with mentors.
- Building trust through activities (e.g. games, trips) can help mentoring feel more natural.
- Mentors offer support without pressure to speak as opposed to counsellors or teachers.

### Barriers and challenges



- Inconsistent mentoring experiences: frequent mentor changes, needing to constantly build and rebuild trust.
- Young people might feel they want to be independent and solve own issues.
- Lack of trust with adults.

### **Peer mentoring benefits and challenges**

- Closes the generational gap; peer mentors understand youth challenges better.
- Peer mentors may face emotional strain if not healed from their own trauma.
- Peer mentors need support too.

### **Lived experience in mentoring**

- Lived experience is useful but not required.
- Mentoring is a two-way learning relationship.
- Every mentor-mentee relationship is unique, shaped by both parties' perspectives and emotional states.

### **How to make the research accessible**

- The young people suggested using child-friendly reports, simpler language, and visuals.



## Appendix J: Accessibility text

### Figure 1. PRISMA flow diagram

The image is a PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow diagram, depicting the process of identifying, screening, and including studies in a systematic review. The PRISMA flowchart systematically tracks the progression from identification to final inclusion, showing how studies were filtered and excluded at each stage.

Below is a breakdown of the flowchart:

#### 1. Identification

Records identified from:

- British Education Index: 207
- CINAHL: 2,248
- ERIC: 2,073
- Medline: 6,123
- Proquest: 4,460
- PsycInfo: 5,211

Records removed before screening:

- Duplicate records removed: 5,909
- Records removed as published before 2005: 1,547
- Records removed for other reasons: 8,317

#### 2. Screening

Records screened: 4549

- Records excluded: 3950

Reports sought for retrieval: 599

- Reports not retrieved: 1

Reports assessed for eligibility: 598

- Reports excluded for each reason:
  - Population: 172
  - Intervention: 241
  - Outcomes: 4
  - Study design: 114
  - Other (foreign language texts; study done in low or middle income country): 18

#### 3. Included

Studies included in review: 58



- Studies included from database searches: 49
- Studies included from other sources: 9

Categories of study:

- Quantitative studies: 24
- Qualitative studies: 28
- Mixed methods studies: 4
- Other studies (descriptive): 2

Studies answering research questions (NB: categories overlap)

- Review of theory & intervention components: 47
- Review of effectiveness (RQ1-RQ3): 20
- Review of implementation (RQ4): 20
- Review of views and experiences (RQ5): 15

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## Figure 2. Overall theory of change

This image presents a **theory of change framework** for **effective mentoring programmes** for care-experienced young people. The framework is structured into four main sections, each marked by a header and connected with arrows that show progression from context to resources to intervention and outcomes.

### Column 1: Context

This section describes the setting and different types of mentors involved in the intervention, as well as how the different types of mentors can offer different mechanisms of change to achieve positive outcomes for young people.

#### *Setting*

- In person (or in person and online)
- Community Settings

#### *Types of Mentors*

Volunteer:

- Mechanism of change:
  - Mentors have different background, views, and values but are open to making a difference, leading to a trusting relationship with young person.
  - Mentors have chosen to be there and cannot decide for the young person, so relationship is an unconditional one built on commitment and respect.
  - Can collaborate with families as stable, unconditional volunteer leading to greater understanding of child's context.





Employed:

- Mechanism of change:
  - Knowledge of policy and practice means mentors can plan tangible and intangible support and remove service navigation barriers.
  - Joint case management and mentor attendance at multi-disciplinary meetings increases continuity of care and incorporates permanency and normalcy into young people's lives.
  - Trained (e.g. in trauma informed care) and ongoing supervision programme prepares mentors to develop a trusting relationship and respond therapeutically to young people.

Near peer:

- Mechanism of change:
  - Through shared experience, offer relatable insight and guidance which can increase young people's self-determination and empower them to set future goals.
  - Through knowledge and empathy with trauma, seek new ways of connecting and meeting needs which build trust.

Naturalistic:

- Mechanism of change:
  - Third order position, figures who already have a footing and are valued and listened to.
  - Natural emotional connection fits more closely with how youth traditionally learn the practical skills needed for independence.
  - By being a confidant and spoken for young person and an existing operational partner for families/carers they can build the collective knowledge, empower and increase the resilience of the young person's network to deal with stressors and reduce health risk.

## Column 2: Resources

This section outlines the tools and resources which may be involved in the intervention and how they support mentors, mentees, and the successful implementation of the intervention.

