

BMJ Open Improving the mental health and mental health support available to adolescents in out-of-home care via Adolescent-Focused Low-Intensity Life Story Work: a realist review

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ABSTRACT

Objectives Life Story Work (LSW) is used to promote the mental health and well-being of children and adolescents living in out-of-home care. LSW should be offered to all but is conventionally delivered in high-intensity ways. Low-intensity approaches are more accessible but there is significant variation and little guidance for supporting adolescents. We aimed to create guidance for Adolescent-Focused Low-Intensity LSW.

Design Realist review.

Data sources MEDLINE, Embase, PsycINFO, Sociology Collection (ProQuest), CINAHL, CDAS, Web of Science (SCIE, SSCI), Social Care Online and grey literature sources. Searches were performed between December 2021 and March 2022.

Eligibility criteria Documents on children and adolescents in care, LSW and/or low-intensity interventions to improve mental health were included. Documents focusing on parenting style and contact with birth family were excluded.

Analysis Documents were analysed using a realist logic of analysis. In consultation with Content Expert Groups (comprising professionals and care leavers), we developed an initial programme theory. Data relating to and challenging the initial programme theory were extracted and context-mechanism-outcome-configurations developed, critiqued and refined in an iterative fashion. Interpretations were drawn from context-mechanism-outcome-configurations to enhance the programme theory.

Results 75 documents contributed to the analysis. Generally, studies were small-scale and lacked in-depth methods and evaluation descriptions. Findings indicated important factors contribute to the development of high-quality Adolescent-Focused Low-Intensity LSW. Adolescent-Focused Low-Intensity LSW should be person-centred, begin in the now, involve co-construction, record everyday positive life events and be supported by trained carer(s). Context-mechanism-outcome-configurations relating to these themes are reported.

Conclusions Using this knowledge we developed initial practice guidance to support social care to deliver better quality Adolescent-Focused Low-Intensity LSW more consistently. To address gaps in our knowledge about the

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ This is the first realist review of Adolescent-Focused Low-Intensity Life Story Work and it improves our understanding of how this intervention may work for adolescents in out-of-home care.
- ⇒ The review benefited from ongoing consultations with stakeholders in two separate Content Expert Groups, featuring young adults with care-experience and professionals, as recipients and deliverers of Adolescent-Focused Low-Intensity Life Story Work.
- ⇒ Content Expert Groups identified gaps in the evidence base, meaning there were limitations in how these aspects could be incorporated into the developing programme theory.
- ⇒ Future primary research is needed: (1) to further consolidate Adolescent-Focused Low-Intensity Life Story Work components (elements that cannot be changed) and its adaptable periphery (elements that can be changed), (2) build on initial practice guidance offered by this paper, (3) to identify important outcomes for adolescents in care and those who support them and (4) deliver a comprehensive evaluation to enable the therapeutic potential of Adolescent-Focused Low-Intensity LSW to be examined.

impact of Adolescent-Focused Low-Intensity LSW, further primary research is needed to strengthen understandings of how this intervention works (or not) in different contexts. **PROSPERO registration number** CRD42021279816.

BACKGROUND

There are currently over 105 000 children and adolescents removed from their homes and looked-after in out-of-home care in for example, foster or residential placements, in the UK.¹⁻⁴ Within this population, adolescents living in out-of-home care (henceforth adolescents in care) are the largest group currently in, and the fastest growing age group entering

care in England.¹ They are among the most vulnerable members of society and are six times more likely than the general population to experience mental illness.^{5 6} The National Institute for Health and Care Excellence (NICE) describes the need to increase the evidence-base for effective mental health interventions for adolescents in care as an 'urgent research priority'.⁷

Life Story Work (LSW) is an existing transdiagnostic intervention thought to improve the mental health and well-being of those living in care.⁸ It aims to improve individuals' sense of identity, relationships with important adults, ethnic heritage, placement stability and mental health, by addressing gaps in self-knowledge, reframing past events and increasing positive future expectations.⁷⁻¹³ Typical LSW components include a therapeutic alliance (relationship with caring adults), procedures (prompts to action), products (materials/artefacts/life story books), and therapeutic activities (rescripting/reframing).

The intensity of LSW varies along several continua including whether delivery involves support from a specialist professional or not, delivery mode (face-to-face and/or digital), duration (prescribed sessions or ongoing) and intensity of services provided (eg, past and/or trauma-focused or child led).^{14 15} LSW is often delivered in a high-intensity way, involving specialist professionals (eg, Social Workers, Educational Psychologists, Clinical Psychologists, Psychotherapists) input over many sessions and months. This is potentially expensive and impractical, limiting its availability. LSW also tends to be delivered to younger children (aged 0–11 years) meaning adolescents in care (12–18 years old) often miss out.¹⁶

LSW can be delivered in a lower-intensity way, for example, by foster carers. This increases its accessibility and is sometimes called 'low-intensity' LSW. Low-Intensity Life Story Work (LI-LSW) usually involves a carer (therapeutic alliance) recording (prompts to action) potentially valuable parts of a child's every day present circumstances (product creation). The carer and child discuss these, helping the child to process and consolidate their experiences (therapeutic activities). This in turn serves to generate positive future expectations and helps a therapeutic alliance develop between child and carer.^{13 17}

NICE states LSW should be offered to all those living in care.⁷ There is currently no accepted standard for LI-LSW delivery or high-quality evidence-based guidance and yet evidence has repeatedly highlighted the harms of poorly undertaken LSW.¹⁸⁻²⁵ What little guidance there is focuses mainly on younger children in care^{20 26-28} The current lack of 'Adolescent-Focused' LI-LSW guidance means adolescents in care experience ongoing inconsistent practices and mental health inequalities leaving them and their carers feeling unsupported.²⁸ Adolescence is an important period where concepts of self and identity are developing as well as social and emotional practices that are influential to well-being.²⁹ Therefore a whole-child approach is necessary to ensure adolescents gain the potential benefits of LSW, particularly when delivered taking a low-intensity approach.

To address this evidence and practice gap, we aimed to generate in-depth knowledge to understand if LSW can be delivered to adolescents in care as a low-intensity intervention by asking:

How, why, to what extent, for whom and in what circumstances can LI-LSW interventions, or elements of LSW interventions, be delivered to improve important and relevant outcomes for adolescents with care experience with mental health and well-being needs?

The end goal of the project was to develop a set of initial guidelines for optimising Adolescent-Focused LI-LSW to improve the mental health and well-being and mental health and well-being support offered to adolescents in care.

METHODS

We conducted a realist review to synthesise evidence to help us understand the importance of context in the delivery of Adolescent-Focused LI-LSW, and the mechanisms by which outcomes, both intended and unintended, are produced. Understanding what works, for whom, in what respects, to what extent, in what contexts is vitally important as adolescents in care are an extremely heterogeneous and complex group interacting with a wide variety of complex services.²⁸ A realist review was selected because Adolescent-Focused LI-LSW is a complex intervention and how well it works (or not) depends on context, who delivers it and how, with context-sensitive outcomes particularly likely.^{8 16} Producing knowledge to understand this complexity will enable commissioners and implementors of Adolescent-Focused LI-LSW to make more informed decisions about if, how, when and where it may be useful.

Realist review

Realist approaches are grounded in the assumption that the same intervention will not work everywhere and for everyone.³⁰ A realist review is a theory-driven interpretive type of literature review. Realist reviews are particularly useful for generating knowledge about how complex interventions produce mixed outcomes by generating better understandings of how and why different outcomes occur.³¹⁻³³ Central to realist reviews is the creation and iterative refinement of a programme theory. A programme theory describes how an intervention is expected to lead to its outcomes and in which contexts these should occur.³¹⁻³³

Realist reviews begin with an initial programme theory, developed from previous research, lived-experiences and assumptions about how an intervention works. Literature searching is then undertaken, data extracted and synthesised using a realist logic of analysis to develop context-mechanism-outcome configurations (CMOCs). CMOCs are causal explanations describing how and why particular outcomes are generated in particular contexts.³¹⁻³³ CMOCs are key components that inform any programme theory as they underpin any causal claims made.

Realist reviews can draw on a breadth of data sources to inform the programme theory. This was important due to the low-quality of the majority LSW literature and the aim of the current review to understand the various contexts within which Adolescent-Focused LI-LSW may occur.¹⁶ Hence, it was important to not limit included documents to solely published academic literature. Conducting a realist review enabled the inherent complexity of the research question to be addressed by using any relevant data that accounted for the different settings and services adolescents in care may experience. Through its focus on commonly occurring causal processes that underlie LSW, the realist approach also potentially provides transferable explanations for how and why other low-intensity mental health intervention strategies ‘work’ (and do not work) for adolescents in care. This enabled the study to begin

to address knowledge gaps highlighted in previous work relating to improving implementation guidance.^{8 16}

In this paper, we report on a realist review study conducted between September 2021 and January 2023. A five-step process for conducting the realist review was undertaken following published standards.^{32 33} These steps are summarised in [table 1](#) below, with [table 2](#) showing eligibility criteria, with full details about our methods available in our open-access protocol paper.⁹

Data sources searched

As per our protocol paper,⁹ electronic database searches were performed between December 2021 and March 2022. Eight databases were searched: MEDLINE, Embase, PsycINFO, Sociology Collection (ProQuest), CINAHL, CDAS, Web of Science and Social Care Online. To retrieve

Table 1 Summary of methods

Step	Aim	Approach
Step 1: develop an initial programme theory	To identify existing relevant theories that provide explanations of why and how Adolescent-Focused Low-Intensity Life Story Work (AF-LI-LSW) approaches work (or are thought to work), in what contexts they work, to what extent and for whom.	Exploratory searches (CD). Project team knowledge and consultation with stakeholders (all).
Step 2: evidence search	To perform a comprehensive literature search to identify data to develop and refine the initial programme theory.	Electronic database searches across multiple databases (see online supplemental file 1). Targeted Google searches to retrieve grey literature produced by local authorities (CD). Citation tracking (EM). Project team knowledge (all). Email alert to capture new literature (CD).
Step 3: document selection, data organisation and extraction	To select eligible documents that could include relevant data to contribute to the development and refinement of the programme theory. To describe selected documents and to extract and code relevant data. The full set of extracted data are available on request.	Screen title and abstract and then full text against the inclusion and exclusion criteria (see table 2 : inclusion and exclusion criteria (EM and SH)). Included documents selected based on the rigour and relevance of documents. 10% random sample of documents screened in duplicate with discrepancies resolved through group discussion (EM and SH). Key characteristics of selected documents were extracted into Excel (EM). Full texts uploaded to NVivo and relevant data to the research question and review focus were coded (EM).
Step 4: evidence synthesis	To apply a realist logic of analysis to extracted data to develop context–mechanism–outcome configurations (CMOCs) about how AF-LI-LSW improves the mental health support available to adolescents looked-after by social care. CMOCs are central to realist analysis, offering an explanation of the relationships between the conditions an intervention is delivered, the mechanisms by which the intervention works and the outcomes that are produced when delivered within those particular contexts.	The coded data was closely inspected, and interpretations were made about whether evidence was functioning as a context, mechanism or outcome and which CMOC the evidence belonged to (EM and SH). Cross document comparisons were made to build CMOCs, as documents did not always contain evidence that supported the development of CMOCs as evidence for each element of the configuration could not always be found in one document (EM and SH). As the CMOCs were created and refined, judgements were made on how they related to each other in consultation with the project team and where relevant stakeholders (all).
Step 5: development of consolidated programme theory and drawing conclusions	To develop a consolidated programme theory containing the CMOCs.	The programme theory was refined iteratively through the development of CMOCs and consultation with stakeholders and project team discussions (all). Judgements were made on the plausibility and coherence of the developing programme theory (all). The consolidated programme theory was written and shared with stakeholders and final amendments were made based on their consultation (all).

**Table 2** Eligibility criteria

Inclusion criteria	Exclusion criteria
Population: young people who are under the care of a local authority, young people who are 'looked after' or care experienced or adopted young people or their parents/carers.	Research focused solely on parenting style, communicative openness in foster or adoptive families, contact with birth family members.
Intervention: Life Story Work, including all activities involving recording, exploring, eliciting accounts of a care experienced person's life or personal history, to have an impact on their understanding of themselves and their identity. And/or Low-intensity interventions that aim to address a mental health or well-being need.	
Document type/study design: any.	
Other: English language only.	

relevant PhD theses, we also searched EThoS (British Library) and Proquest Dissertations and Theses. Targeted Google searches were performed to retrieve grey literature produced by local authorities and further documents were obtained through citation tracking and team members' knowledge. The precise full search strategy is shown in online supplemental file 1.

Patient and public involvement—working with experts via experience

The idea for the project from which this paper reports was driven by the lead author's time in practice and shaped through working with a variety of experts via experience from this conception. This review was informed by the involvement of two experts via experience groups. These groups consisted of a Care-experienced Content Expert Group which involved care leavers (young adults with recent experiences of living in social care), and a professional expert panel (known as the Content Expert Group) which comprised of multidisciplinary professionals with divergent topic area knowledge and/or experiences (ie, Foster Carers, Social Workers, Commissioners, Educational and Clinical Psychologists).

We met with the Care-experienced Content Expert Group and Content Expert Group three times during the project. We asked these groups to review information, bring their own experiences to bear on this, and help us to critique and refine the developing programme theory. These discussions helped clarify important areas that needed explanation (eg, the need for adolescent-focused low-intensity LSW to be flexible) and where the existing literature was lacking (eg, peer-support for adolescents engaging with Adolescent-Focused LI-LSW), thus shaping our analysis. In our final meetings, we asked each group to help us to develop and refine an initial set of guidelines. Both groups also helped develop dissemination strategies, ensuring project outputs were tailored

to different audiences. For example, working with our Care-experienced Content Expert Group we co-designed the following animation to share the core messages of the research to adolescent and the adults that support them <https://www.youtube.com/watch?v=geF1WVPkcSY>.

RESULTS

Document characteristics

In total, 75 documents were included in the review. Documents were published between 1981 and 2022 and were from eight countries (56 from the UK). Included documents were research articles (36%), commentaries or practice guidance (32%), web sources (3%), reports (5%), conference paper (1%), quality standards (1%), books or book chapters (11%) and theses (11%). Of the research articles, 78% were qualitative studies, 4% used mixed methods, 7% were literature reviews, 7% were matched pairs and 4% were randomised trials. Judgements were made concerning the relevance of data within documents and whether data could be used to improve our understanding of how Adolescent-Focused LI-LSW could be implemented. The main reasons for exclusion were documents being about the wrong population or not containing information that contributed relevant data to the CMOCs for Adolescent-Focused LI-LSW. The processes of identifying, screening and selecting documents are illustrated in [figure 1](#): an adapted version of the PRISMA (Preferred Reporting Items for Systematic review and Meta-Analysis) flow diagram. A detailed summary of included documents are available in online supplemental file 2.

