**Children and young people ‘in care’ participating in a peer-mentoring relationship: an exploration of resilience.**

**Abstract**

The aim of this study was to explore how a one-year peer-mentoring relationship contributed to change in young women ‘in care’.

Twenty semi-structured, one-to-one interviews were conducted with mentors (N=11) and mentees (N=9) recruited from two different London local authorities. Participants’ accounts were interpreted through a developmental lens to uncover developmental aspects and locus mechanisms through which transformative change took place.

Resilience as a healthy outcome was the result of the dual function the mentoring relationship performed. The mentoring relationship was protective against the risks associated with transitioning to independent living and/or adulthood, and promoted internal assets and competencies whereby enhancing the mentees’ ability to resist them. Establishing a trustworthy connection with a role model promoted developmental domains within mentees.

**Introduction**

In the United Kingdom looked-after children and young people are those in the care of the local authority, either voluntarily or subject to a care order made by a court to grant shared parental responsibility with that local authority (‘in care’) (Jones, Everson-Hock, Papaioannou & Guillau, 2011). Research shows that almost all children in care have experienced varying levels of deprivation, poor parenting, and various types of abuse and neglect in their backgrounds – which are in themselves risk factors for the development of a range of emotional, social, and behavioural difficulties (Schofield et al., 2014). Entering care is also strongly associated with poverty and deprivations such as low income, parental unemployment and relationship breakdowns, with over 62% of children being in care because of abuse or neglect (Department for Education, 2017). Looked-after young people are at risk of engaging in drug use, sex work and sexual exploitation (Dixon, 2008; The Children’s Society, 2012), are more likely to be imprisoned (Prison Reform Trust, 2016), and have an increased lifetime risk of mental health problems (Teyhan, Wijedasa & Macleod, 2018; Dixon, 2008). They are widely recognized as a vulnerable population, bearing a greater burden of health and social problems than the most disadvantaged children outside the care system (Ford, Vostanis, Meltzer & Goodman, 2007). Research has demonstrated a recurrent achievement gap between children in care and their peers in the United Kingdom (O’Higgins, Sebba & Luke, 2015) and internationally (Dill, Flynn, Hollingshead & Fernandes, 2012).

Population-based research has provided evidence of the adverse adult health and social outcomes experienced by people who spent time as looked-after children; they lag well behind their peers in terms of educational attainment, have poorer outcomes in homelessness, psychological morbidity and general health and are more likely to have a criminal conviction or be unemployed (Teyhan, Wijedasa & Macleod, 2018; Viner & Taylor, 2005). It is against this backdrop of childhood adversity that peer-mentoring programmes have been designed to reduce potential behavioural responses that may generate exposure to further trauma and promote positive ones.

In recent years peer-mentoring has grown as an intervention strategy for encouraging positive youth development (PYD) both in the United States (United States Agency for International Development, 2016) and the United Kingdom (Schulman & Davies, 2007). This approach seeks to promote good outcomes for disadvantaged young people by encouraging them, along with their families and communities to foster constructive relationships and build the resilient, protective assets they need to succeed (Kia-Keating, Dowdy, Morgan & Noam, 2011; Plourde, Ippoliti, Nanda & McCarraher, 2017). Through a peer-mentoring relationship the mentor models positive behaviors to the benefit of the mentee and provides guidance, support and skills through regular meetings to overcome health, social and economic challenges (Plourde et al., 2017). Across England over one third of schools operate some form of peer-mentoring scheme (Mentoring and Befriending Foundation, 2010; Powell, 2016). The impact of these schemes has been variable with some studies reporting no clear effect on pupils’ behaviour, school attendance or educational attainment (Knowles & Parsons, 2009), whilst others reported increased self-esteem, confidence and reduced levels of anxiety among mentees (O’Hara, 2011). Often empirical studies on the effectiveness of peer-mentoring interventions are insufficient to tell us whether these approaches are effective as they lack clarity about the theory of change a particular approach involves, and whether particular interventions embody that theory (Bonell et al., 2016). When embedded within the social ecology of an adolescent’s networks and opportunities, mentoring programs are assets (Kia-Keating et al., 2011) that can strengthen an individual internally and externally and may be predictive of positive outcomes such as resilience.

Resilience implies an individual’s ability to bounce back, adapt or cope successfully with adversity or persistently adverse contexts (Rutter, 1993; Ungar, 2015), although the locus of mechanisms that produce resilience is also portrayed as residing internally and externally to varying degrees (Hart et al., 2016). Other definitions focus more on how resilience reflects an interaction between an individual and their environment (Kia-Keating et al., 2011; Hart, et al., 2016). Ecological approaches suggest that resilience can only be understood in a broader context of differing levels of support and relies on the ability of the individual to access, navigate and negotiate support and resources under different environmental conditions (Ungar, 2015). Failure to acknowledge the social-environmental context when determining what outcomes are defined as ‘resilient’ (Ungar, 2003) may reinforce the idea that resilient people are somehow “remarkable individuals, possessing extraordinary strength and inner resiliency” (Masten, 2001, p. 227). According to Masten, resilience ought to be conceived as made of ordinary rather than extraordinary processes as this offers a more positive outlook on human development and adaptation.

