Supportive relationships with trusted adults for children and young people who have experienced adversities

Supportive Relationships with Trusted Adults for Children and Young People Who Have Experienced Adversities: Implications for Social Work Service Provision

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Abstract

Adverse childhood experiences encompass both direct harm, such as abuse and neglect, and indirect harm via family issues, including parental substance abuse and mental illness. They create significant risks for problems in later life, including mental health problems, substance abuse, interpersonal violence and self-harm. Due to these enduring and damaging consequences, interventions are essential to prevent or mitigate impact. One form of support is the role played by trusted adults in the lives of vulnerable children and young people. Employing a scoping study methodology, this article examines the role of the trusted adult and explores implications for social work agencies and practitioners. Whilst the idea of a supportive relationship may

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reflect the social work value base, there can be legal, procedural and bureaucratic barriers to directly providing such relationships in the child and family social work workforce. However, other adults associated with formal services such as teachers and youth workers, as well as extended family and community members may potentially be able to do so. Social workers can assist by becoming recruiters and facilitators of supportive adults for children and young people from their wider family or community and by partnering with organisations to stimulate provision of such services.

Introduction

The highly influential adverse childhood experiences (ACEs) study by Felitti *et al.* (1998) generated heightened interest in research into the consequences of childhood adversity (Narayan *et al.*, 2021). ACEs encompass both direct harm to children, such as abuse and neglect, as well as indirect harm via family issues, including parental substance abuse and mental illness (Hughes *et al.*, 2017). Extensive subsequent research shows that ACEs frequently cluster and accumulate, creating significant risks for problems in children's later lives, including risk taking sexual behaviour, mental health problems, problematic alcohol and drug use, interpersonal violence and self-harm (Hughes *et al.*, 2017). Due to the enduring and damaging consequences of ACEs, interventions are essential to help prevent or mitigate the possibility of these downstream effects (Linden and LeMoult, 2022).

There are considerable challenges for providers of services in translating such epidemiological research so as to inform practices. The findings from ACE studies that the greater the number of adversities encountered in childhood increases exponentially the probability of realising poor outcomes across the life-course (McGavock and Spratt, 2014), has led to an interest in the utility of screening for ACEs as a way of identifying those with higher ACE scores and prioritising these individuals in terms of service response (Finkelhor, 2018). The ACE research has also energised a growing tendency to conceptualise the biological, psychological and social transmission of adverse experiences in terms of response to 'toxic stress', generating, in turn, a concern on the part of agencies to provide 'trauma informed' services (Frederick *et al.*, 2021). Whilst such developments, representing as they do a serious engagement with the extant research, are to be welcome, they do not, as yet, provide a clear evidential base to indicate what type of interventions are beneficial to those receiving services. Recent research, however, emerging from studies

seeking to identify mitigating or buffering factors in the lives of those individuals with higher ACE scores, does indicate a promising direction of travel. In this article, we examine this research, popularly encapsulated in the term 'one trusted adult', presenting the research to date and exploring how the findings might profitably inform the work of social workers in providing services that make a difference in the lives of those service users living with elevated ACE scores (Whitehead *et al.*, 2019).

One trusted adult

In a wide-ranging review of the literature regarding trusted adult support, Whitehead *et al.* (2019) state that there is no 'common universal definition' of the trusted adult role (p. 13). For the purposes of their review, they adopted a 'broad definition' as an adult who 'children and young people may turn to for help and will take them seriously' (p. 5). Pringle *et al.* (2019) have expanded on this definition to include 'support from a specific, dependable (adult) individual, who acts in a responsible manner, rather than (social) support as a more general concept (Orbit, 2017).' (Pringle *et al.*, 2019, p. 31). Trusted adult support has also been measured in research by Bellis *et al.* (2017, p. 3), with the question 'While you were growing up, before the age of 18, was there an adult in your life who you could trust and talk to about any personal problems'.

When asked by researchers, as reported in a number of qualitative studies, children and young people commonly view relationships with trusted adults as supportive, describing a range of benefits such as greater self-confidence, decreased feelings of sadness and worry, and better school engagement and achievement (Lester *et al.*, 2020; Whitehead *et al.*, 2019).

As ACEs can lead to both emotional stress and social isolation for young people, it is no surprise that a wish for such supportive relationships is so clearly expressed (Lester *et al.*, 2020). This wish for support, in fact, resonates with the 'single most common finding' from 'decades of research in the social and behavioural sciences': that children who do well in spite of experiencing 'significant adversity' in their lives have had 'at least one stable and committed relationship with a supportive parent, caregiver, or other adult' that helps to protect them from negative developmental consequences (National Scientific Council on the Developing Child, 2015, p. 1).