Review findings

The initial programme theory presented a linear explanation of Adolescent-Focused LI-LSW (see [figure 2](#)). What was clear within the literature and from consultations with our Care-experienced Content Expert Group and Content Expert Group was the current low-quality of the evidence-base, alongside the need for Adolescent-Focused LI-LSW to be both continual and flexible. Data synthesis resulted in a consolidated programme theory from which a set of initial guidelines for optimising Adolescent-Focused LI-LSW to improve the mental health and well-being and mental health and well-being support offered to adolescents in care was created (see [figure 3](#)). Eight initial guidelines are outlined below and also concisely summarised in online supplemental file 3). The narrative summary accompanying each guideline is based on our realist analysis that developed 51 CMOCs, underpinned by the data included in the review. To enhance transparency, we provide a detailed summary of the CMOCs developed and the data underpinning each in online supplemental file 4. We also provide references to illustrate CMOCs to support the report of the results of the review that follows.

Adolescent-Focused Low-Intensity LSW should be flexible and person-centred (CMOC 1)

Ten documents contributed to the development of this CMOC.^{7 20 27 34–40} The review's core finding is the

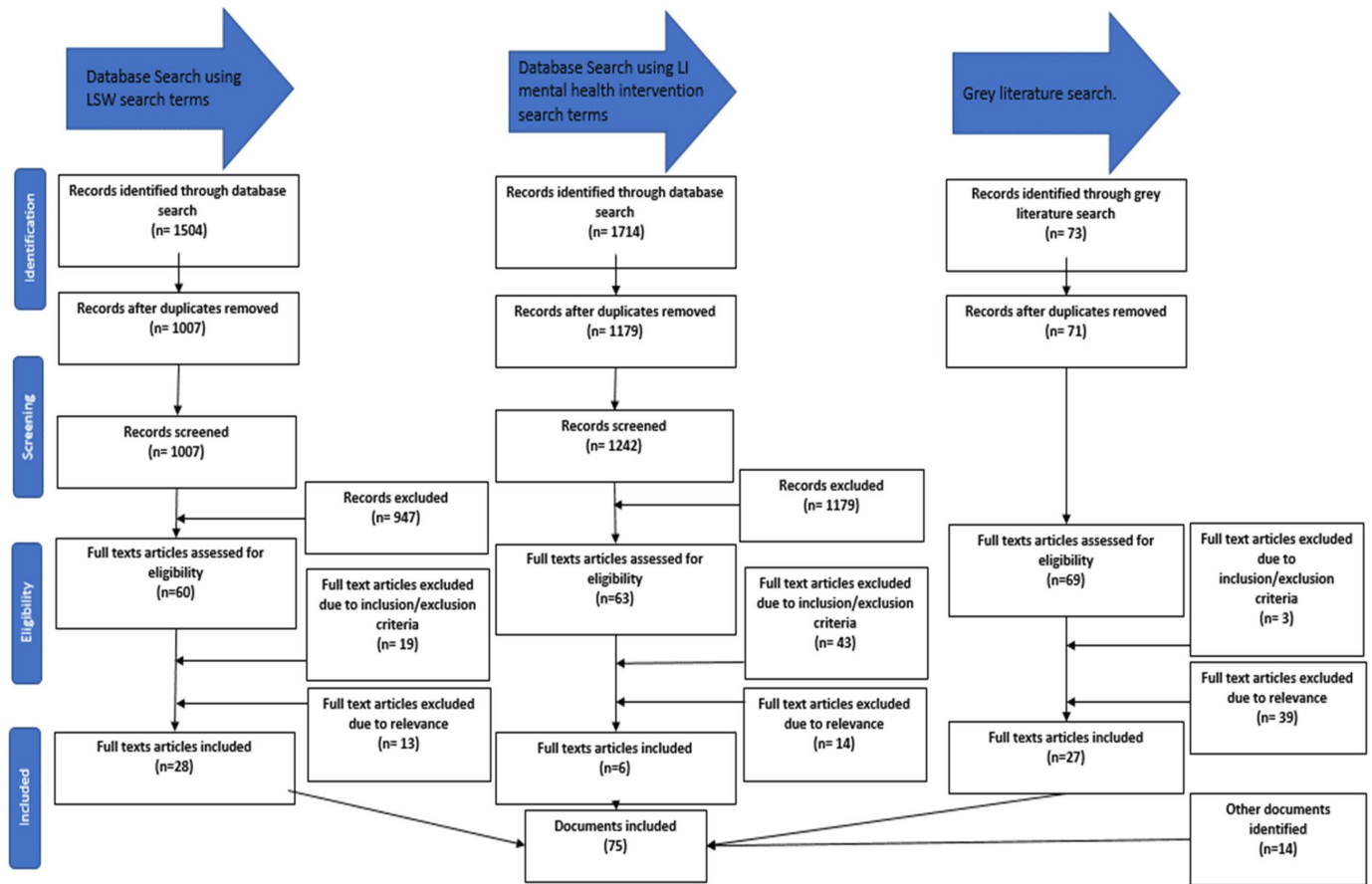


Figure 1 PRISMA flow diagram providing summary of searching and selection processes. LI, Low-Intensity; LSW, Life Story Work; PRISMA, Preferred Reporting Items for Systematic review and Meta-Analysis.

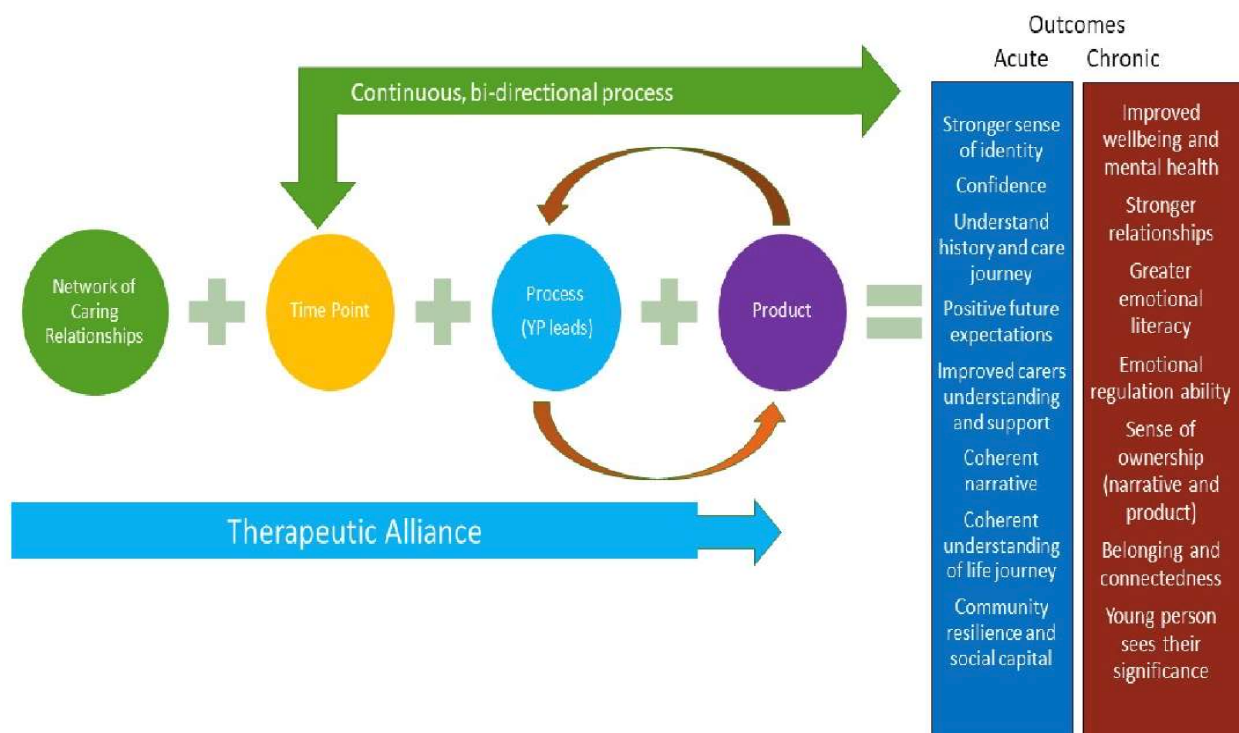


Figure 2 Initial programme theory for Adolescent-Focused Low-Intensity Life Story Work.



Figure 3 Consolidated programme theory for Adolescent-Focused Low-Intensity Life Story Work.

importance of Adolescent-Focused LI-LSW being flexible and person-centred. Adapting to the needs, interests and wishes of the adolescent is the key initial guideline that underpins all that follow.

Take a flexible approach to life story work, and tailor it to the developmental age and needs of the looked-after child or young person.⁷

There is no 'bad time' to start Adolescent-Focused Low-Intensity LSW so this should start early and make use of everyday opportunities (CMOCs 2–7)

Thirty-one documents contributed to the development of these CMOCs.^{7 19–22 27 34–36 38 39 41–59} The review identified two factors associated with when to begin, and how to initiate Adolescent-Focused LI-LSW. It should start immediately and take advantage of everyday opportunities. Beginning early helps preserve information and avoid narrative gaps. This ensures that adolescents have memory prompts available to begin to construct a coherent identity, with these prompts containing everyday events.

Entries assist in helping the youth preserve memories.... These stories may someday help the youth establish a stronger sense of self based on positive memories of their past.⁵⁰

A caveat within conventional, 'high-intensity' LSW literature is that it should begin at the 'right time'. This 'right time' is often described as when a child is in a stable placement and has trusting relationships to support them as this work involves processing their past, potentially traumatic experiences.^{27 34} This is often a barrier to any LSW being implemented. However, an Adolescent-Focused LI-LSW approach focuses on an adolescent's everyday life and future, avoiding an overemphasis on past experiences and freeing carers to begin this work immediately. This relationship may then serve as a vehicle to explore more sensitive previous experiences. However, higher intensity LSW approaches are not the focus of this review and represent a distinct area of need.

Adolescent-Focused Low-Intensity LSW should begin in the present day as this grows trust in caring adult(s) and relationships (CMOCs 8–10, 12–18 and 30)

Forty-three documents contributed to the development of these CMOCs.^{7 19–21 27 34 37 38 40 41 46–49 52–55 59–81} Difficulties in establishing and maintaining trusting relationships was a main theme. Adolescent-Focused LI-LSW should provide a platform to engage in positive activities between caring adults and adolescents, encouraging one-to-one time together and increasing

communication.^{7 19 27 34 37–39 47 60–64} These shared activities should encourage increased communication between the adolescent and caring adults, strengthening relationships and helping to grow trust and a therapeutic alliance between the adolescent and caring adult(s). This helps the adolescent to understand themselves better as well as helping the caring adult become better attuned to the adolescent's needs, improving their ability to care for them effectively.

Young people seemed to trust relationships where others would sensitively listen to their confidences, whilst remaining unconditionally accepting of them as a person....⁶³

As well as contributing to interpersonal outcomes such as increased connection, communication, sense of belonging, enhanced ability to understand others behaviour and placement stability, the literature indicated the potential value of Adolescent-Focused LI-LSW has on intrapersonal outcomes such as increased self-worth and emotion regulation. Adolescents can develop their emotional regulation skills through discussing thoughts and feelings and having a caring adult modelling adaptive behaviours to challenging experiences.

If adults respond to children's distress in a calm but engaged way they demonstrate an alternative way of managing stress.⁸²

Adolescent-Focused Low-Intensity LSW should involve co-construction of narratives because this improves coherence and authenticity (CMOC 23–29 and 31)

Forty-four documents contributed to the development of these CMOCs.^{18–22 26 27 34–39 41 42 45 46 48 49 52–55 57 59 63 65 68 69 71 74 77–79 83–92} The review shows narratives most valued by adolescents were constructed collaboratively with caring adult support. The therapeutic alliance enabled adolescents to feel supported to see a range of perspectives when interpreting events. When adolescents are actively involved in the co-construction of narratives, these narratives become more coherent and feel authentic because they reflect adolescents' lived experiences.

The therapeutic process involves creating opportunities to open up conversational spaces. These spaces provide young people with opportunities to share accounts of their own lives, in their own words.⁴⁸

Literature indicates that adolescents in care may construct self-limiting accounts of their lived experiences due to their chronic and/or traumatic nature.^{39 41 49} Evidence indicates that poorly executed LSW has negative impacts.^{18–22} Having caring adult support can help adolescents reconstruct narratives, reducing self-blame and self-limiting interpretations of events and circumstances. When alternatively framed narratives are available, adolescents can become increasingly aware of their positive attributes. This can increase self-esteem and the availability of positive future expectations.

There is something powerful in how people come to see their stories and make sense of their experiences. This is the heart of resilience – the ability of a person to understand their story in such a way that it creates opportunity rather than limits it.⁷⁹

The inclusion of multiple voices and perspectives increases adolescent's awareness that there are different ways to interpret situations and circumstances. Relevant literature was limited in this area, perhaps pointing towards its inherent complexity and clashes between adolescent agency and professionalised notions of 'accuracy'.

Granting children control over narratives aids identity formation but left unchallenged their perspective of events may also become one-sided and inaccurate.³⁹

However, both of our stakeholder groups indicated the value of including significant individuals, including birth relatives and siblings in Adolescent-Focused LI-LSW. Literature indicated that when/if significant individuals are positively involved in Adolescent-Focused LI-LSW activities, this can facilitate the establishment of stronger relationships because of the interactions that result from the activity. The involvement of significant individuals may also increase adolescents' sense of identity because they are able to access and process information about their heritage.

Adolescents should be supported to control how their lives are recorded and preserved in Adolescent-Focused Low-Intensity LSW whenever and wherever possible (CMOC 32–42)

Adolescents should control how their everyday life experiences are reflected on and preserved including the processes used for recording and preserving lived experiences as well as the resulting products.

Processes for recording and preserving (CMOC 32–36)

Twenty-six documents contributed to the development of these CMOCs.^{7 18 20 22 27 34–37 39 40 45–48 51 53 55 62 64 65 78 93 94} The review indicates that being able to exert control over the process increases adolescents' sense of ownership. This helps adolescents engage better and feel their opinions are valued. This is invaluable for adolescents in care as often due to their circumstances their sense of power can be reduced.

Children can have ownership of their story work via choosing which objects to story/not story and by dictating the pace at which the work progresses... (Fostering Social Worker, Ben)³⁹

There was limited literature surrounding how, when and who should be responsible for making LSW accessible for adolescents with special educational needs. The available literature and our stakeholder groups indicated the importance of the adolescents' support network feeling equipped with the knowledge and skill to make adaptations where necessary. Caring adult(s) will benefit from, for example, training materials developed by speech and

language therapists. This may include written and visual resources that increase their understanding of how to make adaptations to improve adolescent's abilities to engage with Adolescent-Focused LI-LSW in a meaningful way. Though research was sparse in this area, our Care-experienced Content Expert Group and Content Expert Group stated this was important to ensure that Adolescent-Focused LI-LSW is flexible and person-centred.