The peer-mentoring intervention described in this study sought to develop a trusting relationship between an older more experienced person, and a younger, less experienced one over one year. The intervention was informed by a theory of change which drew on social learning theory and attachment theory (Authors, 2015a). The following questions were asked of the data: a) what are the identified underlying developmental mechanisms of the peer-mentoring relationship that enable resilient transformative change in mentees; and b) what is it about the peer-mentoring relationship that works and has the power to positively develop both mentees and mentors?

**Method**

This research adopts a case study approach (Flyvbjerg, 2003) using a qualitative method of enquiry to examine resilience in the context of interviews conducted for an interventional study with looked-after girls and young women. The accounts of the participants are located within an interpretative framework constructed on the basis of reading interdisciplinary literature on resilience and peer-mentoring approaches adopting PYD with young vulnerable groups (Kia-Keating et al., 2011; Hart & Heaver, 2013; Bonell et al., 2016).

**Intervention setting**

This study is embedded in a larger study commissioned by the UK National Institute for Health Research which comprised the development and piloting of a peer-mentoring intervention to reduce teenage pregnancy rates in looked-after young women, followed by a phase II RCT of the intervention (Authors, 2015a). Participants were recruited in two London local authorities (LAs, referred to as LA1 and LA2). Each LA had an assigned local project coordinator (PC) who identified and recruited mentors and mentees. Peer-mentors were young women aged between 19–25 years who had themselves been looked-after and were deemed safe to work with vulnerable children by having a satisfactory Disclosure and Barring Service (DBS) (a UK employment check designed to help to prevent unsuitable people from working with vulnerable groups). Mentees were aged between 14 and 18 years and currently under the care of the LA in children’s homes or with foster carers, or were care leavers. Mentors provided individual peer-mentoring support to looked-after children for up to 1 year, they received a 3.5-day training programme and were provided with a monthly support group facilitated by a Local Authority (LA) project coordinator (PC). For full details on the overall RCT design and strategy see full report (Authors 2015a).

**Sampling and recruitment**

Young women in middle-adolescence (14-18 years) were targeted because this is a stage marked by cognitive and emotional/social changes, where young people are attempting to find their own identity and are struggling with social interactions and wrestling with moral issues (Lam, McHale & Crouter, 2014). It was hoped that young women of this age group would respond to supportive mentoring and reap developmental dividends from the mentoring relationship.

Participants for this study were drawn from an existing sample composed by all mentors (n=11) and mentees (n=9) taking part in the intervention, as defined above, who had completed a qualitative interview in the exploratory trial.

**Data collection and analysis**

Data was obtained from the participants who completed the peer-mentoring intervention and volunteered for qualitative one-to-one interviews 12 months after starting their peer-mentoring relationship. Semi-structured interviews were carried out between 2012 and 2013 in an Educational Achievement Centre, lasted between 45 and 60 minutes each and were recorded with the consent of participants. Two research assistants (FC and DM) undertook the interviews. All 20 interviews were transcribed verbatim, transcripts were uploaded into NVivo qualitative data analysis software version 10 (NVivo, 2012), and all names were anonymized. NM conducted the thematic analysis to identify, analyze and report patterns (themes) within data (Braun & Clarke, 2006). The analysis consisted of reading the entire data set, searching for meanings and patterns, where data were labelled with initial codes and subsequently reviewed on inspecting the data further. A thematic map was applied to the entire data set.

To increase quality assurance of the qualitative work undertaken, Lincoln and Guba's (1985) idea of trustworthiness was applied throughout the research process by rigorously collecting data and synthesizing it. A peer scrutiny method was adopted in data analysis whereby SG inspected the thematic map NM produced in NVIVO, which enabled NM to reﬁne the themes coded in the earlier phase. In addition, to help ensure honesty in participation, each participant approached for the interview was given the opportunity to refuse to take part in the project. This ensured that the data collection sessions involved only those who were genuinely willing to engage and were prepared to offer their views freely.

**Ethical approval and research governance**

The data collection for this aspect of the study fell under the remit of the aforementioned study (Authors, 2015a). Ethical approval to conduct the main study - including the qualitative interviews - was granted in December 2010 by the Research and Ethics Committee based at the London School of Hygiene and Tropical Medicine (reference number: 5866). Local approval was obtained from the LAs to ensure the trial met their standards for research governance.

**Results**

This section provides a description of the study participants and reports on three key themes: 1) the peer-mentoring relationship as an asset promoting transformative change; 2) the buffering effect of the peer-mentoring relationship; and 3) resilience outcomes resulting from taking part in the peer-mentoring relationship.