Aims and objectives

The primary aim of this article is to examine the existing literature on the role of trusted adults in providing support for children and young

people who have experienced adversities. A subsequent objective is to then explore the implications for social work service provision by practitioners and agencies, first in relation to delivering this form of support themselves, and second in terms of facilitating the provision of trusted adult support more broadly in the community.

Methodology

To address our primary aim we selected a scoping review approach. Scoping reviews are seen as useful for examining emerging evidence and considered an ideal method for determining the scope of a body of literature on a given topic (Munn *et al.*, 2018). Scoping reviews are intended to provide an overview of a particular field, by rapidly mapping its key concepts, evidence and studies (Arksey and O'Malley, 2005; Pollock *et al.*, 2021), rather than conducting a more extensive full systematic review (Crisp, 2015). Levac *et al.* (2010) also indicate that scoping studies are especially valuable as they can cover a range of study designs in both published and grey literature. The scoping review approach is particularly pertinent because this form of trusted adult support in the lives of children and young people who have experienced ACEs has been receiving much attention recently (Whitehead *et al.*, 2019).

Our approach to the review is guided by the structured procedure from the seminal framework of Arksey and O'Malley (2005). This follows five stages: (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data and (5) collating, summarising and reporting the results.

Stage 1: Identify the research question

In relation to the research question, Arksey and O'Malley (2005) recommend a wide approach to produce a greater range of coverage. Accordingly, our research question was framed broadly: 'What is known from the existing literature about the role and qualities of trusted adults in providing support for children and young people who have experienced adversities?'

Stage 2: Identifying relevant studies

Relevant studies were identified through searches in the following electronic databases: Scopus, Proquest, Ovid Medline, Ovid PsycInfo, CINAHL Plus, Informit, Google Scholar and Google. The following search terms were used to retrieve primary studies (peer reviewed and

grey literature) and reviews appropriate to helping answer our central research question (Arksey and O'Malley, 2005): ('trust* adult* support*') AND ('child* OR young person OR youth OR teenager OR adolescent') AND ('adverse childhood experiences' OR 'ACEs' OR 'adversity'). As the concept of trusted adult support for children and young people affected by adversity has been receiving attention in more recent times, we searched for literature published in English between 1 January 2012 and 30 September 2022, with searches concluding on 21 October 2022.

In relation to the searches on Google Scholar and Google, we followed the advice offered by Godin *et al.* (2015, p. 4) regarding searching on these databases that '... it is impossible to screen all retrieved results from Google searches' however the first ten pages (100 results) were screened as 'this number' can 'capture many of the most relevant hits while still being a feasible amount to screen.'

A further strategy employed in this search process, as recommended by Arksey and O'Malley (2005), involved hand searching reference lists in papers already identified in the database searches to determine if there were any other relevant studies. This resulted in the inclusion of six additional studies (Jobe and Gorin, 2013; Lester *et al.*, 2019; Meltzer *et al.*, 2016; Noble-Carr *et al.*, 2014; Storer *et al.*, 2014; Whitehead *et al.*, 2019) which met all inclusion criteria but were not identified in the database searches.

Stage 3: Study selection

In terms of inclusion and exclusion criteria, studies were included in our final selection if they involved: (a) quantitative or qualitative data and information regarding (b) trusted adult support of (c) a child or young person aged under 18 years, where (d) the child or young person was subject to ACEs.

Figure 1 shows the screening and selection flowchart. The first author applied the inclusion and exclusion criteria to all studies found, with full papers obtained for studies appearing to be a 'best fit' in relation to our research question (Arksey and O'Malley, 2005, p. 26). All authors then read the full papers to assist with the final decision about whether they should be selected for inclusion.