Products for recording and preserving (eg, artefacts) (CMOCs 37–42)

Thirty-one documents contributed to the development of these CMOCs.^{18 20–22 26 27 34 35 38–42 45 46 48–50 52–55 75 85 90 93–97}

The literature highlighted that when an adolescent has editorial power to control what is recorded, they can feel more positive about the product(s). This is because what is recorded aligns more closely with their lived experiences. The risk of LSW products being lost or damaged was a theme within the literature. Literature and our Care-experienced Content Expert Group and Content Expert Group repeatedly illustrated the benefits of digital tools/platforms to create and store editable products. These products were cited as holding meaning over time because they held identity information about adolescents, their relationships and spaces at a point in time and could be updated and edited when needed.

Digital tools offer the ability to help young people to express thoughts and feelings which can be continually updated, edited and reflected upon. Using interactive computer-based mediums in this way grants the user flexibility to make changes frequently and easily.⁴⁵

The importance of both physical, audio and visual artefacts was emphasised. Physical objects can increase a sense of connection to others and/or past experiences via the tangible nature of the artefact that was present during life experiences. Audio and visual formats, including capturing the actual voice or video recording of significant individuals can be powerful, helping adolescents to situate memories and feel connected to their experiences and significant individuals.

For looked after and adopted children, physical objects are often the only remaining link to their past; a portal to stories of birth families, former homes, and significant people.³⁹

Adolescent-Focused Low-Intensity LSW should provide adolescents with somewhere to begin future telling (CMOC 11 and 43)

Eight documents contributed to the development of CMOCs.^{34 35 38 39 41 49 62 75} Our stakeholder groups repeatedly emphasised the life course nature of care-experience and enduring impacts that missing information has on identity and self-esteem throughout one's life. During adolescents' time in care, they can use their collection of preserved memories as storytelling prompts (eg, a

photo with a date, time, location, names of people and activity relating to) with caring adults, which helps others to understand them, strengthening relationships. This may include transitions within and beyond care. When preserved, life experiences can become a bank of narrative starting points (artefacts from which to begin reminiscing) for adolescents to share stories about themselves with future audiences.

The book acted as an aide to him telling me about his life, the things and people that are important to him.⁴⁹

Adolescent-Focused Low-Intensity LSW should record positive aspects of everyday experiences (CMOC 44–46)

Twenty-one documents contributed to the development of these CMOCs.^{19 20 26 27 34 37 38 47 49 52 54 59 66 69 80 81 86 95 98 99}

The review highlighted the value of using Adolescent-Focused LI-LSW to capture adolescents' 'everyday magic' (ie, an individual's mannerisms, characteristics and their idiosyncrasies, humour and histories of relationships shared with those around them and everyday successes) helping adolescents to feel more positive about themselves and their relationships.^{38 39 47 49 52 66 80 81 86 98} When achievements are preserved and reflected adolescent's ability to develop positive identities and future expectations are supported because the availability of positive self-narratives for interpreting their experiences are more readily available. They can become better at identifying future achievements themselves.

...it can help the child to thicken positive counter-narratives impacting positively on the dominant stories the child has and is able to tell about themselves, particularly thickening stories around their strengths, worth and belonging.⁴⁹

Adolescent-Focused Low-Intensity LSW should include support for adolescents, caring adults and others involved (48–51)

Twenty-five documents contributed to the development of these CMOCs.^{7 27 34 37–39 41 48 49 51 54 55 58–60 66 68 70 72 77 79 82 87 95 100}

As mentioned above, Adolescent-Focused LI-LSW should be flexible and person-centred. The literature highlights the essential role confidence has on the ability of caring adults to support Adolescent-Focused LI-LSW. It is important that caring adult(s) understand the adolescents' individuality and cultural heritage to develop their awareness of the potential significance of everyday lived experiences to promote appropriate preservation and reflection. Caring adults' need to be supported via training and ongoing supervision to improve their confidence and skills to support and facilitate Adolescent-Focused LI-LSW.

Training to ensure a consistent approach to life story work could be incorporated into existing training.⁷

The literature indicated that training is most impactful when accompanied by supervision to consolidate

learning. Supervision for caring adults ensures advice and guidance is readily available as well as providing a self-reflective space to process emotions and improve practice.

Recognition of children's entitlement to a coherent narrative needs to be embedded in practice at the micro level. This can only occur if appropriate supports are in place at the organisational level, facilitated by macro-level priority...⁴¹

Alongside providing training and supervision for caring adults, the potential role of peer-support, for adolescents and caring adults and when implementing Adolescent-Focused LI-LSW was repeatedly mentioned by our expert groups. Adolescents may benefit from peers supporting their understanding of Adolescent-Focused LI-LSW as during adolescence it is widely acknowledged that peers become increasingly influential,¹⁰¹ meaning there is the potential for peer support to be impactful. Peer-support for caring adults also hinted at ways to develop communities of practice. Literature was extremely limited on the role of peer-support for both groups. However, other models of practice have employed peer-support models with these populations with promising outcomes (eg, The Mockingbird programme). This is an important direction for future research.

DISCUSSION

Summary

Adolescent-Focused LI-LSW involves an adolescent and/or caring adult(s) recording potentially valuable parts of an adolescent's everyday life (eg, diary entry or picture). The caring adult(s) and adolescent discuss these, helping the adolescent to process and consolidate their experiences. This in turn serves to generate positive future expectations and helps a therapeutic alliance develop between adolescent and caring adult(s).^{7 27 37 38 47 49 61–63 84–86 88}

Comparison with existing literature

In a recent systematic review targeting the mental health and well-being of care-experienced children and young people,¹⁰² only one paper related to LSW was included.⁶⁶ The authors of the systematic review described the paper as providing a limited description of intervention implementation and acceptability.¹⁰² This dearth of good quality evidence on LSW as a whole is contrary to repeated high-quality evidence illustrating that key components that make up LSW are effective. For example, first we know that being able to express emotions, change negative cognitions, recall positive life experiences, create positive future expectations and therapeutic alliances are key targets to promote mental health, especially for vulnerable adolescents.^{13 17 28 103–105} Second, we know that trusting relationships with key adult(s) and peer(s) are frequently indicated as important in recovering from traumatic life experiences beyond childhood.^{106 107} Third, we know that positive psychological and reminiscence interventions are

impactful.¹¹ Finally, we know that better access to high-quality mental health and well-being support can build self-esteem and belonging, themes frequently cited in reports about the mental health and well-being needs of adolescents in care.^{28 102 103 108}

Systematic review evidence examining LSW interventions for children and adolescents in care concluded that LSW had potentially far-reaching benefits but an 'immature' evidence-base.^{12 109} However, the existing evidence does indicate that the lack of 'robust implementation guidance, efficacy or cost-effectiveness studies'¹⁶ is problematic and that 'greater implementation knowledge' is needed to examine therapeutic outcomes.¹² A recent attempt to improve this evidence-base was inconclusive,⁸ with this rare example of a randomised controlled trial in this area ultimately lacking statistical power. The authors reflect on a number of design issues including 71% of the young people in the active arm not receiving the intervention, a lack of carer engagement due to restrictive intervention processes and issues with the extraction of the selected primary outcome measure from social care records.⁸ However, the process evaluation did indicate widespread positive qualitative feedback with young people reporting feeling more connected to carers. Echoing earlier systematic review findings, authors concluded that any future trial must be sufficiently powered and sensitive to how context shapes intervention delivery.⁸

Limitations

This review has several limitations. The literature that informed the CMOCs were supported by relevant and best currently available evidence. However, when framed by the hierarchy of evidence for therapeutic studies^{110 111} most of the available evidence is 'low-quality'.^{8 28 112–114} Existing literature was mainly qualitative in nature, tended to focus on LSW undertaken with younger children (0–11 years old) and higher intensity delivery models. While the available evidence with an adolescent focus was invaluable for illustrating 'good' and 'bad' practices, it did not provide enough detailed information about implementation or how different circumstances, including different placement contexts impact on outcomes or how Adolescent-Focused LI-LSW operated over time. This is problematic from a realist perspective since the same body of qualitative evidence is used to inform the Contexts, the Mechanism and the Outcomes meaning the review teeters on the edge of working in one data medium method rather than being multimethod.¹¹⁵ This means that we were unable to effectively test the programme theory and, in particular, the potential of contextual impacts on intervention effectiveness. This is a substantial gap in our understandings of pre-existing practice. It must be urgently addressed as understanding what works, for whom, in what respects, to what extent and in what contexts is vitally important as adolescents in care are an extremely heterogeneous group interacting with a wide variety of complex services.^{28 102} How context influences mechanisms and outcomes is therefore vital.



The current review adds to this by improving our understanding of how, why, what and whom should be involved in the delivery of Adolescent-Focused LI-LSW to produce potentially therapeutic outcomes. Our realist review, the first of its kind in this area, created a programme theory for Adolescent-Focused LI-LSW and used this to produce initial guidance for how current practice should be improved. Our review is unique in describing considerations that support adolescents in care to experience ownership over how, when, why and in what contexts their everyday lived experiences are narrated, recorded and reflected on during their time living in social care.

A flexible and person-centred approach is key, both in generating feelings of investment and empowerment but also in implementing Adolescent-Focused LI-LSW. An important task for caring adults is identifying and empathising with adolescents, particularly in relation to their desired level of involvement within Adolescent-Focused LI-LSW, which may fluctuate over time and across contexts. This review illustrates that Adolescent-Focused LI-LSW is to likely have core components (elements that cannot be changed) and is likely to have an ‘adaptable periphery’ (elements that can be changed) capable of adjusting to contextual factors.¹¹⁶ More research is needed to identify these components to allow learning to be transferable between contexts.

Implications for practice

Adolescent-Focused LI-LSW is not a magical solution to improving the mental health and well-being outcomes for adolescents in care. However, considering NICE states LSW should be offered to all those living in care,⁷ that it is endorsed by legislation underpinning its usage^{117–120} and widely valued by those living and working within social care,^{10 18–22 27 34 81} we hope our initial practice guidance (summarised in online supplemental file 3) can begin to improve existing practices. In implementing this guidance, there is a need to consider where, how and in what format Adolescent-Focused LI-LSW products are stored, who has ownership of this content and how it can be transferred when those living in care move within and beyond the care system. Our Care-experienced Content Expert Group and Content Expert Group both repeatedly highlighted the potential of digital platforms/devices. They felt that a digital platform had the potential to be effectively used within Adolescent-Focused LI-LSW to record and collate everyday life experiences. This is something that members of the team have written about before.^{35 45 46 121} However, existing research was sparse in this area and research to understand the value of digital platforms to support LSW, such as CaringLife, is ongoing at the time of publication.

Implications for research

Given the complexity of Adolescent-Focused LI-LSW it is perhaps unsurprising that many studies reported variation in interventions and their implementation. However, there were also issues within many studies where the description

of both were either absent or underdeveloped. This can be remedied by researchers using tools such as the Template for Intervention Description and Replication (TIDieR) or Standards for Reporting Implementation Studies (StaRI) checklists to enable authors to efficiently outline interventions and report their implementation in detail.^{122 123} Furthermore, to develop CMOCs or some aspects of CMOCs which were only supported by limited evidence, we drew on expert opinion. These CMOCs were discussed with our expert groups who felt they were important to include. Gaps in these areas, (eg, use of digital media, peer-to-peer support, engaging with adolescents in care with Special Educational Needs and involving significant individuals (including birth relatives), effectiveness and implementation of training and supervision) also represent important future research directions.

Further research is required to strengthen our understanding of how Adolescent-Focused LI-LSW delivery is impacted by individual circumstances experienced by adolescents living within different placement contexts (eg, foster, residential, kinship), as well as what therapeutic outcomes are important for adolescents, caring adults and social care more broadly before any future evaluations may be undertaken. Future primary research is therefore needed: (1) to further consolidate Adolescent-Focused LI-LSW core components (elements that cannot be changed) and its adaptable periphery (elements that can be changed) to enable transferability, accessibility and implementation, (2) to identify important and relevant outcomes for adolescents in care and those who support them, (3) use this knowledge to improve the eight initial guidelines offered by this study concisely summarised in online supplemental file 3 and create actionable recommendations to improve the quality and consistency of Adolescent-Focused LI-LSW; (4) use this knowledge to inform the design of a comprehensive, appropriately powered evaluation, including economic and process elements of Adolescent-Focused LI-LSW which would begin to address the current scant evidence-base. When considering Adolescent-Focused LI-LSW as an intervention, the evaluation of outcomes may be challenging. As a result, evaluations measuring the impact of Adolescent-Focused LI-LSW may need to focus on intermediate outcomes, for example, relationship with caring adult and longer-term outcomes, such as self-esteem, identity coherence and mental health outcomes more broadly over an extended follow-up time.

CONCLUSION

To our knowledge, this is the first realist review exploring how, why, to what extent and for whom Adolescent-Focused LI-LSW may work (or not) for adolescents in care. Our programme theory and initial guidelines provide important ways to improve the nature of good practice when delivering Adolescent-Focused LI-LSW to adolescents in care and produce benefits for them, their carers and health/social-care professionals.

However, to make this approach accessible to all adolescents in care a programme of research is needed to clarify how contexts impact on outcomes to enable greater

transferability and more successful implementation. Additionally, to improve the current low quality evidence base, a fully powered evaluation with embedded economic and process evaluations and long-term follow-up is required to generate knowledge regarding the therapeutic potential of this highly valued yet inconsistently implemented mental health intervention. Importantly, if not done properly Adolescent-Focused LI-LSW, like other interventions could do harm.¹²⁴ Hence, any future evaluation is not just about optimising delivery but also minimising harm. Given that research consistently demonstrates that adolescents in care are among the most vulnerable in society, this difficult but not impossible challenge needs urgent action.