**Description of participants**

The age of participants who were mentees ranged from 15 to 18, with an average of 16 years of age. They were mostly from a Black ethnic background (two Mixed-ethnicity; one Asian-British; three Black-African; two African-Caribbean; one White); and the majority were born in England apart from three who were born in Africa (Congo, Nigeria, and Eritrea). Except for one mentee who was in part-time education during the year of the peer-mentoring relationship, all the others were in full-time education, either working towards their General Certificate of Secondary Education (GCSE) (five), or had already obtained 5 or more GCSEs (three). Their living arrangements consisted of foster care (six), semi-independent living and hostel (two), and one living with the biological mother. The average age of entering care was 13 (age range 9-17), with reasons for entering care given as adversities ranging from child sexual abuse (four), family violence and neglect (two), being unaccompanied children (two), and broken-down family relationships (one).

The age range of participants who were mentors was 21 to 23 years, with an average age of 21.9. Most of them were from a Black ethnic background (two Mixed-ethnicity; one Asian; two Black African; five Black Caribbean) and one was White. The majority were British born (six), while three were born in Africa (Nigeria, Malawi, and Congo) and two in Jamaica. The educational level was high: two mentors had a Degree with one undertaking a Masters’ degree, six had obtained ‘A’ (post-16) level equivalent qualifications, two had 5 or more GCSEs, and one had a foundation-level Diploma. Most mentors were in full-time education (six), while three were in full-time employment, and two on State benefits. Except for one mentor who was homeless and temporarily staying with friends, all the others were living in rented accommodation.

**The peer-mentoring relationships as an asset promoting transformative change**

The primary performative function(s) of the mentor/mentee relationship is conceived as the locus through which transformative change took place. Over time, most peer-mentoring relationships developed into supportive relationships that had social, emotional, and cognitive functions promoting change.

In a context in which mentees said they felt alone -they had no-one to talk to- a peer-mentoring relationship primarily provided the social support they needed to discuss and solve personal problems, which they felt they could not share with their caregivers, social workers, foster parents or support workers. Both mentors and mentees believed their caregivers did not understand the impact of their past experiences that had led to being taken into care or their difficulties in adjusting to life in care. They often felt that the caregivers who were involved with them were unable to recognize or respond to their emotional needs. Thus, most mentees placed greater emphasis on their mentor being someone they could confide in: ‘Someone I could talk to whenever I’m worried or stressed,’ Joy said. Here, is a typical illustrative example of how a social connection based on support, bonding and trust could promote change in the life of mentees:

I started really opening-up and then I was feeling proper comfortable to talk about everything. I started to talk about sexual relationships and stuff, and I think that’s when we got close. 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, when she told me stuff about her and her boyfriend. So, I thought: ‘Okay then I’ll tell her stuff about me’ and I’ve gossiped about my sexuality with her…that was the first time I spoke about it (Fern, mentee).

Sharing biographical characteristics and trajectories with their mentors enabled mentees to connect to them. Having a combination of commonalities such as country of origin or birth, ethnic background, familial culture, gender, and similar interests was described as ‘a good match’ (Lorna, mentor). However, mentors and mentees derived a mutual understanding of each other through their joint experience of entering care, of familial separation, and the intense pain and fear caused by such a major upheaval. This connection had a motivational and therapeutic effect:

It felt comfortable (to be) with someone that has been in care and that is a woman, like the same things, ‘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 and it’s been a good experience because…I can’t explain it… ‘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).

Mentees spoke of the emotional support they received which enabled them to understand and deal with the stigma associated with being in care, which mentors were well placed to provide, having experienced and worked through many of the issues and difficulties experienced by their mentees. Mentors predominantly saw their role as supporting their mentees emotionally, to be their confidant, to listen to them without passing judgment. They talked about ‘being there for them’ including during difficult times, showing they cared by giving their time, inspiring them and guiding them towards a normative path. Mentors attempted to instill positive expectations in their mentees by helping them to identify their abilities and competencies, therefore, broadening their hopes for the future.

I know she was just saying: ‘You might think it’s really bad when you are in care, but towards the end of it you will feel much better when you come out of it, [think of] all the support you’ve been given, it will help you in the long-term (Jade, mentee).

It’s not for me to be telling them that what they’ve done is wrong or to make them feel low about themselves. It’s my job as a mentor to lift them up and to make them feel better – even if I did think that something they were doing is wrong, it’s not about saying: ‘Okay, that’s wrong.’ It’s about saying: ‘Well how about, have you thought about this instead, or maybe you could try this or well I’ve seen you’ve got a talent in this.’ So, trying to turn it around without making them feel bad about themselves (Zoe, mentor).

In a similar vein some mentors helped their mentees to develop a broader awareness of what transitioning to adulthood whilst in care entailed. Mentors stressed the necessity to have a structure on which mentees could build their future. Helen advised her mentee on the significance of being ‘in full-time education before 21’ years of age warning that she would ‘lose out on a lot if she did not do it before turning 18’. This is a cut-off point in terms of statutory support provided jointly by children’s and adults’ services in Britain. Likewise, Joy was supported to develop her decision-making skills and select positive goals for the future:

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, mentee).