Stage 4: Charting the data

In this stage, we carried out 'charting' of key pieces of information from the primary research reports which involved 'sifting, charting, and sorting
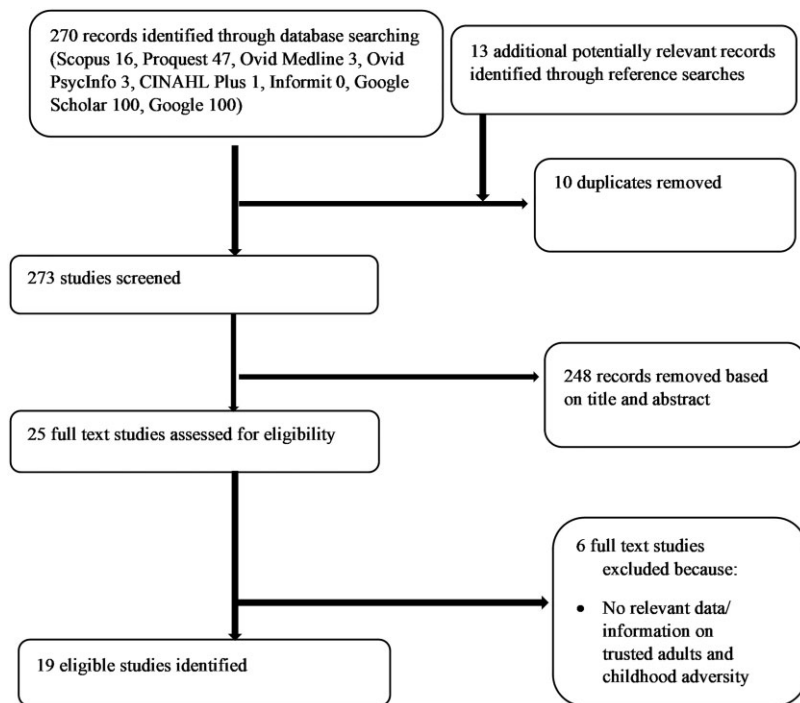
Figure 1: Flow chart of the screening and selection of studies.

material according to key issues and themes' (Arksey and O'Malley, 2005, p. 26).

We applied a common analytical framework to all research reports, collecting standard information on each study and entering this onto a 'data charting form', comprising both general information about the study and more specific information, where available, about the study population, aim, methodology and significant findings (Arksey and O'Malley, 2005, pp. 26–27). Our focus was on which variables would help us answer our research question (Levac *et al.*, 2010).

Stage 5: Collating, summarising and reporting the results

This stage of the scoping study entails the collation, summarising and reporting of the results found (Arksey and O'Malley, 2005). They suggest presenting the findings in two ways. First, through a summary presentation of the geographical distribution and research methodologies of the included studies and, second, by organising the literature thematically. Levac *et al.* (2010) recommend that qualitative data analytical

techniques can be considered for assistance with this second process. Accordingly, we applied Braun and Clarke's (2006) widely utilised form of thematic analysis, which has also been used by social work researchers when conducting scoping reviews (e.g. Roulston *et al*, 2021; Toros *et al.*, 2018).

The first phase of the thematic analysis, following Braun and Clarke (2006), involved careful reading of the studies for familiarity with their content. The next step required creating codes which identify important features of the data for potential relevance in answering the research question. Following this, the codes and collated data were examined to identify potential themes. Data were then collated in relation to the candidate themes and reviewed again for the theme's viability, after which the themes were defined and named. All authors assisted with this process.

Findings

Our initial search, after the removal of duplicates, resulted in 273 potentially eligible studies, of which 19 met our inclusion criteria. The included studies ranged from those with twenty-three participants to others with over 7,000, as well as review articles and reports for government organisations (see Supplementary Table S1 for an overview). The largest number of included studies came from the UK (eleven), with five from the USA, two from Australia and one from Norway. There was considerable diversity amongst the studies in relation to samples and research approaches.

Supplementary Table S1 displays the variety of study aims, methodologies and significant findings from the included studies.

Through thematically analysing the studies, the following four key themes emerged:
1. Trusted adult support reduces harmful outcomes.
2. Trusted adults have core qualities.
3. Trust needs to be built over time.
4. Trusted adult support can come from a range of sources.

Trusted adult support reduces harmful outcomes

A number of studies found that trusted adult support reduced harmful outcomes for children and young people who had been subject to adversity. Bellis *et al.* (2017) reported that although ACEs may have a negative impact on mental and physical health across a person's life-course, these effects may be substantially mitigated by having support from a trusted adult in childhood. They also found that multiple health harming