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Supplementary File 1

Search #1 Life Story Work

MEDLINE

Medline (Ovid MEDLINE® Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE® Daily and Ovid MEDLINE®) 1946 to present

Search run on 1 December 2021

Searches	Results	Type
1 ((life story or life history) adj2 (work or book* or resource* or tool*)),ti,ab,kw.	107	
2 (personal history or biograph* or autobiograph*).ti,ab,kw.	30152	
3 1 or 2	30262	
4 (teen* or youth* or adolescen* or juvenile* or young* or child* or girl? or boy?).ti,ab,kw.	2435378	
5 Adolescent/	2143136	
6 4 or 5	3811906	
7 looked-after.ti,ab,kw.	569	
8 in care.ti,ab,kw.	18400	
9 ((foster* or social or public or state or local authority or residential or institutional or permanent or kinship or relative or substitute or out-of-home or shelter or surrogate) adj1 care*).ti,ab,kw.	19263	
10 (care leaver* or care-experience* or leaving care or care transition*).ti,ab,kw.	6579	
11 child welfare.ti,ab,kw.	5173	
12 (adopted or adoption or adoptive or adoptee*).ti,ab,kw.	197909	
13 Adoption/	4869	
14 Foster Home Care/	3758	
15 or/7-14	246890	
16 3 and 6 and 15	87	

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Embase

Ovid Embase 1974 to Present

	Searches	Results	Type
1	((life story or life history) adj2 (work or book* or resource* or tool*)).ti,ab,kw.	148	
2	(personal history or biograph* or autobiograph*).ti,ab,kw.	25170	
3	1 or 2	25307	
4	(teen* or youth* or adolescen* or juvenile* or young* or child* or girl? or boy?).ti,ab,kw.	3050210	
5	adolescent/ or exp institutionalized adolescent/	1629539	
6	4 or 5	3924528	
7	looked-after.ti,ab,kw.	1002	
8	in care.ti,ab,kw.	26487	
9	((foster* or social or public or state or local authority or residential or institutional or permanent or kinship or relative or substitute or out-of-home or shelter or surrogate) adj1 care*).ti,ab,kw.	23880	
10	(care leaver* or care-experience* or leaving care or care transition*).ti,ab,kw.	8952	
11	child welfare.ti,ab,kw.	3648	
12	(adopted or adoption or adoptive or adoptee*).ti,ab,kw.	257330	
13	adoption/	18302	
14	foster care/ or foster child/	5008	
15	or/7-14	320109	
16	3 and 6 and 15	116	

Search run on 1 December 2021

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PsycINFO

Ovid PsycINFO 1806 to Present

Search run on 1 December 2021

	Searches	Results	Type
1	((life story or life history) adj2 (work or book* or resource* or tool*)).ti,ab.	126	
2	(personal history or biograph* or autobiograph*).ti,ab.	27009	
3	life review/ or autobiographical memory/	5007	
4	or/1-3	28393	
5	(teen* or youth* or adolescen* or juvenile* or young* or child* or girl? or boy?).ti,ab.	1104726	
6	looked-after.ti,ab.	656	
7	in care.ti,ab.	7188	
8	((foster* or social or public or state or local authority or residential or institutional or permanent or kinship or relative or substitute or out-of-home or shelter or surrogate) adj1 care*).ti,ab.	19519	
9	(care leaver* or care-experience* or leaving care or care transition*).ti,ab.	2950	
10	child welfare.ti,ab.	7784	
11	(adopted or adoption or adoptive or adoptee*).ti,ab.	66430	
12	adoption (child)/ or adopted children/ or adoptive parents/	5319	
13	foster care/ or foster children/ or foster parents/	7544	
14	or/6-13	99727	
15	4 and 5 and 14	203	

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Proquest Sociology Collection

ASSIA (Applied Social Sciences Index & Abstracts) (1987 to present); Sociological Abstracts (1952 to present); Sociology Database (1985 to present)

Search run on 1 December 2021

	Searches	Results	Type
1	noft(("life story" OR "life history") N/2 (work OR book* OR resource* OR tool*))	223	
2	noft(("personal history" OR biograph* OR autobiograph*))	30,652	
3	1 or 2	30,836	
4	noft((teen* OR youth* OR adolescen* OR juvenile* OR young* OR child* OR boy* OR girl*))	776,851	
5	noft("looked after" OR "looked-after")	1,477	
6	noft("in care")	8,932	
7	noft((foster* OR social OR public OR state OR "local authority" OR residential OR institutional OR permanent OR kinship OR relative OR substitute OR "out of home" OR out-of-home OR shelter OR surrogate) N/1 care*)	49,937	
8	noft("care leaver" OR "care experience*" OR care-experience* OR "leaving care" OR "care transition*")	3,219	
9	noft("child welfare")	27,228	
10	noft(adopted OR adoption OR adoptive OR adoptee*)	35,937	
11	5 or 6 or 7 or 8 or 9 or 10	110774	
12	3 and 4 and 12	372	

Full (noft(("life story" OR "life history") NEAR/2 (work OR book* OR resource* OR tool*)) OR noft(("personal history" OR biograph* OR autobiograph*))) AND (noft("looked after" OR "looked-after") OR noft("in care") OR noft((foster* OR social OR public OR state OR "local authority" OR residential OR institutional OR permanent OR kinship OR relative OR substitute OR "out of home" OR out-of-home OR shelter OR surrogate) NEAR/1 care*) OR noft("care leaver" OR "care experience*" OR care-experience* OR "leaving care" OR "care transition*") OR noft("child welfare") OR noft(adopted OR adoption OR adoptive OR adoptee*)) AND noft((teen* OR youth* OR adolescen* OR juvenile* OR young* OR child* OR boy* OR girl*))

Improving the mental health and mental health support available to adolescents in out-of-home care via Adolescent-Focused Low-Intensity Life Story Work: A realist review

CINAHL

Ebscohost CINAHL (Cumulative Index to Nursing and Allied Health Literature) (Start date unknown)

Search run 1 December 2021

	Searches	Results	Type
S1	TI ("life story" OR "life history") N2 (work OR book* OR resource* OR tool*) OR AB ("life story" OR "life history") N2 (work OR book* OR resource* OR tool*)	135	
S2	TI ("personal history" OR biograph* OR autobiograph*) OR AB ("personal history" OR biograph* OR autobiograph*)	6148	
S3	(MH "Life History Review") OR (MH "Autobiographical Memory")	1592	
S4	S1 OR S2 OR S3	7675	
S5	TI teen* OR youth* OR adolescen* OR juvenile* OR young* OR child* OR girl* OR boy* OR AB teen* OR youth* OR adolescen* OR juvenile* OR young* OR child* OR girl* OR boy*	1475230	
S6	(MH "Adolescence")	564984	
S7	S5 OR S6	1475230	
S8	TI "looked after" OR looked-after OR AB "looked after" OR looked-after	718	
S9	TI "in care" OR AB "in care"	929827	
S10	TI (foster* OR social OR public OR state OR "local authority" OR residential OR institutional OR permanent OR kinship OR relative OR substitute OR "out of home" OR out-of-home OR shelter OR surrogate) N1 care* OR AB (foster* OR social OR public OR state OR "local authority" OR residential OR institutional OR permanent OR kinship OR relative OR substitute OR "out of home" OR out-of-home OR shelter OR surrogate) N1 care*	31046	
S11	TI ("care leaver" OR "care experience*" OR care-experience* OR "leaving care" OR "care transition*") OR AB ("care leaver" OR "care experience*" OR care-experience* OR "leaving care" OR "care transition*")	5417	
S12	TI "child welfare" OR AB "child welfare"	4202	
S13	TI adopted or adoption or adoptive or adoptee* OR AB adopted or adoption or adoptive or adoptee*	57750	
S14	(MH "Adoption") OR (MH "Child, Adopted") OR (MH "Adoptive Parents")	4085	
S15	(MH "Foster Home Care") OR (MH "Foster Parents") OR (MH "Child, Foster")	6372	
S16	S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15	9 75840	
S17	S4 AND S7 AND S16	359	

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CDAS

Ebscohost CDAS (Child Development and Adolescent Studies) (Start date unknown)

Search run 1 December 2021

	Searches	Results	Type
S1	TI ("life story" OR "life history") N2 (work OR book* OR resource* OR tool*) OR AB ("life story" OR "life history") N2 (work OR book* OR resource* OR tool*)	29	
S2	TI ("personal history" OR biograph* OR autobiograph*) OR AB ("personal history" OR biograph* OR autobiograph*)	1442	
S3	S1 OR S2	1471	
S4	TI "looked after" OR looked-after OR AB "looked after" OR looked-after	696	
S5	TI "in care" OR AB "in care"	32026	
S6	TI (foster* OR social OR public OR state OR "local authority" OR residential OR institutional OR permanent OR kinship OR relative OR substitute OR "out of home" OR out-of-home OR shelter OR surrogate) N1 care* OR AB (foster* OR social OR public OR state OR "local authority" OR residential OR institutional OR permanent OR kinship OR relative OR substitute OR "out of home" OR out-of-home OR shelter OR surrogate) N1 care*	7379	
S7	TI ("care leaver" OR "care experience*" OR care-experience* OR "leaving care" OR "care transition*") OR AB ("care leaver" OR "care experience*" OR care-experience* OR "leaving care" OR "care transition*")	651	
S8	TI "child welfare" OR AB "child welfare"	5715	
S9	TI adopted or adoption or adoptive or adoptee* OR AB adopted or adoption or adoptive or adoptee*	6798	
S10	S4 OR S5 OR S6 OR S7 OR S8 OR S9	41463	
S11	S3 AND S10	86	

NB Search string describing adolescents removed due to population focus in this database

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Web of Science

Clarivate Web of Science Core Collection (SCI-EXPANDED and SSCI indexes) 1900 to present

Search run 1 December 2021

	Searches	Results	Type
1	TS=(((("life story" OR "life history") NEAR/2 (work OR book* OR resource* OR tool*)))	449	
2	TS=(((("personal history" OR biograph* OR autobiograph*)))	41850	
3		41850	
	1 OR 2		
4	TS=(((teen* OR youth* OR adolescen* OR juvenile* OR young* OR child* OR boy* OR girl*)))	3066217	
5		768	
	TS=(("looked after" OR "looked-after"))		
6		16889	
	TS=(("in care"))		
7	TS=((foster* OR social OR public OR state OR "local authority" OR residential OR institutional OR permanent OR kinship OR relative OR substitute OR "out of home" OR out-of-home OR shelter OR surrogate) NEAR/1 care*)	43040	
8	TS=("care leaver" OR "care experience*" OR care-experience* OR "leaving care" OR "care transition*")	6615	
9		8348	
	TS=("child welfare")		
10		655351	
	TS=(adopted OR adoption OR adoptive OR adoptee*)		
11		721923	
	5 OR 6 OR 7 OR 8 OR 9 OR 10		
12		233	
	3 AND 4 AND 11		

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Social Care Online

SCIE Social Care Online 1980 to present

Search run 3 February 2022

	Searches	Results	Type
1	"life story" OR "life history"		
2	teen OR youth OR adolescent OR juvenile OR young OR child OR girl OR boy		
3	"looked after" OR "foster care" OR "social care" OR "public care" OR "state care" OR "local authority care" OR "residential care" OR "institutional care" OR "permanent care" OR "kinship care" OR "relative care" OR "substitute care" OR "out of home care" OR "shelter care" OR adopted OR adoption OR adoptive OR adoptee		
4	(1 AND 2 AND 3)	58	
	<i>NB Search strategies were adapted for simpler search interface; word variations included automatically</i>		

Improving the mental health and mental health support available to adolescents in out-of-home care via Adolescent-Focused Low-Intensity Life Story Work: A realist review

Search #2 Low intensity mental health interventions

MEDLINE

Medline (Ovid MEDLINE® Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE® Daily and Ovid MEDLINE®) 1946 to present

Search run on 2 February 2022

	Searches	Results	Type
1	(teen* or youth* or adolescen* or juvenile*).ti,ab,kw.	486326	
2	Adolescent/	2155772	
3	1 or 2	2326981	
4	looked-after.ti,ab,kw.	585	
5	((foster* or social or public or state or local authority or residential or institutional or permanent or kinship or relative or substitute or out-of-home or shelter or surrogate) adj1 care*).ti,ab,kw.	19561	
6	(care leaver* or care-experience* or leaving care or care transition*).ti,ab,kw.	6715	
7	child welfare.ti,ab,kw.	5217	
8	Adoption/	4875	
9	Foster Home Care/	3770	
10	or/4-9	37119	
11	((adopted or adoption or adoptive or adoptee* or in-care or "in care") adj3 (teen* or youth* or adolescen* or juvenile* or young* or child* or girl? or boy?)).ti,ab,kw.	3708	
12	10 or 11	38990	
13	((low-intensity or minimal or brief or online or internet or tele* or mobile* or e-health or m-health or virtual) adj2 (intervention* or program* or service* or package* or training* or therap* or treatment*).ti,ab,kw.	48784	
14	Therapy, Computer-Assisted/	6949	
15	Computer-Assisted Instruction/	12318	
16	Telemedicine/	32176	
17	or/13-16	92385	
18	(lay-therapy or lay-therapist* or lay-worker* or lay-person* or lay-people).ti,ab,kw.	2143	
19	(para-professional* or non-specialist* or non-clinician* or health worker* or support worker*).ti,ab,kw.	24797	
20	((unqualified or unregistered or volunt*) adj2 (therap* or worker* or coach* or facilitator* or practitioner*).ti,ab,kw.	1337	
21	Community Health Workers/	6092	
22	or/18-21	30823	
23	(self-help or self-manage*).ti,ab,kw.	31158	
24	Self Care/	35033	
25	or/23-24	57185	
26	((group* or peer*) adj2 (intervention* or program* or service* or package* or training* or therap* or treatment)).ti,ab,kw.	228457	
27	Self-Help Groups/	9435	

Improving the mental health and mental health support available to adolescents in out-of-home care via Adolescent-Focused Low-Intensity Life Story Work: A realist review

28	or/26-27	236909
29	17 or 22 or 25 or 28	398896
30	(mental health or wellbeing or well-being).ti,ab,kw.	280239
31	mental health/ or exp mental disorders/	1382592
32	Quality of Life/	232462
33	or/30-32	1732433
34	3 and 12 and 29 and 33	160
35	limit 34 to english language	151

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Embase

Ovid Embase 1974 to Present

Search run on 2 February 2022

	Searches	Results	Type
1	(teen* or youth* or adolescen* or juvenile*).ti,ab,kw.	601244	
2	adolescent/ or institutionalized adolescent/	1644483	
3	1 or 2	1868684	
4	looked-after.ti,ab,kw.	1012	
5	((foster* or social or public or state or local authority or residential or institutional or permanent or kinship or relative or substitute or out-of-home or shelter or surrogate) adj1 care*).ti,ab,kw.	24293	
6	(care leaver* or care-experience* or leaving care or care transition*).ti,ab,kw.	9146	
7	child welfare.ti,ab,kw.	3695	
8	adoption/	18546	
9	foster care/ or foster child/	5037	
10	or/4-9	56946	
11	((adopted or adoption or adoptive or adoptee* or in-care or "in care") adj3 (teen* or youth* or adolescen* or juvenile* or young* or child* or girl? or boy?)).ti,ab,kw.	4485	
12	10 or 11	59432	
13	((low-intensity or minimal or brief or online or internet or tele* or mobile* or e-health or m-health or virtual) adj2 (intervention* or program* or service* or package* or training* or therap* or treatment*)).ti,ab,kw.	65233	
14	computer assisted therapy/	4801	
15	Computer-Assisted Instruction/	81963	
16	telemedicine/ or exp teleconsultation/ or exp telemonitoring/ or exp telepsychiatry/ or exp telepsychology/ or exp teletherapy/ or exp video consultation/	51669	
17	or/13-16	193129	
18	(lay-therapy or lay-therapist* or lay-worker* or lay-person* or lay-people).ti,ab,kw.	2836	
19	(para-professional* or non-specialist* or non-clinician* or health worker* or support worker*).ti,ab,kw.	29728	
20	((unqualified or unregistered or volunt*) adj2 (therap* or worker* or coach* or facilitator* or practitioner*)).ti,ab,kw.	1615	
21	voluntary worker/ or exp volunteer/	64329	
22	lay health worker/ or mental health care personnel/ or health auxiliary/	11904	
23	or/18-22	103668	
24	(self-help or self-manage*).ti,ab,kw.	43320	
25	self care/ or self help/	80302	
26	or/24-25	94122	