**The buffering effect of the peer-mentoring relationship against risks in the environment**

This section highlights how the peer-mentoring relationship safeguarded mentees against the risks associated with being in care. Mentors provided mentees with key information, advocacy, and diverse opportunities for engaging in positive activities, which enabled them to manage stressful life events.

Mentees often turned to their mentors rather than their caregivers to obtain advice about stressful relationship problems with family members or a boyfriend, or advice about resolving an accidental pregnancy. In a number of instances, the relationship with a mentor assisted mentees in identifying and accessing community services during difficult times. Sharon, for instance, said that her mentor had successfully argued on her behalf to be re-allocated a social worker. As a result of the closure of her case file she was worried that her mother would go to hospital again and that she would not have any social worker to support her. In the following extract Ariel’s mentor was an advocate, buffering against the potential risks resulting from a breakdown in communication between her and her caregivers:

It was good to have someone to stand up for you, someone to help you, someone to be there for you if you fall, or have an accident, or when you are feeling peed off about something in your care home. Then she can go back and talk about it with their manager and pass it on (Ariel, mentee).

At a time of heightened anxiety resulting from an imminent move to independent living and starting a journey into adulthood - a landmark step for most young people, which is more difficult for looked-after children than their peers (Department for Education, 2016) - having a mentor proved vital to a number of mentees. Mentors provided mentees with the necessary advice and information on transitioning to independent living, which enabled them to make competent decisions on sharing accommodation and being safe:

I was talking to her as I was worried about moving out of my foster care into shared accommodation, and she said she’d been in shared accommodation. So, I was asking her questions about ‘what it’s like, what are the people like and what… just what you do.’ 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. So, I was asking her questions, she helped me realize what it will be like, 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).

‘Cos once you reach 18 you’re given your own flat and they just stash you there and leave you in your own flat and expect you to do everything on your own. So, if someone’s there supporting, you have a mentor advising you on the right things and how to choose your paths, then you’re not left alone to make all decisions on your own (Riley, mentor).

Having a mentor who was outside their circle of friends was a structural safeguard for some mentees. In the instance below, Roz’s mentor was an asset – someone she could turn to when she felt helpless and alienated - which protected her against the risks of overdosing. Likewise, a mentor provided a chance to move out of the usual settings and engage in different activities, which offered the opportunity for reflection on the risks associated with sitting around doing nothing day in and day out.

It’s just nice to go and speak to someone that’s not connected to anything – literally. And you know you can tell her something…because at the time I didn’t really have anyone to talk to -when I was thinking to overdose myself-, so, (I knew) I could have called her: ‘Look, please stay on the phone with me… just ...to cry’ (Roz, mentee).

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. I liked her the most because she’s not connected with your main social life and I think that’s the best feeling…because she’s just on a good side and that’s good (Jade, mentee).

Most mentors were positive role models to their mentees; they were able to inspire them by example. Sometimes this was achieved through talking, sometimes through participating in positive and constructive activities, which as illustrated below, protected Fern from becoming involved in the criminal activities she engaged in with friends, and in so doing preventing her from coming into contact with the police.

It was just nice to do something that you wouldn’t usually do - like go shopping. Like, we’ll go shopping (with my friends) but I just know we’ll get in trouble somehow. And it was just nice to know: ‘I’m actually legally going shopping’, if I can say it like that - legally going shopping. Or just coming home without no police on my back and stuff (Fern, mentee).

**Resilience as a healthy development resulting from taking part in the peer-mentoring relationship**

The impact of the peer-mentoring relationship on both mentors and mentees is discussed here. Achieving emotional stability was key to many mentees being responsive to change and developing resilient outcomes which were possible because of the emotional attachment and commitment mentors and mentees had made to the social relationship. Feeling emotionally balanced enabled mentees to want to talk about their feelings more whilst at the same time reflecting on the dangers associated with internalizing one’s emotions and the effect that had on behavior.

I don’t know whether it was just me growing up, or in a way when she was there I think I was like opening-up myself. I look back on the times I’ve had, opening-up did kind of release certain stress because I’m used to just bottling everything up, and then one day I’ll just have a meltdown and that’s when I’ll overdose myself. And that’s when I’ll go out and then I’ll sleep with like 10 different men or do something stupid– to harm myself. So, I think if I have a balanced relationship with someone like her… I will emotionally balance myself out (Fern, mentee).

At that time confidence to talk up. I think it made me like talk to people more about how I feel and things like that to be honest. ‘Cos literally before I never used to, I used to break down a lot…my life was a roller-coaster (Cherie, mentee).

As a result, mentees developed an ability to connect to self and others, together with other social and emotional competencies, such as: an ability to make-decisions, to communicate effectively, to self-disclose, and to self-regulate through an understanding ‘that violence wasn’t the answer’ to their problems. These abilities increased the mentees’ confidence in solving problems and selecting positive goals:

I’ve gained confidence, now, I’m able to talk to people about certain (difficult) things and with the support she’d given me I’m able to go and sort it out […] Before when I was younger, I was thinking: ‘I don’t care about my future I’ve still got a long time to go.’ But then it comes quite quick and you’ve got to think about what you’re gonna do (Donna, mentee).