behaviours, together with lower mental well-being, increased significantly with the ACE count *and* lack of trusted adult support in childhood. Hughes *et al.* (2018) indicate clear associations between trusted adult relationships and mental illness outcomes, for instance, amongst those who never had a trusted adult relationship, 55.2 per cent reported lifetime mental illness in comparison with 31.5 per cent of those who always had a trusted adult relationship. Crouch *et al.* (2019) also found that those who experienced four or more ACEs but who had an adult who helped them feel safe and protected were less liable to experience frequent episodes of poor mental or physical health. A lower prevalence of depression and/or poor mental health was also found by Bethell *et al.* (2019) amongst those who had at least two nonparent adults who took genuine interest in them as a child. Other outcomes associated with trusted adult support were reported by Ashton *et al.* (2021) who found that individuals with higher numbers of ACEs and less support from a trusted adult reported less resilience, whilst Brown and Shillington (2017) found that young people with histories of ACEs and less protective adult relationships were more liable to be involved in substance use. Bellis *et al.* (2018) also reported that the availability of a trusted adult is related to better outcomes for childhood health and school attendance. Vederhus *et al.* (2022), too, found that lack of support from a trusted adult had the strongest negative impact on adult quality of life. In an evaluation study of a 'trusted adult worker' initiative in England, findings suggested that they brought significant improvements for the children they were working with, including 'improvements in emotional health, connections with others, positive outlooks on everyday life and feeling empowered for the future.' (College of Policing, 2021, p. 7*).*

Trusted adults have core qualities

Across studies, trusted adults were found to have core personal qualities, including being trustworthy, empathic, reliable and genuine. Pringle *et al.* (2019, p. 39) have developed an acronym 'On TAP' to briefly summarise key elements of trusted adult support, described as: 'Trustworthy, Time-generous. Accessible, Approachable, Attentive, Authentic, Available Adult. Provides Persuasive, Protective, Positive example, and Promotes Positive development.' (Pringle *et al.*, 2019, p. 39). Core qualities identified in another review study include the adult's ability to be empathic, non-judgemental and an active listener (Lester *et al.*, 2020). Similarly, Noble-Carr *et al.* (2014) noted the ability to listen carefully and show genuine interest. Other qualities observed include that the trusted adult is perceived as 'reliable, competent, honest and open' and a person who young people 'are willing to be vulnerable with or to risk relying on, and

whom they believe will protect their wellbeing' (Meltzer *et al.*, 2016, p. 58).

Overall, Whitehead *et al.* (2019) comment that certain 'key traits' of trusted adults have been noted in the large number of studies in their review (pp. 13–14). These comprise being genuine, empathetic, proactive, confidential, reliable, non-judgemental and patient.

Trust in adult support needs to be built over time

A further important factor is seen to be consistent, long-term engagement (Whitehead *et al.*, 2019), as length of time has been associated with successful supportive relationships (Pringle *et al.*, 2019).

As Anna (aged 17), in a study by Jobe and Gorin (2013, p. 434), commented, in the context of numerous changes of social worker:

> I really think that they should try and keep that same social worker with that child for as long as possible, so then a relationship can get built up, the trust can get built up.

In relation to foster care, Storer *et al.* (2014) found that young people want care-givers to engage with them unconditionally, despite challenges, and give them structure, guidance, consistency and support in helping them prepare for the future. As indicated by Noble-Carr *et al.* (2014, p. 392), in their study of vulnerable young people, developing caring connections are pivotal, as during their lives many participants 'felt that they did not have anyone who cared about them' and, as put poignantly by one young person:

Having someone actually care about you is a good feeling and I hadn't had that for years . . .

In a study of young people affected by parental drug use, Offiong *et al.* (2020, p. 4) stated that all participants believed that they lacked consistency in the people in their lives and needed 'consistent, committed adults' who could provide emotional support and make sure basic needs were being met. They felt 'overwhelmed by their unstable family situations' that 'any adult at school or local community center would have been the saving grace.' As one interviewee put it:

> It's just the need for someone stable. The need for someone to care regardless of anything. To know that they're not getting anything out of it, but they're still going to be there for you.

Trusted adult support can come from a range of sources

For many children and young people who have experienced adversity, trusted adult support can be provided by a range of different adults.

Lester *et al.* (2019, p. 28), in their review of evidence of 'what helps' in relation to children and ACEs, state that not just 'any adult' can help. The qualities and characteristics required to provide suitable support are, in fact, more important than an adult's professional designation.

As well as those adults associated with formal services such as social workers, foster carers and teachers, some of the individuals who can best provide this support can also include extended family and community members (Lester *et al.*, 2019).

Regarding social workers, young people spoke positively when social workers had time to work with them and build relationships. As described by Laura, aged 15, in Jobe and Gorin (2013, p. 434):

> I've still got her now, she's really, really nice ... Like she's really easy to talk to and really chatty ... like I've had regular meetings with her, and we've done like mind maps of family and like putting people who are closer in the inner circles and stuff like that.