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27	((group* or peer*) adj2 (intervention* or program* or service* or package* or training* or therap* or treatment)).ti,ab,kw.	333041
28	group therapy/	19771
29	or/27-28	343422
30	17 or 23 or 26 or 29	706680
31	(mental health or wellbeing or well-being).ti,ab,kw.	349720
32	exp mental health/ or exp mental disease/	2482186
33	quality of life/ or exp wellbeing/	614976
34	or/31-33	3026040
35	3 and 12 and 30 and 34	283
36	limit 35 to english language	274

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PsyclINFO

Ovid PsyclINFO 1806 to Present

Search run on 2 February 2022

	Searches	Results	Type
1	(teen* or youth* or adolescen* or juvenile*).ti,ab.	344737	
2	looked-after.ti,ab.	662	
3	((foster* or social or public or state or local authority or residential or institutional or permanent or kinship or relative or substitute or out-of-home or shelter or surrogate) adj1 care*).ti,ab.	19672	
4	(care leaver* or care-experience* or leaving care or care transition*).ti,ab.	2980	
5	child welfare.ti,ab.	7836	
6	adoption (child)/ or adopted children/ or adoptive parents/	5337	
7	foster care/ or foster children/ or foster parents/	7582	
8	or/2-7	34369	
9	((adopted or adoption or adoptive or adoptee* or in-care or "in care") adj3 (teen* or youth* or adolescen* or juvenile* or young* or child* or girl? or boy?)).ti,ab.	5753	
10	8 or 9	36284	
11	((low-intensity or minimal or brief or online or internet or tele* or mobile* or e-health or m-health or virtual) adj2 (intervention* or program* or service* or package* or training* or therap* or treatment*)).ti,ab.	28828	
12	exp computer assisted therapy/	11642	
13	exp computer assisted instruction/	21848	
14	or/11-13	57608	
15	(lay-therapy or lay-therapist* or lay-worker* or lay-person* or lay-people).ti,ab.	1793	
16	(para-professional* or non-specialist* or non-clinician* or health worker* or support worker*).ti,ab.	7045	
17	((unqualified or unregistered or volunt*) adj2 (therap* or worker* or coach* or facilitator* or practitioner*)).ti,ab.	746	
18	volunteers/	5507	
19	or/15-18	14762	
20	(self-help or self-manage*).ti,ab.	19273	
21	self-care/	3097	
22	self-help techniques/	4398	
23	or/20-22	23360	
24	((group* or peer*) adj2 (intervention* or program* or service* or package* or training* or therap* or treatment)).ti,ab.	75638	
25	group psychotherapy/	20529	

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26	support groups/	4449
27	or/24-26	86800
28	14 or 19 or 23 or 27	173409
29	(mental health or wellbeing or well-being).ti,ab.	289304
30	exp mental health/	77446
31	exp mental disorders/	919736
32	well being/ or exp spiritual well being/	51717
33	quality of life/	44133
34	or/29-33	1164452
35	1 and 10 and 28 and 34	137
36	limit 35 to english language	130

Improving the mental health and mental health support available to adolescents in out-of-home care via Adolescent-Focused Low-Intensity Life Story Work: A realist review

Proquest Sociology Collection

ASSIA (Applied Social Sciences Index & Abstracts) (1987 to present); Sociological Abstracts (1952 to present); Sociology Database (1985 to present)

Search run on 2 February 2022

	Searches	Results	Type
Full String	(noft((teen* OR youth* OR adolescen* OR juvenile*)) AND (noft("looked after" OR "looked-after") OR noft((foster* OR social OR public OR state OR "local authority" OR residential OR institutional OR permanent OR kinship OR relative OR substitute OR "out of home" OR out-of-home OR shelter OR surrogate) N/1 care*) OR noft("care leaver" OR "care experience*" OR care-experience* OR "leaving care" OR "care transition*") OR noft("child welfare") OR noft(((adopted or adoption or adoptive or adoptee* or in-care or "in care") N/3 (teen* or youth* or adolescen* or juvenile* or young* or child* or girl? or boy?)))) AND (noft((low-intensity or minimal or brief or online or internet or tele* or mobile* or e-health or m-health or virtual) N/2 (intervention* or program* or service* or package* or training* or therap* or treatment*)) OR noft((lay-therapy or lay-therapist* or lay-worker* or lay-person* or lay-people)) OR noft((para-professional* or non-specialist* or non-clinician* or ("health worker" OR "health workers") or ("support worker" OR "support workers")))) OR noft((unqualified OR unregistered OR volunt*) NEAR/2 (therap* OR worker* OR coach* OR facilitator* OR practitioner*)) OR noft((self-help OR self-manage*)) OR noft((group* or peer*) N/2 (intervention* or program* or service* or package* or training* or therap* or treatment)))) AND noft("mental health" or wellbeing or well-being)	249	
	(Filter: English language)		

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CINAHL

Ebscohost CINAHL (Cumulative Index to Nursing and Allied Health Literature) (Start date unknown)

Search run 2 February 2022

	Searches	Results	Type
S32	S25 AND S30	471	
S31	S25 AND S30	477	
S30	S26 OR S27 OR S28 OR S29	835,613	
S29	(MH "Quality of Life")	127,552	
S28	(MH "Mental Disorders+")	611,172	
S27	(MH "Mental Health")	46,077	
S26	TI ("mental health" OR wellbeing OR well-being) OR AB ("mental health" or wellbeing or well-being)	182,035	
S25	S12 AND S24	1,451	
S24	S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23	216,784	
S23	(MH "Support Groups")	11,056	
S22	TI (((group* or peer*) N2 (intervention* or program* or service* or package* or training* or therap* or treatment))) OR AB (((group* or peer*) N2 (intervention* or program* or service* or package* or training* or therap* or treatment)))	99,368	
S21	(MH "Self Care")	42,907	
S20	TI ("self help" OR self-help OR "self manage*" OR self-manage*) OR AB ("self help" OR self-help OR "self manage*" OR self-manage*)	20,838	
S19	(MH "Community Health Workers")	4,008	
S18	TI (((unqualified or unregistered or volunt*) N2 (therap* or worker* or coach* or facilitator* or practitioner*))) OR AB (((unqualified or unregistered or volunt*) N2 (therap* or worker* or coach* or facilitator* or practitioner*)))	962	
S17	TI (("lay therapy" or lay-therapy or "lay therapist*" or lay-therapist* or "lay worker*" or lay-worker* or "lay person*" or lay-person* or "lay people" or lay-people)) AND AB (("lay therapy" or lay-therapy or "lay therapist*" or lay-therapist* or "lay worker*" or lay-worker* or "lay person*" or lay-person* or "lay people" or lay-people))	82	
S16	(MH "Telemedicine") OR (MH "Remote Consultation") OR (MH "Telepsychiatry")	17,115	
S15	(MH "Computer Assisted Instruction")	8,174	

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S14	(MH "Therapy, Computer Assisted")	5,457
S13	TI (((low-intensity or "low intensity" or minimal or brief or online or internet or tele* or mobile* or e-health or m-health or virtual) N2 (intervention* or program* or service* or package* or training* or therap* or treatment*))) OR AB (((low-intensity or "ow intensity" or minimal or brief or online or internet or tele* or mobile* or e-health or m-health or virtual) N2 (intervention* or program* or service* or package* or training* or therap* or treatment*)))	34,674
S12	S10 AND S11	19,442
S11	S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9	77,416
S10	S1 OR S2	626,344
S9	(MH "Foster Home Care") OR (MH "Foster Parents") OR (MH "Child, Foster")	6,425
S8	(MH "Adoption") OR (MH "Child, Adopted") OR (MH "Adoptive Parents")	4,102
S7	TI (((adopted OR adoption OR adoptive OR adoptee* OR "in-care" OR "in care") N2 (teen* OR youth* OR adolescen* OR juvenile* or young* OR child*))) OR AB (((adopted OR adoption OR adoptive OR adoptee* OR "in-care" OR "in care") N2 (teen* OR youth* OR adolescen* OR juvenile* OR young* OR child*)))	37,133
S6	TI "child welfare" OR AB "child welfare"	4,278
S5	TI ("care leaver" OR "care experience*" OR care-experience* OR "leaving care" OR "care transition*") OR AB ("care leaver" OR "care experience*" OR care-experience* OR "leaving care" OR "care transition*")	5,533
S4	TI (foster* OR social OR public OR state OR "local authority" OR residential OR institutional OR permanent OR kinship OR relative OR substitute OR "out of home" OR out-of-home OR shelter OR surrogate) N1 care* OR AB (foster* OR social OR public OR state OR "local authority" OR residential OR institutional OR permanent OR kinship OR relative OR substitute OR "out of home" OR out-of-home OR shelter OR surrogate) N1 care*	31,528
S3	TI "looked after" OR looked-after OR AB "looked after" OR looked-after	723
S2	(MH ""Adolescence"")	569,286
S1	TI (teen* OR youth* OR adolescen* OR juvenile*) OR AB (teen* OR youth* OR adolescen* OR juvenile*)	209,502

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CDAS

Ebscohost CDAS (Child Development and Adolescent Studies) (Start date unknown)

Search run 3 February 2022

	Searches	Results	Type
S1	TI (teen* OR youth* OR adolescen* OR juvenile*) OR AB (teen* OR youth* OR adolescen* OR juvenile*)	99,382	
S2	TI "looked after" OR looked-after OR AB "looked after" OR looked-after	698	
S3	TI (foster* OR social OR public OR state OR "local authority" OR residential OR institutional OR permanent OR kinship OR relative OR substitute OR "out of home" OR out-of-home OR shelter OR surrogate) N1 care* OR AB (foster* OR social OR public OR state OR "local authority" OR residential OR institutional OR permanent OR kinship OR relative OR substitute OR "out of home" OR out-of-home OR shelter OR surrogate) N1 care*	7434	
S4	TI ("care leaver" OR "care experience*" OR care-experience* OR "leaving care" OR "care transition*") OR AB ("care leaver" OR "care experience*" OR care-experience* OR "leaving care" OR "care transition*")	656	
S5	TI "child welfare" OR AB "child welfare"	5752	
S6	TI (((adopted OR adoption OR adoptive OR adoptee* OR "in-care" OR "in care") N2 (teen* OR youth* OR adolescen* OR juvenile* or young* OR child*))) OR AB (((adopted OR adoption OR adoptive OR adoptee* OR "in-care" OR "in care") N2 (teen* OR youth* OR adolescen* OR juvenile* OR young* OR child*)))	14908	
S7	TI (((low-intensity or "low intensity" or minimal or brief or online or internet or tele* or mobile* or e-health or m-health or virtual) N2 (intervention* or program* or service* or package* or training* or therap* or treatment*))) OR AB (((low-intensity or "ow intensity" or minimal or brief or online or internet or tele* or mobile* or e-health or m-health or virtual) N2 (intervention* or program* or service* or package* or training* or therap* or treatment*)))	2481	
S8	TI (("lay therapy" or lay-therapy or "lay therapist*" or lay-therapist* or "lay worker*" or lay-worker* or "lay person*" or lay-person* or "lay people" or lay-people)) AND AB (("lay therapy" or lay-therapy or "lay therapist*" or lay-therapist* or "lay worker*" or lay-worker* or "lay	5	

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	person*" or lay-person* or "lay people" or lay-people)	
S9	TI (((unqualified or unregistered or volunt*) N2 (therap* or worker* or coach* or facilitator* or practitioner*))) OR AB (((unqualified or unregistered or volunt*) N2 (therap* or worker* or coach* or facilitator* or practitioner*)))	78
S10	TI ("self help" OR self-help OR "self manage*" OR self-manage*) OR AB ("self help" OR self-help OR "self manage*" OR self-manage*)	804
S11	TI (((group* or peer*) N2 (intervention* or program* or service* or package* or training* or therap* or treatment))) OR AB (((group* or peer*) N2 (intervention* or program* or service* or package* or training* or therap* or treatment)))	6798
S12	TI ("mental health" OR wellbeing OR well-being) OR AB ("mental health" or wellbeing or well-being)	24106
S13	S2 OR S3 OR S4 OR S5 OR S6	22614
S14	S7 OR S8 OR S9 OR S10 OR S11	9795
S15	S1 AND S12 AND S13 AND S14	61

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Web of Science

Clarivate Web of Science Core Collection (SCI-EXPANDED and SSCI indexes) 1900 to present

Search run 2 February 2022

	Searches	Results	Type
1	TS=(((teen* OR youth* OR adolescen* OR juvenile*)))	757523	
2	TS=(("looked after" OR "looked-after"))	776	
3	TS=((foster* OR social OR public OR state OR "local authority" OR residential OR institutional OR permanent OR kinship OR relative OR substitute OR "out of home" OR out-of-home OR shelter OR surrogate) NEAR/1 care*)	43729	
4	TS=("care leaver" OR "care experience*" OR care-experience* OR "leaving care" OR "care transition*")	6760	
5	TS=("child welfare")	8425	
6	TS=(((adopted or adoption or adoptive or adoptee* or "in-care" or "in care") NEAR/3 (teen* or youth* or adolescen* or juvenile* or young* or child* or girl? or boy?)))	7120	
7	or/2-6	61902	
8	TS=(((low-intensity or minimal or brief or online or internet or tele* or mobile* or e-health or m-health or virtual) NEAR/2 (intervention* or program* or service* or package* or training* or therap* or treatment*)))	90429	
9	TS=((lay-therapy or lay-therapist* or lay-worker* or lay-person* or lay-people))	2561	
10	TS=((para-professional* or non-specialist* or non-clinician* or health worker* or support worker*))	120315	
11	TS=(((unqualified or unregistered or volunt*) NEAR/2 (therap* or worker* or coach* or facilitator* or practitioner*)))	1938	
12	TS=(self-help or self-manage*)	41426	
13	TS=((group* or peer*) NEAR/2 (intervention* or program* or service* or package* or training* or therap* or treatment))	263661	
14	#13 OR #12 OR #11 OR #10 OR #8 OR #9	499546	
15	TS=((mental health or wellbeing or well-being))	409139	
16	#15 and #14 and #7 and #1		
17	limit to english language		