Through engaging in a pro-social activity such as mentoring a young peer over a prolonged period of time, mentors thrived. They developed a number of social and vocational capabilities which they described as: ‘talking through difficult situations’, ‘being persistent and consistent in a relationship’, ‘dealing with challenging behaviour’, ‘having more patience and being tolerant’, ‘empowering people to change’, and ‘knowledge at being able to help young people’ in need. Mentors’ own characters developed because they saw the value of having ‘responsibility to change someone’s life’ (Riley, mentor). They gained a strong sense of moral appreciation that what they did was ‘to give back to the community’ (Bailey, mentor). Realizing they had done something morally worthy provided mentors with a sense of achievement:

Knowing that you can make a change to somebody’s life I got confidence…‘cos you see this person that you met, they are struggling and not doing well or whatever and then all of a sudden, by the end of the year, you see this person transformed. So, it’s nice to see that ‘cos somewhere down the line that’s you that’s helped them to progress to become that person (Zoe, mentor).

Having bounced back from the experience of care, to be role-models to other younger peers, developed some mentors’ confidence in who they had become:

It made me feel good that I can be a role-model. And I’m, really! ‘Cos when I just think about what I’ve been through as well and to where I am now: I am a role-model, that I am doing things and that I am strong (Marianne, mentor).

**Discussion**

This study explored qualitative interviews with mentors and mentees who took part in a 12-month peer-mentoring programme to examine how the peer-mentoring relationship was an asset promoting healthy development among those involved. It also identified the underlying developmental mechanisms of the peer-mentoring relationship that enabled resilient transformative change in mentees, while at the same time providing some insight into the mechanisms at work in engaging in voluntary activities over the course of one year with a mentor. It uncovers that developing and sustaining affective, supportive, and emotionally expressive relationships between mentor and mentee was crucial to establishing a bond based on trust. This in turn enabled mentors and mentees to develop skills, attitudes, relationships and identities.

The first part of the study’s results underscores the way in which mentees (and to some extent mentors) recognize their relationship as positive, as an asset with promotive transformative potential. The second section of the results indicates the protective potential of the relationship (the buffering effect against possible contextual risks). These results illustrate the two functions of the mentoring relationship which are necessary precursors to building resilience and healthy development in looked-after children and young people. A mentoring relationship had a protective impact against the risks associated with transitioning to adulthood whilst in care, and/or transitioning to independent living. Moreover, it promoted internal assets and capabilities which enhanced the mentees’ ability to resist them.

The affective relationship with a non-judgmental mentor promoted the mentees’ capacity to develop trust in relationships, to bond, and have confidence in the emotional and practical availability of their mentors; they learned to trust and feel secure enough to explore issues never discussed before such as their sexuality, or internalized emotions. Mentees gained an ability to assess and regulate their emotions, which underscores the stabilizing effect of these relationships and their potentially therapeutic nature. In resilience research promotive factors are often associated with better adaptation or development across varying levels of risk, representing main effect(s) (Masten, 2014). Evidence on the therapeutic effect of accessing a relationship with a peer is supported by literature within a mental health setting (Pfeiffer, Heisler, Piette, Rogers & Valenstein, 2011; Author b, 2015).

Through these emotionally engaged relationships (Roth & Brooks-Gunn, 2003) mentors encouraged their mentees to broaden their prospects and have positive expectations for their future. For example, some mentees responded by reflecting on their current situation, taking into consideration the educational possibilities available to them, and chose those options that would optimize their chances of actualizing their goals. These findings support research suggesting that activity-based mentoring relationships can enhance resilience in young people through development of positive self-identity, including improvement in self-esteem, sense of control, self-awareness, confidence, goal-orientated behavior, and optimism (Copeland & Peck Beins, 2005; Woodier, 2011; Schofield et al., 2014). Research on looked-after children and young people indicates that they respond better to an emotionally engaged relationship (Ridley et al., 2013), rather than management styles reproducing managerialist, objective, emotionally detached ways of working (Ruch, 2012).

The mentoring relationship was an external asset that had a buffering effect against the risks associated with being in care such as transitioning to independent living, and experiencing alienation and helplessness, which protected against the escalation of harmful behavior. Participating in diverse activities and settings with someone outside their circle of friends afforded mentees protection against involvement in antisocial behavior while providing a space to reflect on their riskier behavior and social disengagement. Literature on PYD offers corroboration that developing positive assets can be protective of and/or reduce risks by a process of buffering (Catalano, Berglund, Ryan, Lonczak & [Hawkins](http://journals.sagepub.com/author/Hawkins%2C+J+David), 2004; Kia-Keating et al., 2011).