Jobe and Gorin (2013, p. 433) reported that young people also go to teachers for support, generally someone with whom they had an 'established and valued relationship' and felt they could approach. According to Lisa, aged 15:

> It's all about trust isn't it—some people you get on with and some people you don't like—some people you can trust and some people you can't ...

In an evaluation report by Estyn (2020), regarding support provided by schools in Wales for students with ACEs, it was reported that '[I]n the stronger schools, pupils speak positively about how they can trust and approach their headteachers, teachers and support staff when they have difficulties', and that most students feel comfortable about this in primary schools (p. 24). However, in secondary schools, they found less consistency in how well staff adopted the notion of being a trusted adult and available for reasons other than academic support. Nonetheless, secondary students said they could identify those staff they could trust and talk to as well as those who would not be supportive.

Along with school staff, other professionals such as youth workers were identified as trusted adults, who could assist with young people's educational needs. For example, one young person commented on her youth worker's persistence: 'She just never gave up ... She just kept pushing me to come back to school.' (Offiong *et al.*, 2020, p. 4). In other situations, youth workers helped those who had disengaged from education by, in one case, negotiating with a young person's school to take them back, and, in another, by persisting in a lengthy process to help a young person enrol in a distance education programme when she refused to attend a mainstream school (Meltzer *et al.*, 2016, p. 61).

In terms of foster carers, young people in the study by Storer *et al.* (2014, pp. 113–114) expressed that they wanted a 'sense of belonging where their foster families took an active interest in their lives.' One young person, for example, felt that her foster parents were only 'getting paid to pretend to like' her, and, as another commented:

> Sit down and talk to them, let them become comfortable speaking to you when it doesn't have to do with, you know, 'I'm hungry, can I eat? My clothes are dirty, can I wash?' You know, really sitting down and talking to your kids.

Other young people mentioned positive aspects of their foster care experiences including involvement in everyday family interactions such as game nights and helping prepare meals, and where foster carers provided boundaries and consequences (Storer *et al.*, 2014).

Extended family, especially grandmothers and aunts, were identified in the study by Offiong *et al.* (2020), as adults that young people could turn to for trusted advice and support, providing an 'anchor for connectedness' (p. 6). Meltzer *et al.* (2016) also found that of the twenty-three trusted adults nominated in their study, eight were extended family members or family friends.

Discussion

How might the findings of our scoping study give indication of the opportunities and challenges in the identification and support of one (or more) trusted adults in a child or young person's life? Taking each of the emerging themes from the literature in turn, we comment on their potential utility in establishing ways forward in practice. However, it is important to note that much of our commentary is, by necessity, speculative. What we suggest are issues for further discussion, with the impact of any future service developments seeking to incorporate our current level of knowledge on the influence of trusted adults, being necessarily the subject of evaluative research. It is also salient to add a note of humble acknowledgement that the idea that it is important to have a supportive adult available during the developmental years is not new. Indeed, the very notion is central to our understanding of what conditions are necessary for happy and secure childhoods. However, what recent research has demonstrated is that such relationships are more effective when provided with continuity, rather than in serial ways—in other words it is better have a long-established relationship with one trusted adult that with one after another, although this too will have more value than having none at all.

The finding that 'trusted adult support reduces harmful outcomes' is, in many ways, the most important of the identified themes. It provides a

foundational evidence base upon which the other themes build as component parts. Importantly, the extant research reveals that there is impact not only on future outcomes—which in the past may not been subject to measure, as longer-term health and social circumstance outcomes were often disassociated from their early antecedents (Spratt, 2012), but also on contemporaneous outcomes. Essentially, this means that interventions to help provide a trusted adult in the present can have positive current impact, with the probability of positive future gains also being enhanced. Whilst these findings add considerable weight to the importance of intervening in the lives of children and young people, the practice of field social work has traditionally been characterised by short-term interventions, whereby immediate concerns for child safety trump notions of establishing longer term arrangements for the future welfare of children (Spratt *et al.*, 2019).

That 'trusted adults have core qualities' will be no surprise to social workers, whose familiarity with the oft cited attributes of warmth, empathy and genuineness (Truax *et al.*, 1966), will likely have been established in their professional training. As Storer *et al.* (2014) have noted, young people in care can also identify such characteristics in their foster caregivers, with satisfaction with and stability of placement being associated with positive relationships built upon these qualities. The quality of service user/social worker relationship has also been the subject of recent interest within social work (Frederick *et al.*, 2021), with a continued tension noted between the establishing and maintaining of such relationships whilst fulfilling the requirements of onerous procedural and managerial demands (Munro, 2011).