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Social Care Online

SCIE Social Care Online 1980 to present

Search run 3 February 2022

Searches	Results	Type
1 teen or youth or adolescent or juvenile		
2 looked after OR "foster care" OR "social care" OR "public care" OR "state care" OR "local authority care" OR "residential care" OR "institutional care" OR "permanent care" OR "kinship care" OR "relative care" OR "substitute care" OR "out of home care" OR "shelter care" OR adopted OR adoption OR adoptive OR adoptee		
3 <i>low intensity OR minimal OR brief OR online OR digital OR internet OR tele OR mobile OR e-health OR m-health OR virtual</i>		
4 mental health OR wellbeing OR "well being"		
5 1 and 2 and 3 and 4	29	
1 teen or youth or adolescent or juvenile		
2 looked after OR "foster care" OR "social care" OR "public care" OR "state care" OR "local authority care" OR "residential care" OR "institutional care" OR "permanent care" OR "kinship care" OR "relative care" OR "substitute care" OR "out of home care" OR "shelter care" OR adopted OR adoption OR adoptive OR adoptee		
3 <i>"lay therapy" OR "lay therapist" OR "lay worker" OR "lay person" OR "lay people" OR "paraprofessional" OR "non-specialist" OR "non-clinician" OR "health worker" OR coach OR facilitator OR practitioner OR unqualified OR unregistered OR volunteer</i>		
4 mental health OR wellbeing OR "well being"		
5 1 and 2 and 3 and 4	7	
1 teen or youth or adolescent or juvenile		
2 looked after OR "foster care" OR "social care" OR "public care" OR "state care" OR "local authority care" OR "residential care" OR "institutional care" OR "permanent care" OR "kinship care" OR "relative care" OR "substitute care" OR "out of home care" OR "shelter care" OR adopted OR adoption OR adoptive OR adoptee		
3 <i>"self care" OR "self help" OR "self management" OR group OR peer</i>		
4 mental health OR wellbeing OR "well being"		
5 1 and 2 and 3 and 4	21	
NB search strategies adapted for simpler search interface and run in three separate queries		

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Supplementary File 2: Detailed summary of the included documents

Authors	Year	Country	Title	Publication type/ Study Design/ Methods	Sample/ Setting	Objectives
ARCBOX [93]		United Kingdom (UK)	Digital Life Story	Webpage	Adoption	To describe a digital platform for adopted young people to collect memories throughout their life from the past to the present day.
Atwell [97]	2016	UK	Working with children with a disability.	Book Chapter	Across all settings	To discuss Life Story Work (LSW) with children and young people with special educational needs or disabilities (SEND).
Atwool [43]	2017	New Zealand	Life Story Work Optional Extra or Fundamental Entitlement.	Journal, Commentary/ practice guidance	Across all settings	To discuss LSW practice in New Zealand and the reasons why LSW is fundamental to young people with care experience.
Aust [87]	1981	United States of America (USA)	Using the Life Story Book in Treatment of Children in Placement	Journal, Case Study	Foster Placement	To describe the use of life story books in foster placements using a case study example.
Aventin, Houston, & Macdonald [66]	2014	UK	Utilising a computer game as a therapeutic intervention for youth in residential care Some preliminary findings	Journal, Semi-structured interviews	Residential placement (N = 16 consisting of 8 young person and	To explore the accessibility and therapeutic impact of a computer-based intervention delivered to young people in residential placements by their key worker.

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			on use and acceptability.		worker pairs)	
BASW [73]	2020	UK	Recording in children's social work	Commentary/ practice guidance	Across all settings	To discuss recording in social work providing ten recommendations for practice.
Baynes [18]	2008	UK	Untold stories A discussion of life story work.	Journal, Commentary/ practice guidance	Across all settings	To discuss LSW practice by social care professionals and the issues surrounding practice.
Bazalgette, Rahilly & Trevelyan [91]	2015	UK	Achieving-emotional-wellbeing-for-looked-after children a whole system approach	Report, Commentary/ practice guidance	Across all settings	To discuss recommendations based on research for a whole system approach to improving the emotional wellbeing of young people with care experience by delivering preventative as opposed to crisis driven interventions, including LSW.
Beste & Richardson [92]	1981	USA	Developing a Life Story Book Program for Foster Children	Journal, Commentary/ practice guidance	Across all settings	To describe a training programme for foster carers to support young people to create a Life Story Book.
Bolton Council [58]	2022	UK	Life Story Work 5 minute facts	Webpage, Commentary/ practice guidance	Foster placement	To provide guidance for carrying out LSW within foster placements.
Braiden [62]	2016	UK	Evaluation of a short training programme for foster carers	Journal, Case study	Foster placement	To discuss a training package for foster carers that provides skills around art and creative therapy they can engage in with the young person in their care.
Brookfield, Brown, & Reavey [60]	2008	UK	Vicarious and Post-memory Practices in Adopting Families: The Re-production of the Past through	Journal, Focus Groups	Adoption (n=12 adoptive parents)	To explore adoptive parents experience of supporting adoptive children with life story work.

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			Photography and Narrative			
Buchanan [36]	2014	UK	The experience of life story work reflections of young people leaving care.	Thesis, semi-structured interviews	Care leavers	To explore care leavers experiences of LSW, highlighting the importance of taking a person-centred approach, trusted relationships and involving birth relatives for successful LSW.
Connor, Sclare, Dunbar and Elliffe [79]	1985	UK	Making a life story book	Journal, Case Study	Residential Placement	To discuss making a life story book with a young person in a residential placement, highlights topics of planning, relationship building and access to supervision.
Cook-Cottone & Beck [19]	2007	USA	A Model for Life-Story Work Facilitating the Construction of Personal Narrative for Foster Children	Journal, Commentary/ practice guidance	Foster placement	To discuss life story work and theoretical frameworks around LSW. Introduces a model for life story work for children in foster care.
Davies & Hodges [76]	2017	UK	Relationship renaissance the use of attachment-based narrative and metaphor in life story work	Journal, Case Study	Foster placement (n=3)	To describe an attachment based narrative approach to LSW presenting two case studies of the approach in practice.
Devenney [90]	2017	UK	Pathway planning with unaccompanied young people leaving care Biographical narratives of past, present, and future	Journal, Interviews	unaccompanied care leavers (n=18) Social work professionals (n=12)	To explore how unaccompanied young people create biographical narratives of their past, present and future.

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Eenshuistra, Harder, & Knorth [103]	2019	Netherlands	One size does not fit all A systematic review of training outcomes on residential youth care professionals' skills	Journal, Systematic Review	Residential placement	To review training programmes for residential placement workers.
Eldridge [65]	2018	UK	Confiding in Others: A Qualitative Study Exploring the Experiences of Young people who have been in the Care System	Thesis, semi-structured interviews	Across all settings	To explore factors associated with confiding relationships and what elements are influential on an individual confiding in others.
Ferrier [54]	2011	UK	Life story work in the context of attachment led care planning	Journal, Commentary/ practice guidance	Residential placement	To discuss a model of LSW that uses an attachment-based theoretical framework for carrying out LSW in residential placements.
Finlay [70]	2022	UK	Meaningful natural mentoring relationship characteristics and informal therapeutic life space interactions for youth in care	Thesis, systematic review and interviews	Therapeutic care workers (n=8)	To explore factors that contribute to 'natural mentoring relationships' and trusting relationships with young people with care experience by looking at the perspectives of workers within a residential setting in UK.
Fitzhardinge [81]	2008	Australia	Adoption, resilience and the importance of stories The making of a film about teenage adoptees.	Journal, Commentary/ practice guidance	Adoption (n=6)	To discuss a group project where adopted young people work as a group to make a film about being adopted.

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Fostering Sunderland [46]	2021	UK	Foster Carer Handbook	Webpage, Practice guidance	Foster Placement	To provide guidance to foster carers.
Furnivall & Grant [75]	2014	UK	Trauma sensitive practice with children in care	Report		To discuss the importance of social care practitioners being trauma informed to improve their practice when working with young people with care experience.
Gallagher & Green [26]	2012	UK	In, out and after care Young adults' views on their lives, as children, in a therapeutic residential establishment.	Journal, Semi-structured interviews	Residential placement (n=16)	To explore young people with care experience views of their experience in residential care including their experience of LSW.
Gray, Hahn, Cater, Watson, Meineck, & Metcalfe [99]	2019	UK	Trove A Digitally Enhanced Memory Box for Looked after and adopted children	Conference paper, report	Across all settings	To discuss Trove, a digital memory box used with in LSW, it's development, intended purpose and uses.
Gustavsson & MacEachron [52]	2008	USA	Creating Foster Care Youth Biographies A Role for the Internet.	Journal, Commentary/ practice guidance	Across all settings	To describe a digital LSW approach where digital records are made for young people with care experience.
Gutsche [67]	2013	South Africa	Perceptions of social workers regarding life story work with children in child youth centres.	Thesis, semi-structured interviews and focus groups	Residential placement Social workers (n=6)	To explore social workers views in South Africa of LSW with young people living in South Africa's equivalent of residential placements.

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Haight, Black, & Sheridan [68]	2010	USA	A Mental Health Intervention for Rural, Foster Children from Methamphetamine-involved Families Experimental Assessment with Qualitative Elaboration	Journal, Randomised	Foster placement (n=23)	To evaluate the efficacy of a LSW intervention delivered by individuals from the community to young people living in foster placements.
Hamilton [64]	2020	UK	Life story approaches and relationships within residential child care A practice reflection. E. Hamilton	Journal, Case Study	Residential placement	To explore the importance of everyday interactions to support life stories for young people within residential care using a case study as an example.
Hammond [37]	2012	UK	Exploring a role for digital technologies in life story work with adolescents in residential care a discourse analysis	Thesis, ethnographic observations, interviews and focus groups	Residential placement (10 young people, 35 carer)	To explore the use of novel digital technologies as tools to facilitate LSW with adolescents in residential placements.
Hammond & Cooper [47]	2013	UK	Digital Life Story Work using technology to help young people make sense of their experience	Book	Across all settings	To discuss digital LSW approaches that can be used in practice with young people with care experience.
Hammond [48]	2016	UK	Digital Life Story Work in Action.	Book chapter	Across all settings	To discuss digital LSW approaches that can be used in practice with young people with care experience.

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Hammond, Cooper & Jordan [49]	2021	UK	Mental health, identity and informal education opportunities for adolescents with experience of living in state care: a role for digital storytelling,	Journal, Commentary/ practice guidance	Residential placement (10 young people, 35 carer)	To discuss digital storytelling, how both formal and informal educators can play a role in supporting young people with care experiences use of digital technologies within LSW.
Hanna [77]	2007	USA	Preparing School Age Children for Adoption	Journal, Interviews	Adoption - social care professionals (n=26) and adoptive parents (n=55)	To explore how older children are prepared for adoption, an included topic discussed is life story work/books.
Happer, McCreddie, & Aldgate [86]	2006	UK	Celebrating Success: What Helps Looked After Children Succeed	Book	Across all settings	To explore young people with care experiences views on their successes and the factors that promoted success for them while being looked after by the local authority.
Hertfordshire Children's Specialist and Safeguarding Services [38]	2022	UK	Direct Work and Life Story Work with Children and young people	Webpage, Commentary/ practice guidance	Adoptive and foster placements	To provide guidance on how LSW should be carried out in practice making a distinction between adoptive and foster placements and how these different contexts impact LSW.
Hills [57]	2022	UK	Ensuring life stories are at the centre of direct work	Podcast	Across all settings	To discuss a model of practice that ensures LSW is woven into all interactions with young people in contact with social care services.
Holody & Mäher [39]	1996	USA	Using lifebooks with children in family foster care a here	Journal, Commentary/ practice guidance	Foster placement	To discuss the 'here and now' model for supporting young people in foster placements with life story books using case examples.

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			and now process model			
Hooley [55]	2015	UK	Identifying perspectives on life story work with looked after and adopted children	Thesis, Q-methodology	Clinical psychologists and therapists, social work professionals, foster carers, adoptive parents, care leavers (N= 29)	To explore how different aspects of LSW that are important to different groups of people using Q-Methodology.
Hooley, Stokes & Combes [27]	2016	UK	Life story work with looked after and adopted children how professional training and experience determine perceptions of its value	Journal, mixed methods	Clinical psychologists and therapists, social work professionals, foster carers, adoptive parents, care leavers (N= 29)	To investigate which aspects of LSW are important to different groups of people using Q-Methodology.
Hoyle, Shepherd, Lomas, & Flinn [44]	2020	UK	Recordkeeping and the life long memory and identity needs of care experienced children and young people	Journal, Interviews	N=21 care leavers	To explores record keeping practices in social care settings.

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Hughes [72]	2013	UK	Life-story work a journey into a child's world Seen and Heard	Commentary/ practice guidance	Across all settings	To discuss different LSW models using case examples to describe their uses
Humphreys, & Kertesz [102]	2014	Australia	Making Records Meaningful Creating an Identity Resource for young people in care	Journal, Survey and focus groups	Survey n=37 young people with care experience by foster care and residential placement. Focus group n=5 social care workers, n=2 young people current care experience, n=4 care leavers.	To explore record keeping practices in Australia to support identity from key stakeholders.
Känkänen & Bardy [80]	2014	Norway	Life stories and arts in child welfare enriching communication	Commentary/ practice guidance	Residential placement	To discuss the authors experiences of using participatory arts within LSW in residential placements.
Lucas, Matthews, L. Brady, Breguet, & Parson [53]	2020	Australia	Therapeutic-Life- Story-Work-Barwon- Pilot-Evaluation	Interim report	Across all settings	To evaluate the implementation of a therapeutic LSW model in Australia.

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Malik [63]	2005	USA	Application of attachment theory for training foster parents a model program	Thesis, semi-structured interviews	Foster carers	To discuss the development of a training programme for foster carers.
Monson [94]	2020	Australia	Promoting mental health in out of home care in Australia	Journal, focus group and interviews	N=14 young people with care experience	To explore the experience of young people with care experience in Australia on what promotes positive mental health.
Neil & Beek [59]	2020	UK	Respecting Children's Relationships and Identities in Adoption.	Book Chapter	Adoption	To discuss how adopted young people can be supported to maintain significant relationships while outlining key principles for supporting transitions for adoptive families, drawing on the "Secure Base Model".
National Institute for Health and Care Excellence (NICE) [7]	2021	UK	Looked after children and young people NICE guideline 2021	Quality standard	Across all settings	To provide the NICE guidelines for LSW with young people with care experience, including recommendations for how LSW should be delivered and what should be included.
Nicholls [101]	2003	UK	Model answer - Community Care	Commentary/ practice guidance	Across all settings	To discuss a model of LSW that focuses on a collaborative approach to securing memories for young people with care experience.
National Society for the Prevention of Cruelty to Children (NSPCC) [83]	2022	UK	Life Story Work _ NSPCC Learning 2022	Commentary/ practice guidance	Across all settings	To discuss the NSPCC's strengths-based model of LSW that is delivered to young people with care experience.
Nuffield Family	2021	UK	Modernising post adoption contact	Report	Adoption n=80	To discuss findings of a consultation with organisations, birth families, adoptive families,

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Justice Observatory [96]			findings from recent consultation			young people, regional and voluntary adoption agencies on post-adoption contact with birth relatives
Pakrosnis, & Čepukienė [85]	2011	Lithuania	Outcomes of Solution-Focused Brief Therapy for Adolescents in Foster Care and Health Care Settings.	Book chapter, Matched pairs design	Foster and health care placement N=139	To evaluate the efficacy of solution focused brief therapy for adolescents in Foster Care and Health Care Settings.
Peake [50]	2009	UK	Life story work A resource for foster carers, residential social workers, adoptive parents, and kinship carers, to support this work.	Booklet	Foster care	To provide guidance for foster carers and social care professionals to carry out LSW with young people with care experience.
Sanders [89]	2020	UK	Care experienced children and young people's mental health	Literature review	Across all settings	To review the factors that impact the mental health of young people with care experience.
Shepard [100]	2022	UK	Good practice in record-keeping in children's social care	Commentary/ practice guidance	Across all settings	To discuss record keeping practices in children's social care including the development of a digital tool for care experienced young people to keep a diary to preserve their memories.
Shotton [51]	2012	UK	"Remember when..." Exploring the experiences of looked after children and their carers in engaging in	Thesis, Semi-structured interviews	Foster placement (N=5 carers, N=4 young people)	To explore the experience of foster carers and looked after children using the memory store approach.