The aforementioned multiple levels of reciprocal influences and interactions (Kia-Keating et al., 2011) lead to resilient outcomes in both mentees and mentors. Mentees developed capabilities in social and emotional areas, and developed a connection to self and others, indicating positive adaptive functioning (Masten, 2014) to past trauma exposure or other risk factors often associated with the lives of looked-after children and young people (Schofield, Biggart, Ward & Larsson, 2015; Schofield et al., 2014). Similarly, mentors developed confidence in who they had become as a result of acknowledging the progress their mentees had made over time. They also derived a sense of self-efficacy which was the corollary of their practical experience of mentoring a peer. They developed character by noting that their efforts had made a difference in the lives of mentees. These findings substantiate previous research indicating that a person’s sense of self-efficacy is improved by opportunities to take responsibility or contribute to decisions which affect the minutiae or broader trend of one’s life(Gilligan, 2000; Cairns & Cairns, 2002). Theory and research on adolescent development have underscored that contributing to self, others, and community is important to the success of society and predictive of positive youth and later adult development (Lerner, Bowers & Geldhof, 2015). In his research programs, Lerner has consistently shown that when the strengths of youth are aligned with assets in their ecologies, positive development or thriving will occur (see Lerner, 2018). Neuroimaging research has confirmed this finding, particularly, the important role of social relationships in brain function and development in adolescents (Lee, Qu & Telzer, 2015). It provides support for the premise that adolescents are “wired to connect” and when the connection is positive it produces better outcomes for youth, both short and long term (Sheffield Morris, Squeglia, Jacobus & Silk, 2018).

**Policy implications**

Children and young people who haveexperienced lifelong adversity cannot be expected to develop resilience unlesstheir communities are prepared to supportthem (Coleman & Hagell, 2007). Therefore, expanding peer-mentoring programs incorporating a PYD framework to stimulate better outcomes for this population is warranted, as research shows they have a multitude of problem behaviors (Prison Reform Trust, 2016; Jones et al., 2011). Unlike traditional public health or preventative frameworks, PYD emphasizes optimal functioning rather than risk reduction and has a clearly articulated theory of change, which may help policy-makers and practitioners to make informed decisions as to whether PYD is appropriate to local needs (Bonell et al., 2016).

**Practice implications**

This study contributes to developmental literature about children and young people born in adverse circumstances and shows that healthy development can be achieved among these groups when they are offered the opportunity to have a prolonged relationship with a peer-mentor. The study indicated that an enduring affective relationship with a mentor had both a safeguarding and promoting function. A social connection based on support, bonding, and trust underscored by a sharing of biographical characteristics and trajectories, safeguarded mentees from the risks associated with being in care (for example, the use of drugs and/or overdosing as a response to the feeling of alienation cited by Roz and Fern on page 14 and 16 respectively) and helped them with transitioning to adulthood. Establishing a connection with a role model was an asset promoting developmental domains within mentees (e.g. social, emotional, behavioural, moral, educational and structural) who learned about ‘intentional self-regulation’ (Bonell et al., 2016, p. 8) and embraced a normative path by selecting personal goals, and activities through which to pursue them, and using available resources to achieve these goals and activities.

Literature on PYD has amply demonstrated that positive relationships with peers and adults are a critical element of healthy development (Schulman & Davies, 2007); it is not mere participation in an activity that promotes the acquisition of skills and competencies, but the supportive, long-term connections young people establish with adult mentors and peers across a range of settings (Catalano et al., 2004). This study has demonstrated how a resilience framework has provided insight into how peer mentoring relationships work to support healthy development in looked-after young women. The development and evaluation of future peer mentoring practice in this area might usefully be informed by thinking about transformative resilience from the outset.

**Study’s limitations and future research**

Mentors and mentees were asked to volunteer for the study, which may have had an impact on selection bias. It may be that those who chose to join (i.e. who self-select into the study) shared a characteristic that made them different from non-participants from the beginning. It might be that those young women who responded to the recruitment flyers were more conscious about what might be gained from a mentoring relationship to begin with, which is why they were interested in the programme to foster looked-after children’s ability to develop and thrive. Due to self-selection caution should be warranted when drawing conclusions on the factors that may have affected the thriving of the study participants.

In considering the resilience outcomes reported here a consideration has to be made that looked-after children and young people live their lives in different domains besides their social and care workers or children’s home (e.g. family, school, neighborhood, recreational settings etc.). These domains may each be seen as a developmental context within which opportunities and risks arise, and in turn potentially impacting on the young person’s resilience outcomes (Hart et al., 2016). Development is shaped by many interacting systems across multiple levels of function that mutually influence each other (Masten, 2014). Nevertheless, this study provides qualitative accounts of how peer-mentoring relationships can promote positive development by instilling looked-after children with an ability to intentionally self-regulate (Schwartz, Pantin, Coatsworth & Szapocznik, 2007), by choosing goals that reflect important life purposes, and using skills acquired through modelling in positive activities. Areas for further research include a call for PYD theorists to address the gap regarding the degree of overlap between developmental assets and protective factors (Schwartz et al., 2007).

**References**

Authors 2015a

Authors 2015b

Benard, B. (2004). *Resiliency: What We Have Learned.* San Francisco, CA: WestEd.