### *Resources include:*

Standardised assessment tools

- Mechanism of change:
  - Encourage caseworkers to advocate for educational and mental support

Intervention manual

- Mechanism of change:



- Gain feedback on components before implementation and gauge stakeholder optimism

#### Smartphone app

- Mechanism of change:
  - Enhance trusting relationship with mentor and build relational competence

#### Mentor training and supervision and mentoring session materials

- Mechanism of change:
  - Emotional and practical support develops mentor self-efficacy and ability to overcome problems.
  - Clear expectations and boundaries for role increases mentor and mentee feelings of safety.
  - Increased awareness and knowledge of trauma leads to greater empathy and support for young people.

#### Physical and financial resources for mentors

- Mechanism of change:
  - Help maintain the relationship.

### **Column 3: Intervention**

This section details the mechanisms of change for the core mentoring intervention, supported by the context and resources outlined in the previous sections. This section also lists potential additional components which could go alongside the mentoring relationship.

#### ***Core intervention***

##### Mentoring:

- Mechanism of change:
  - Empowering relationships serve as positive examples which support positive future orientation and aspiration.
  - Connect to services and activities when difficulties navigating systems increases ability to access support and help-seeking behaviours.
  - Positive relationship can destigmatise being in care.
  - New modes of interpersonal learning can increase skills in approaching their needs and behaviours leading to greater self-efficacy and coping skills.
  - Compensate for deficits in social capital by being connected, empathetic, non-judgemental role model in a consistent relationship which increases young peoples network, aspirations, self efficacy and independence.

#### ***Additional intervention components include:***

##### Mentoring + support to transition out of care



- Mechanism of change:
  - Combining emotional with practical support empowers young people to set and achieve their goals and builds self-efficacy, self-determination and confidence.
  - Regular communication with mentor facilitates collaboration between services and helps statutory services to better measure young people's progress towards transition.
  - For programmes using University campuses: Proving experiences of higher education enhances educational aspirations.

Mentoring + activities, and groups for mentor and mentee to attend

- Mechanism of change:
  - Strengthen mentor/mentee bonds.
  - Reduce mentor/mentee isolation by widening social networks.

Mentoring + skills coaching for young person

- Mechanism of change:
  - Combining emotional, informational, and instrumental support fosters young people's resilience to learn social, psychological and behavioural life skills.
  - Experiencing mastery of skills, and verbal persuasion from adults and peers can increase young people's confidence and self-efficacy as they develop these skills.

Mentoring + employment support and placement

- Mechanism of change:
  - Emotionally supportive relationships plus network from work environment can improve young people's resilience and social connection.
  - Being seen by colleagues as contributing to the workplace offered a sense of acceptance and commitment and provides a sense of possible transition to world of work.

## Column 4: Outcomes

This column lists the expected immediate (short-term), distal (medium-term), and lifetime (long-term) outcomes of effective mentoring interventions. Each set of outcomes is expected to support improvements at the next stage.

Immediate outcomes include:

- Improvements in psychological functioning, including in:
  - Self-esteem
  - Self-efficacy
  - Self-concept
  - Self-confidence
  - Aspirations
  - Empowerment



- Future orientation
- Self-determination
- Improvements in social functioning, including in:
  - Social support and supportive relationships
  - Social competence
  - Social acceptance
  - Peer association
- Behavioural functioning, including in:
  - Behavioural regulation
  - Coping strategies
  - Extracurricular activities/hobbies
  - Self-sufficiency/resilience
  - Access to services/resources
  - Help-seeking intentions and behaviours

Distal outcomes include improvements in the following areas:

- Mental health/wellbeing
- Problem/risk behaviours
- Quality of life
- Successful transition to independence

Lifetime outcomes include improvements in the following areas:

- Criminal justice involvement
- Pregnancy and STDs
- School engagement
- Educational attainment
- Multiple and restrictive placements
- Associated costs to services (e.g. at crisis)
- Career/employment success
- Housing stability
- Financial stability

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### **Figure 3. Facilitators and barriers to implementing mentoring and befriending programmes for care experience young people**

This image shows a diagram consisting of five nested concentric circles, representing different levels of influence on mentoring. Each level contains specific facilitators and barriers which affect



the implementation of mentoring programmes for care experienced young people. This nested structure suggests that mentoring outcomes are influenced by factors ranging from individual characteristics to broader policy contexts.

**Innermost Circle: Individual level factors including:**

- Demographics (gender, age)
- Socio-emotional (including trauma)
- Previous relationships
- Young person led content

**Second Circle: Interpersonal level factors including:**

- Mentor matching
- Mentor training
- Time and constancy

**Third Circle: Organisational level factors including:**

- Leadership
- Multi-agency working

**Fourth Circle: Community level factors including:**

- Peer influence
- Community assets

**Outermost Circle: UK Policy**

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