The observation that 'trust needs to be built over time' is perhaps the most challenging of all the findings for social work practice. The voices of young people in the Jobe and Gorin's (2013) study attest to the effects of changes in social worker. Yet in the UK, the average working life for local authority social workers with children and families is under eight years with low levels of social worker retention (Curtis *et al.*, 2010; Turley *et al.*, 2022), whilst Baginsky (2022, p. 6) reports that 40 per cent of families in her study 'had experienced at least one change of social worker' over a six-month period. Whilst young people may rightly desire continuity of professional relationship, it is important to differentiate this from the type of enduring trusted adult that research has established impacts on outcomes. Whilst it is true that the quality and longevity of the professional/service user relationship will promote good outcomes, equating this with the provision of a trusted adult may represent a conflation. This requires further research to unpick and identify the types of relationships in differing contexts which help create conditions for the best outcomes possible.

The finding that 'trusted adult support can come from a range of sources' may represent the most realistic way forward for social work

practitioners in seeking to help establish supportive relationships for young people, where their assessment has found these to be lacking. If social workers in the child and family social work workforce are well placed to recognise the needs of young people but not to meet them, then perhaps there is a role in identifying other adults who may meet such needs more continuously? This might mean, for example, that social workers become recruiters and facilitators of supportive adults for young people, identifying individuals in their wider family or community or partnering with charities or NGOs to stimulate provision of new services (see, e.g. King *et al.*, 2019). What such services would look like is, of course, a matter for conjecture, but they fundamentally would seek to use research to inform new and enduring forms of provision of help and support to young people to help mitigate the effects of experiences which may damage the course of their future lives.

Drawing from the well of social work theory and practice may be instructive in offering ideas as to how children and young people who have experience of adversities can be connected with adults who are trusted and able to provide them with help over longer terms. 'Advocacy' is a concept familiar to social workers. Whilst the term is more usually associated with a rights-based approach in advocating for changes at societal level, it can also be employed at an individual level to help vulnerable service users achieve goals (Dalrymple, 2004). As has been noted above, teachers or other professionals, together with wider family and friends may be able to provide the necessary support but may not be aware of the life circumstances, vulnerabilities and needs of a child or young person who is already known to them. Advocating on behalf of such a child or young person might include discussing initially with them, who out of the people they already know might they consider a potential trusted adult, and then reaching out to this person to assess the possibility of such a relationship being established. Such processes could be formally built into both the reviews of young people in the care system, and also for young people in the community, whose circumstances indicate an ongoing need for support outside the immediate family. All considered, of course, within a framework sensitive to the risks to the child or young person, of both not/and attempting to establish such a relationship. An important secondary role would then be for the identified adult to be supported by the social worker to ensure that their good intentions were appropriately directed, and also help them to contain and process their own worries and anxieties about the child's experiences, and any behaviour the young person may be engaged with that could be potentially dangerous or anti-social. What form this might take and how it could be incorporated procedurally within the system remains unclear. Whilst social workers may be free to appropriate the research findings we have outlined above to inform their practice, such initiatives will likely remain the province of the individual pioneer pending wider

recognition of the importance of this issue. It is our intention to our contribution to the issue might evoke further consideration on the part of both social workers and family and child care agencies.

Limitations

This review has certain limitations. First, as a scoping review, this article is intended to provide an overview of the field, through a rapid mapping of key concepts, evidence and studies. Therefore, more extensive analysis, such as critical appraisal of methodological limitations or risk of bias of the studies was not conducted. Further, it is possible that our searches may not have identified relevant data which were reported in a study but not mentioned in the title or abstract. Finally, we only included English language papers and it is possible that there are relevant studies in other languages.

Conclusion

Whilst the causes of damage to the developing child are more often to be found in the absence of supportive relationships, the potential for repair is to be found in their presence. Social workers are well placed to provide a vital service in connecting vulnerable children with supportive adults, to mitigate the worst effects of adversities experienced in childhood and change for the better, future life outcomes. To do this, however, there needs to be a conscious utilisation of developing evidence, drawing on older ideas and adapting these to new practices.

Supplementary material

Supplementary material is available at *British Journal of Social Work Journal* online.

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