Bonell, C., Hinds, K., Dickson, K., Thomas, J., Fletcher, A., Murphy, S., Melendez-Torres, G. J.,

Bonell, C., & Campbell, R. (2016). What is positive youth development and how might it reduce substance use and violence? A systematic review and synthesis of theoretical literature. *BMC Public Health*, 16(135). https://doi.org/10.1186/s12889-016-2817-3

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

Cairns, K., & Cairns, B. (2002). *Attachment, trauma and resilience: Therapeutic caring for childre*n. London: British Association for Adoption and Fostering (BAAF).

Catalano, R. F., Berglund, L. M., Ryan, J. A., Lonczak, [H. S.](http://journals.sagepub.com/author/Lonczak%2C+Heather+S), & [Hawkins](http://journals.sagepub.com/author/Hawkins%2C+J+David), D. J. (2004). Positive Youth Development in the United States: Research Findings on Evaluation of Positive Youth Development Programs, *The ANNALS of the American Academy of Political and Social Science*, 591(1), 98–124.

Lam, C. B., McHale, S. M., & Crouter, A. C. (2014). Time with Peers from Middle Childhood to Late Adolescence: Developmental Course and Adjustment Correlates, *Child Development,* 85(4), 1677–1693. [J. David Hawkins](http://journals.sagepub.com/author/Hawkins%2C+J+David)

Coleman, J., & Hagell, A. (2007). The Nature of Risk and Resilience in Adolescence. In J. Coleman & A. Hagell (Eds), *Adolescence, Risk and Resilience: Against the Odds* (pp. 1-16). West Sussex, England: John Wiley & Sons, Ltd.

Copeland, L., & Peck Beins, N. A. (2005). Resilience Model for School-Based Mentoring Programs. *Journal of Border Educational Research*, 4(2), 47-52.

Department for Education (DFE) (2017). *Children looked-after in England (including adoption), year ending 31 March 2017*. SFR 50/2017. Darlington: Department for Education.

Department for Education (DFE) (2016). *Keep On Caring Supporting Young People from Care to Independence*. London: HM Government.

Dill, K., Flynn, R.J., Hollingshead, M., & Fernandes, A. (2012). Improving the educational achievement of young people in out-of-home care. *Children and Youth Services Review,* 34(6), 1081–1083.

Dixon, J. (2008). Young People Leaving Care: Health Wellbeing and Outcomes. *Child and Family Social Work*, 13(2), pp 207–217.

Flyvbjerg, B. (2003). Case Studies. In N. K. Denzin & Y. S. Lincoln (Eds), *Strategies of Qualitative Inquiry* (2nd ed) (pp. 134-164). London: Sage.

Ford, T., Vostanis, P., Meltzer, H., & Goodman, R. (2007). Psychiatric disorder among British children looked-after by local authorities: comparison with children living in private households. *British Journal of Psychiatry*, 190(4), 319-325.

Gilligan, R. (2000). Adversity, resilience and young people: the protective value of positive school and spare time experiences. *Children & Society*, 14(1), 37–47.

Hart, A., Gagnon, E., Eryigit-Madzwamuse, S., Cameron, J., Aranda, K., Rathbone, A. & Heaver, B. (2016). Uniting resilience research and practice with an inequalities approach. SAGE Open, 1(13). doi.10.1177/2158244016682477

Hart, A., & Heaver, B. (2013). Evaluating resilience-based programs for schools using a systematic consultative review. *Journal of Child and Youth Development*, 1(1), 27-53.

Kia-Keating, M., Dowdy, E., Morgan, M. L., & Noam, G. G. (2011). Protecting and Promoting: An Integrative Conceptual Model for Healthy Development of Adolescents. *Journal of Adolescent Health*, 48(3), 220 –228.

Jones, R., Everson-Hock, E. S., Papaioannou, D., & Guillau L. (2011). Factors associated with outcomes for looked-after children and young people: a correlates review of the literature. *Child,* 37(5), 613-22.

Lee, T. H., Qu, Y., & Telzer, E. H. (2018). Dyadic neural similarity during stress in mother–child dyads. *Journal of Research on Adolescence*, 28(1), 121–133.

Lerner, R. M. (2018). Character development among youth: Linking lives in time and place. *International Journal of Behavioral Development*, 42(2), 267–277.

Lerner, J. V., Bowers, E., & Geldhof, G. J. (2015). Positive youth development and relational developmental systems. In W. F. Overton & P. C. M. Molenaar (Eds.) Theory and Method. Volume 1 of the Handbook of child psychology and developmental science. (pp., pp. 607–651, 7th ed.), Editor-in-Chief: Richard M. Lerner. Hoboken, NJ: Wiley.

Masten, A. S. (2014). Invited Commentary: Resilience and Positive Youth Development Frameworks in Developmental Science. *Journal Youth Adolescence*, 43(6), 1018–1024.

Masten, A. S. (2001). Ordinary magic: resilience processes in development. *American Psychologist*, 56(3), 227-238.

Mentoring and Befriending Foundation (2010). *Peer mentoring in schools: a review of the evidence base of the benefits of peer mentoring in schools including findings from the MBF outcomes measurement programme*. Manchester: Mentoring and Befriending Foundation.