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			collaborative reminiscence			
Shotton [40]	2013	UK	Remember when...! exploring the experiences of looked after children and their carers in engaging in collaborative reminiscence	Journal, Semi-structured interviews	Foster placement (N=5 carers, N=4 young people)	To explore carers and young people's experiences of using the memory store approach to LSW using semi-structured interviews and a board game approach using Interpretative Phenomenological Analysis.
Shotton [71]	2010	UK	Telling different stories The experience of foster adoptive carers in carrying out collaborative memory work with children.	Journal, Semi-structured interviews	Adoptive parents and foster carers (n=5)	To explore adoptive and foster carers experience using the memory story approach to LSW.
Steenbakker, van der Steen, & Grietens [82]	2016	Netherlands	'To talk or not to talk?': Foster youth's experiences of sharing stories about their past and being in foster care	Journal, Interviews	Foster placement (n=13)	To explore young people's experiences of foster care in Netherlands.
Teodorczuk, Guse, & du Plessis [88]	2018	South Africa	The effect of positive psychology interventions on hope and well-being of adolescents living in a child and youth care centre.	Journal, Matched pairs design	Adolescents (n=29)	To investigate the efficacy of a positive psychology intervention on hope and wellbeing of young people with care experience in South Africa.

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Together for Children Sunderland [45]	2019	UK	Foster Carer Handbook 2019 together for children Sunderland	Commentary/ practice guidance	Foster care	To give guidance to foster carers.
Walker, & Ryan [97]	2016	UK	Working with black and minority ethnic children	Book chapter	Across all settings	To discuss LSW with black and minority ethnic children.
Walker, & Ryan [98]	2016	UK	Why do life story work?	Book chapter	Across all settings	To discuss why LSW is carried out with young people with care experience.
Ward [78]	2002	UK	Opportunity led work maximising the possibilities for therapeutic communication in everyday interactions.	Commentary/ practice guidance	Across all settings	To discuss the concept of "opportunity led working", a framework to view everyday interactions as having therapeutic potential.
Watson, Hahn, & Staines [41]	2020	UK	Storying special objects Material culture, narrative identity and life story work for children in care.	Journal, Semi-structured interviews	Social care professionals (n=9)	To explore social care professional's perspectives of the importance of material objects in LSW to support young people with care experience identity construction.
Watson, Latter, & Bellew [22]	2015	UK	Adopted children and young people's views on their life storybooks The role of narrative in the formation of identities.	Journal, Semi-structured interviews	Adopted young people (n=20)	To explore adopted children and young people's views on their life story books.

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Watson, Meineck & Lancaster [42]	2018	UK	Adopted children's co-production and use of 'trove' (a digitally enhanced memory box) to better understand their care histories through precious objects.	Journal, Semi-structured interviews	Adopted young people (n=10)	To explore adopted young people's experience of trialling the prototype Trove, a digital approach to facilitating LSW.
Watson, Staples, & Riches [61]	2021	UK	'We need to understand what's going on because it's our life' using sandboxing to understand children and young people's everyday conversations about care	Journal, Semi-structured interviews	Care experienced children and young people N = 11 (5 adopted, 6 care leavers).	To explore children and young people's hopes and fears for their everyday conversations with carers about their care experience.
Watson, Latter & Bellew [21]	2015	UK	Adopters' views on their children's life story books.	Journal, Focus groups and interviews	Adopters (n=40)	To explore adopters' views on their children's life story books.
Watts [56]	2021	UK	Relationships, reviews and recording Developing practice for children in care.	Journal, Focus Groups and interviews	Social care professionals (n=42), foster carers (n=10) and young people with care	To explore stakeholders views on reviews and recording practices within social care including The Me and My World model introduced to Brighton and Hove City Council.

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					experience (n=4).	
Willis, & Holland [20]	2009	UK	Life story work Reflections on the experience by looked after young people	Journal, Semi-structured interviews	Young people with care experience (n=12)	To explore young people with care experiences views on LSW.
Wood [104]	2019	UK	West Sussex Children's improvement board. Performance report against the practice improvement plan improving quality of life story work.	Report	Across all settings	To report findings from an audit of West Sussex children's services LSW practice.
Wood, & Selwyn [74]	2017	UK	Looked after children and young people's views on what matters to their subjective well-being.	Journal, Focus groups	Young people with care experience (n=140)	To explore and identify the factors that children and young people identify as being indicative of subjective wellbeing.

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Supplementary File 3: Initial practice guidelines

Initial practice guidance recommendation

1. Adolescent-Focused Low-Intensity Life Story Work should be flexible and person-centred to ensure how, why, when, by whom and to what extent Adolescent-Focused Low-Intensity LSW is delivered, fits the needs of the individual adolescent and their circumstances.

2. There is no 'bad time' to start Adolescent-Focused Low-Intensity Life Story Work so this should start early and make use of everyday opportunities. Everyday opportunities should be used to engage the adolescent in preserving and reflecting on their life experiences.

3. Adolescent-Focused Low-Intensity Life Story Work should begin in the present day as this grows trust in caring adult(s) and relationships. Sharing everyday life experiences helps to establish trusting relationships with caring adult(s).

4. Adolescent-Focused Low-Intensity Life Story Work should involve co-construction of narratives because this improves coherence and authenticity. Adolescents should be supported to construct a narrative that makes sense and feels authentic to them.

5. Adolescents should be supported to control how their lives are recorded and preserved in Adolescent-Focused Low-Intensity Life Story Work whenever and wherever possible. Adolescents should control the processes involved so they feel ownership and power over their own story and how and what is captured.

5.1 Adolescents should be supported to control the processes for recording and preserving

5.2 Adolescents should be supported to control Adolescent-Focused Low-Intensity Life Story Work products (e.g., artefacts)

6. Adolescent-Focused Low-Intensity Life Story Work should provide adolescents with somewhere to begin future telling, supporting adolescents' communication about their lived experiences by providing storytelling prompts, helping adolescents through transitions.

7. Adolescent-Focused Low-Intensity Life Story Work should record positive aspects of everyday experiences, there should be a focus on the positives in adolescents lives to promote the development of positive identity and positive future expectations.

8 Adolescent-Focused Low-Intensity Life Story Work should include support for adolescents, caring adults and others involved in supporting adolescents with life story work should be adequately prepared and/or trained and supported themselves.

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Supplementary File 4: Detailed summary of the CMOCs developed and underpinning data

CMOC Label	CMOC	Supporting evidence	Example extracts
CMOC1	When low-intensity LSW is flexible and person-centred (C) better practice is achieved (O) because adaptations have been made relating to who, when, where, in what circumstances and how low intensity LSW is delivered to the adolescent (M).	(Buchanan, 2014) (Hammond, 2012) (HCC, 2022) (Holody & Mäher, 1996) (Hooley et al., 2016) (NICE, 2021) (Shotton, 2013) (Watson, Hahn, et al., 2020) (Watson et al., 2018) (Willis & Holland, 2009)	'Take a flexible approach to life story work, and tailor it to the developmental age and needs of the looked-after child or young person' (NICE, 2021) 'The content of the LSW reported as being most helpful incorporated photos, drawings, speech bubbles, sentimental objects and opportunities for the young people to comment on their feelings and to be creative in the content. This type of child-led approach offered choice with respect to both content and format' (Buchanan, 2014) 'The findings suggest that it may not be important what form the work takes, as long as it is adapted to suit the child's interests and needs.' (Willis & Holland, 2009)
CMOC2	When everyday life experiences are preserved (C) it improves young people's ability to construct a coherent identity (O) because they have autobiographical memory cues available to re-visit (M).	(Atwool, 2017) (Buchanan, 2014) (Cook-Cottone & Beck, 2007) (Hammond, 2016) (Hammond et al., 2021) (Shotton, 2013) (Watson, Hahn, et al., 2020) (Peake, 2009) (Shotton, 2012) (Willis & Holland, 2009) (Gustavsson & MacEachron, 2008) (Hooley, 2015)	'A tangible and visual record of the child's time in care maintained from the outset through the use of memory boxes and life story books is essential to ensure access to a coherent narrative.' (Watson, Hahn, et al., 2020)

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			‘Entries assist in helping the youth preserve memories. These entries can consist of a description of a birthday party, or a school event in which the youth played a role such as a play or sporting event. These stories may someday help the youth establish a stronger sense of self based on positive memories of their past.’ (Gustavsson & MacEachron, 2008)
CMOC3	When significant events are preserved through recording and made available to an adolescent when they have contact with social care (C) this helps an adolescent construct a coherent understanding of their experiences (O) because memories are available to revisit and reflect upon (M).	(Hills, 2022) (Watson et al., 2015b) (Hoyle et al., 2020) (Together for Children Sunderland, 2019) (Sunderland, 2021) (Hammond, 2012) (Hammond & Cooper, 2013)	‘Life Story Work is very important to the child and will help them in childhood and in later life gain some understanding of their identity and background and help them understand and recall their life in care. As the child’s carer it is essential that you keep items for the child that can later be used for life story work, such as mementos of special occasions, photographs (including school photos) special clothes or toys.’ (Together for Children Sunderland, 2019)
CMOC4	When everyday life experiences are preserved with narrative accounts (C) the ability to construct a coherent identity improves (O) because of the availability of contextual information (M).	(Watson et al., 2015a) (Atwool, 2017; Lucas et al., 2020)	‘For many of the children the absence of a “story” was a source of criticism about their own book and we were regularly told about books that contained photographs but with little account of who was in the photos or how the photos contributed to the child’s story.’ (Watson et al., 2015a) ‘The children appeared overall to value their books even though they could see the flaws

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			and were critical of these. A lack of narrative and the failure to capture multiple perspectives was a common theme.' (Atwool, 2017)
CMOC5	If adolescents are not ready to engage in low-intensity LSW, caring adults in the adolescent's support network should begin to collect and preserve everyday life experiences (C) this ensures adolescents have access to information about their care journey (O) because information is not lost or forgotten (M).	(HCC, 2022) (Ferrier, 2011) (Willis & Holland, 2009) (Cook-Cottone & Beck, 2007) (Atwool, 2017) (Hooley et al., 2016) (Watts, 2021) (Peake, 2009) (NICE, 2021) (Shotton, 2012) (Shotton, 2013)	<p>'The gaps in records that several young people had, including from some foster placements, reinforce the importance of gathering photographs and other mementos at each stage of a child's life, even if they do not want them immediately.' (Willis & Holland, 2009)</p> <p>Start life story work as soon as possible after the looked-after child or young person enters care, to support care placement and emotional stability, rather than as an intervention to deliver once placements are stable.' (NICE, 2021)</p> <p>'Some children may not feel motivated to engage with the approach, though even if they show little or no interest the carer should continue to collect memories of the child's time with them so that memories of that placement are safeguarded... Knowing that those memories have been safeguarded communicates to the child that their time is important and that they matter.' (Shotton, 2012)</p>

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CMOC6	When all caring adults within the adolescent's support network are actively involved in preserving memories and artefacts of everyday life experiences (C) it reduces the risk of there being gaps in the adolescent's autobiographical memory (O) because information is not lost (M).	(HCC, 2022) (Hills, 2022) (Atwool, 2017) (Bolton, 2022) (Watson, Hahn, et al., 2020) (Gustavsson & MacEachron, 2008) (Hammond, 2012) (Hammond et al., 2021) (Neil & Beek, 2020) (Brookfield et al., 2008)	<p>'Birth families, all workers involved in the child's journey should take responsibility and have a role in collecting memorabilia of all significant events/achievements for the child. This information should be recorded for the child, and any memorabilia given to the child (or held in safekeeping by the carers according to the child's age and understanding).' (HCC, 2022)</p> <p>'All caregivers (including those offering short-term care) need to be equipped to support children in keeping an ongoing record of their time in care through the use of memory boxes, life story books and digital records.' (Atwool, 2017)</p>
CMOC7	When adolescents do not have access to information about their everyday life experiences and care journey (C) they can become frustrated and angry (O) because they feel a lack of control over information about their life and their experiences (M).	(Hoyle et al., 2020) (Buchanan, 2014) (Watson, Staples, et al., 2020)	<p>'Their wanting information and clarity about their life was often exacerbated by their judgement that others knew more about their lives and families than they did. This was a source of frustration and anger for many.' (Buchanan, 2014)</p> <p>The common belief that others knew more than they did was often associated with a general feeling that the information others held was deliberately kept from them. A sense of information being kept secret, hidden or confused was evident, which understandably led to many feeling frustrated,</p>

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			angry and mistrustful of others' (Buchanan, 2014)
CMOC8	When caring adults and adolescents share, preserve, and reflect on everyday life experiences (C) connection and rapport between them increases (O) because they spend quality one to one time together (M).	(Hammond et al., 2021) (Braiden, 2016) (Shotton, 2012) (Holody & Mäher, 1996) (Hooley, 2015) (NICE, 2021) (Shotton, 2012) (Malik, 2005) (Buchanan, 2014) (Watson, Staples, et al., 2020) (Hamilton, 2020) (Hooley et al., 2016) (Eldridge, 2018) (Shotton, 2013) (Aventin et al., 2014)	<p>'All the carers talked positively about how the approach had been good for helping them to spend quality time with the child. The carers felt closer to the child through using it, and thought that the child felt closer to them as well.' (Shotton, 2012)</p> <p>'Life story work has the potential for building relationships (for example, by sharing joint activities).' (NICE, 2021)</p> <p>'While it may be time consuming, it can also be very rewarding such that in the process of creating this narrative and recording these memories together, a special relationship develops whereby both the child and foster parent learn more about the foster child.' (Malik, 2005)</p>
CMOC9	When caring adults and adolescents share, preserve and reflect on everyday life experiences (C) adolescent's self-worth increases (O) because the caring adult shows they want to spend time with them, and their experiences are valuable (M).	(Malik, 2005) (Shotton, 2012) (Shotton, 2013) (Watts, 2021) (Peake, 2009) (Hooley, 2015)	<p>'By taking the time to complete this project, the caregiver conveys to the child that he or she is important and worth the time to get to know.' (Malik, 2005)</p> <p>'Evidence within the store of children's particular preferences helps them to see that their opinions matter and are worth recording and talking about, thus contributing to their</p>