Sheffield Morris, A., Squeglia, L. M., Jacobus, J., & Silk, J. S. (2018). Adolescent Brain Development: Implications for Understanding Risk and Resilience Processes through Neuroimaging Research. *Journal of Research on Adolescence*, 28(1), 4–9.

NVivo (2012). Qualitative data analysis Software; QSR International Pty Ltd. Version 10.

O’Hara, D. (2011). The impact of peer mentoring on pupils’ emotional literacy competencies.

*Educational Psychology in Practice theory, research and practice in educational psychology,* 27(3), 271-291.

O’Higgins, A., Sebba, J., & Luke, N. (2015). *What is the relationship between being in care and the educational outcomes of children? An international systematic review*. Oxford: Rees Centre for Research in Fostering and Education University of Oxford.

Knowles, C., & Parsons, C. (2009). Evaluating a formalised peer mentoring programme: student voice and impact audit. *Journal Pastoral Care in Education,* 27(3), 205-218.

Pfeiffer, P., Heisler, M., Piette, J., Rogers, M. A., & Valenstein, M. (2011). Efficacy of Peer Support Interventions for Depression: A Meta-Analysis. *Gen Hosp Psychiatry*, 33(1), 29-36.

Plourde, K. F., Ippoliti, N. B., Nanda, G., & McCarraher, D. R. (2017). Mentoring Interventions and the Impact of Protective Assets on the Reproductive Health of Adolescent Girls and Young Women. *Journal of Adolescent Health*, 61(2), 131-139.

Powell, J. E. (2016). *What Works? A Grounded Theory of Effective Peer Mentoring in Secondary Schools.* Doctorate in Child, Community and Educational Psychology. Essex: Tavistock and Portman NHS Foundation Trust / University of Essex. http://repository.essex.ac.uk/15776/1/J%20E%20Powell%20Doctorate%20Thesis.pdf

Prison Reform Trust (2016). *In Care, Out of Trouble. How the life chances of children in care can be transformed by protecting them from unnecessary involvement in the criminal justice system* - Summary of findings and recommendations. London: Prison Reform Trust (PRT).

Ridley, J., Larkins, C., Farrelly, N., Hussein, S., Austerberry, H., Manthorpe, J., & Stanley, N. (2013). Investing in the relationship: Practitioners' relationships with looked-after children and care leavers in Social Work Practices. Child and Family Social Work, 21(1), 55–64.

Ruch, G. (2012). Where have all the feelings gone? Developing reflective and relationship-based management in child-care social work. *British Journal of Social Work*, 42(7), 1315-1332.

Roth, J. L., & Brooks-Gunn, J. (2003). What exactly is a youth development program? Answers from research and practice. *Applied Developmental Science*, 7(2), 94–111.

Rutter, M. (1993). Resilience: Some Conceptual Considerations. *Journal of Adolescent Health,* 14(8), 626-631.

Schofield, G., Biggart, L., Ward, E., & Larsson, B. (2015). Looked-after children and offending: An exploration of risk, resilience and the role of social cognition, *Children and Youth Services Review*, 51(2015), 125–133.

Schofield, G., Biggart, L., Ward, E., Scaife, V., Dodsworth, J., Haynes, A. & Larsson, B. (2014). *Looked-after children and offending: Reducing risk and promoting resilience.* London: British Association for Adoption & Fostering (BAAF).

Schulman, S., & Davies, T. (2007). *Evidence of the impact of the ‘youth development model’ on outcomes for young people – A literature review*. Leicester: the National Youth Agency.

Schwartz, S. J., Pantin, H., Coatsworth, J. D., & Szapocznik, J. (2007). Addressing the challenges and opportunities for today’s youth: toward an integrative model and its implications for research and intervention. *The Journal Primary Prevention*, 28(2), 117-44.

Teyhan, A., Wijedasa, D., & Macleod, J. (2018). Adult psychosocial outcomes of men and women who were looked-after or adopted as children: prospective observational study. *BMJ Open*, 8:e019095. doi:10.1136/ bmjopen-2017-019095

The Children’s Society submission to the Home Affairs Select Committee (202). *Localised Child Grooming*. London: House of Commons Home Affairs Committee.

Ungar, M. (2015). Practitioner review: diagnosing childhood resilience – a systemic approach to the diagnosis of adaptation in adverse social and physical ecologies. *Journal of Child Psychology and Psychiatry*, 56(1), 4-17.

Ungar, M. (2003). Deep ecology and the roots of resilience: The importance of setting in outdoor experience-based programming for at-risk children. *Critical Social Work*, 3(1), 18-43.

United States Agency for International Development (USAID) (2016). *Youth Power: Promoting positive youth development*. Washington, DC: USAID.

Viner, R. M., & Taylor, B. (2005). Adult health and social outcomes of children who have been in public care: population-based study. *Pediatrics*, 115(4), 894 - 899.

Woodier, D. (2011). Building resilience in looked-after young people: a moral values approach. *British Journal of Guidance & Counselling*, 39(3), 259-282.