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			sense of identity and self-worth' (Shotton, 2013)
CMOC10	When caring adults and adolescents share, preserve, and reflect on everyday life experiences (C) it helps to establish a safe relationship for the exploration of thoughts and feelings (O) because they establish a point of connection, rapport, and trust (M).	(Aventin et al., 2014) (Gutsche, 2013) (Hammond et al., 2021) (Haight et al., 2010) (Watson, Staples, et al., 2020) (Shotton, 2012) (Finlay, 2022) (Hamilton, 2020) (Holody & Mäher, 1996) (Shotton, 2013) (Hooley, 2015) (Hamilton, 2020) (Willis & Holland, 2009) (Buchanan, 2014)	'The participants claimed that often the children preferred drawing or doing arts and crafts to talking, for example, and this would sometimes prompt them to talk more as they built their confidence in their therapeutic relationship with the social worker.' (Gutsche, 2013) 'As in conventional LSW with younger children with care-experience, the trusted adult relationship context and engagement with reflective activities created opportunities for a therapeutic alliance between adolescent participants and the first author. In this space, adolescent participants were able to express and begin to reflect on difficult events in their lives' (Hammond et al., 2021)
CMOC11	When adolescents' everyday life experiences are recorded (C) they can share it with others in the future (O) because prompts from events have been saved (M).	(Shotton, 2012) (Shotton, 2013) (Watson, Hahn, et al., 2020) (Hammond, 2012) (Atwool, 2017) (Hanna, 2007)	'In looking through the store both carers and children were able to flesh out each memory with details of when it occurred or who else was there. It was clear that the pictorial information was very powerful in taking the participants back to the time and place when it occurred.' (Shotton, 2013) 'Importantly, children's 'stuff' can be used to help the child and new family to understand their journey' (Watson, Hahn, et al., 2020)

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CMOC12	Sharing, preserving, and reflecting on everyday life experiences with a caring adult (C) increases an adolescent's sense of connectedness and understanding of themselves and others (O) because it provides opportunities to talk and be listened to (M)	(Shotton, 2010) (Watts, 2021) (Eldridge, 2018) (Shotton, 2012) (Watson, Staples, et al., 2020) (Hamilton, 2020) (Shotton, 2013) (Känkänen & Bardy, 2014) (Malik, 2005) (Hughes, 2013) (Gutsche, 2013) (BASW, 2020)	It often opened up lines of communication, sometimes leading to conversations, where other positive memories were triggered or where the child felt able to talk about sensitive issues.' (Shotton, 2010) 'Where adopted CYP were able to discuss their life stories with their parents in nonthreatening, everyday ways, feelings of relief and connection with parents were expressed.' (Watson, Staples, et al., 2020)
CMOC13	When caring adults are prepared to share personal information with the adolescent they are caring for (C) the adolescent is more willing to confide with their caring adult (O) because trust is established (M).	(Eldridge, 2018) (Watson, Staples, et al., 2020)	'Furthermore, in the current study, limited reciprocal confiding and self-disclosure appeared to help equalise power dynamics and facilitate genuine confiding across personal and professional relationships.' (Eldridge, 2018)
CMOC14	When adolescents have consistent and repeated positive engagements with caring adults who support them to preserve and reflect on everyday life experiences (C) then they may start to build trust in others (O) because it challenges their previously held negative relational beliefs (M).	(Finlay, 2022) (Eldridge, 2018) (Wood & Selwyn, 2017) (Atwool, 2017) (Hamilton, 2020) (Hooley et al., 2016) (Shotton, 2012) (Furnivall & Grant, 2014)	'Reciprocity, understanding, acceptance and perseverance all appeared to be important for the emergence of sufficient trust to confide. For some young people, trust developed in one relationship then appeared to generalise into other relationships' (Eldridge, 2018) 'Such work also enables the child to share their story, has the potential to increase self-esteem and, by building a sense of trust with the social worker and caregivers, may facilitate the development of secure

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			attachment in new situations.’ (Atwool, 2017)
CMOC15	When a caring adult provides consistent support to an adolescent to discuss their thoughts and feelings in response to everyday life experiences (C) the adolescent comes to understand their experiences and themselves better, including their emotional and behavioural responses to experiences (O) because they develop reflective and reminiscence skills through shared story telling (M).	(Ward, 2002) (Hamilton, 2020) (Hooley et al., 2016) (Hooley, 2015) (Fitzhardinge, 2008) (Steenbakkers et al., 2016) (Watson et al., 2018) (Haight et al., 2010) (Holody & Mäher, 1996) (Watson et al., 2015b) (Malik, 2005) (Shotton, 2013) (Ferrier, 2011)	<p>‘Reflective function can be encouraged by bringing into consciousness a range of possible interpretations or ways of experiencing similar stories. It has been argued that both reflective function and neural integration develop only in a context of something akin to a secure attachment relationship.’ (Fitzhardinge, 2008)</p> <p>“This life book focuses on the here and now and makes use of the relationship between the worker and the child. While not specifically therapeutic in its goals, it seeks to help the child make connections between his or her present experiences, emotional needs, and past events.” (Holody & Mäher, 1996)</p> <p>‘In this model, the key aims of the LSW are to integrate a child’s internal and external experiences by collaboratively constructing a narrative.’ (Hooley et al., 2016)</p>
CMOC16	When a caring adult provides consistent support to an adolescent to discuss their thoughts and feelings in response to everyday life experiences (C) they experience better mental	(NSPCC, 2022) (Hooley et al., 2016) (Willis & Holland, 2009) (Känkänen & Bardy, 2014) (Steenbakkers et al., 2016) (Hills, 2022) (Furnivall & Grant, 2014) (Aventin et al., 2014) (Holody & Mäher, 1996) (Eldridge, 2018)	<p>‘A universal viewpoint of exploring and managing emotions emerged, clearly suggesting the importance of helping children to identify, express and regulate emotions during their involvement’ (Hooley et al., 2016)</p> <p>‘respondents indicated that good life story</p>

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	health (O) because they learn emotion regulation skills (M).		work should involve helping a child to express and manage emotions that arise during the work.' (Hooley et al., 2016)
CMOC17	When caring adults consistently support an adolescent to preserve and reflect on everyday life experiences (C) it strengthens the relationship between them (O) because the caring adult becomes better attuned to understanding the adolescent and their support needs (M).	(Davies & Hodges, 2017) (Malik, 2005) (Shotton, 2012) (Holody & Mäher, 1996) (Atwool, 2017) (Hooley, 2015) (Hanna, 2007)	<p>'But by this stage, the carer was more attuned to Katie's particular experiences and was able to demonstrate the necessary acceptance, understanding, commitment and unconditional love for Katie that soothed and ameliorated her anxieties'. (Davies & Hodges, 2017)</p> <p>'it gives the worker information critical to understanding and linking the child's present functioning and coping patterns with previous events in the child's life.' (Holody & Mäher, 1996)</p> <p>'The here-and-now approach allowed Helen's mother to accept her child's thoughts and feelings as the girl's own perception and understanding of her life.' (Holody & Mäher, 1996)</p>
CMOC18	When caring adults view everyday interactions with an adolescent as providing reflective opportunities (C) their relationship is strengthened (O) because adolescents are more comfortable	(Ward, 2002) (Finlay, 2022) (Hammond, 2016) (Connor et al., 1985) (Hamilton, 2020) (Aventin et al., 2014) (Känkänen & Bardy, 2014)	<p>'The keyworker also had to find time for spontaneous 'out of hours' sessions, such as helping Ben write short stories about his temper tantrums after they happened.' (Connor et al., 1985)</p> <p>'You can use your very being to embrace the</p>

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	talking and reflecting on everyday events (M).		relationships and create key opportunities for exploring each life story. 'Don't wait for the perfect moment, take the moment and make it perfect' (Anonymous).' (Hamilton, 2020)
CMOC19	When low-intensity LSW takes place in emotionally meaningful places (C) richer narratives can be constructed (O) because of the availability of contextual cues (M).	(Hills, 2022) (Haight et al., 2010) (Hammond, 2012) (Hamilton, 2020) (Watson, Staples, et al., 2020)	'Providing an intervention to children within a context familiar and emotionally meaningful to them has a variety of other benefits as well. When the clinician travels to see them individually and on their own turf, children can feel valued and cared for, and relationship building may be enhanced. In addition, the community context is rich in cues for children to spontaneously initiate personal narratives.' (Haight et al., 2010)
CMOC20	When everyday life experiences are preserved using temporal anchor points and reflected on at regular intervals (C) it aids the ease of storytelling (O) because it is easier to follow (M).	(Hammond et al., 2021) (Hammond, 2012) (Gustavsson & MacEachron, 2008) (NICE, 2021)	'My regular weekly visits also provided young people with a frame of reference from which to begin to construct and reflect upon recent events in a temporal fashion.' (Hammond, 2012) 'Schedule regular, dedicated times for life story work to help the looked-after child or young person make sense of their journey through the care system and beyond, their significant relationships and their identity.' (NICE, 2021)

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CMOC21	When everyday life experiences are preserved and reflected on at regular intervals (C) adolescents become more comfortable engaging in the process (O) because the approach becomes familiar and predictable (M).	(Holody & Mäher, 1996) (Hamilton, 2020) (Shotton, 2012)	'The here-and-now lifebook is more user-friendly than the traditional lifebook, not only for the child but for the worker as well. If it is used in every contact between worker and child, it is transformed from something extra into the very forum for interaction.'(Holody & Mäher, 1996)
CMOC22	When a caring adult regularly demonstrates how to respond to challenging situations in constructive ways (C) the adolescent learns how to respond to challenging situations (O) because of role modelling (M).	(Furnivall & Grant, 2014) (Hammond & Cooper, 2013) (Hammond, 2016) (Finlay, 2022) (Steenbakketers et al., 2016)	<p>Developing the capacity to self-regulate and become accountable requires safe, positive relationships with adults who can scaffold children's' learning (Furnivall & Grant, 2014)</p> <p>'This person also needs to be a role model, particularly when handling the inherent frustrations of working with digital media in innovative ways and helping to mediate the risks that digital media may bring (discussed later in this chapter).' (Hammond, 2016)</p> <p>'In addition, negative experiences with (previous) attachment figures make sharing distressing memories more difficult for adolescents in family foster care, for example when these attachment figures insufficiently regulated the emotional aspects of distressing events for them, or insufficiently scaffolded them in constructing these memories' (Steenbakketers et al., 2016)</p>

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CMOC23	When a caring adult consistently and sensitively helps an adolescent curate, develop, and reflect upon narratives about their lived experiences (C) the narratives become authentic accounts that resonate with the adolescent's experience (O) because they were actively involved in the construction of accounts (M)	(Atwool, 2017) (Baynes, 2008) (Watson, Hahn, et al., 2020) (Watson, Staples, et al., 2020)	'This will help to ensure that the written story reflects the child's experiences, helping to create a coherent narrative of events, feelings and memories. Without this, we risk creating a life story book that has little meaning to the child,' (Baynes, 2008)
CMOC24	When adolescents are not actively involved in the construction of narratives about their lived experience (C) they can struggle to accept the narratives as their own story (O) because they do not resonate with the young persons lived experience (M).	(Baynes, 2008) (Watson, Hahn, et al., 2020) (Gallagher & Green, 2012) (Atwool, 2017)	'Children may feel that their life story book lacks a coherent narrative or presents a narrative with which they disagree (Watson et al., 2015a). This can lead to dissonance between their identity and the identity presented in the book, leading children to believe that including multiple perspectives would be beneficial (Watson et al., 2015a).' (Watson, Hahn, et al., 2020) 'All proponents of life story work emphasise the importance of working with the child and allowing them to give voice to their subjective experience. Kagan (2014) warns of the dangers of practitioners writing life stories for children, arguing that their validity is likely to be questioned because they do not fully capture the child's experience or perspective and traumatic events may be glossed over.'

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			(Atwool, 2017)
CMOC25	When caring adults do not consistently and sensitively help adolescents curate, develop, and reflect upon narratives about their lived experiences (C) identity development can be negatively impacted (O) because the adolescent constructs unnecessarily negative narrative accounts (M).	(Watson, Hahn, et al., 2020) (Shotton, 2012) (Atwool, 2017) (Watson, Staples, et al., 2020)	'Granting children control over narratives aids identity formation but left unchallenged their perspective of events may also become one-sided and inaccurate' (Watson, Hahn, et al., 2020)
CMOC26	When a caring adult supports an adolescent to construct narrative accounts of their experience using alternative information or interpretations (C), less negative narratives may result (O), because they have more perspectives to draw on (M)	(Fitzhardinge, 2008) (Shotton, 2012) (Davies & Hodges, 2017) (Pakrosnis & Cėpukiene, 2011) (Hooley et al., 2016) (Baynes, 2008) (Shotton, 2013) (Gallagher and Green, 2012) (Shotton, 2010) (Willis and Holland, 2009)	'Narratives were enriched by bringing into consciousness some alternative interpretations and accommodating in a deeper way the perspectives of different people within the story.' (Fitzhardinge, 2008) 'From a narrative perspective it can help the child to thicken positive counter-narratives impacting on the dominant stories the child has and is able to tell about themselves, particularly thickening stories around their strengths, worth and belonging' (Shotton, 2012) Participants also highlighted the importance of finding out what the events mean to the child and offering alternative narratives:' (Hooley et al., 2016)
CMOC27	When a caring adult consistently and sensitively helps an	(Connor et al., 1985) (Hammond & Cooper, 2013) (Finlay, 2022)	The therapeutic process involves creating opportunities to open up conversational

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	adolescent curate, develop, and reflect upon narratives about their lived experiences (C) positive narratives including liberating narratives can be constructed (O) because caring adults can help adolescents to re-script negative narrative accounts (M).	(Hammond, 2016) (Hammond, 2012) (Fitzhardinge, 2008) (Gutsche, 2013) (Happer et al., 2006) (Hooley, 2015) (Känkänen & Bardy, 2014) (Cook-Cottone & Beck, 2007) (Watson et al., 2015b) (Holody & Mäher, 1996) (Shotton, 2013) (Hooley et al., 2016)	spaces. These spaces provide young people with opportunities to share accounts of their own lives, in their own words. These accounts are listened to by a consistently available adult who can sensitively support the young person's reflections on the stories they choose to share, and potentially, provide re-scripting or re-editing advice.' (Hammond, 2016). 'Importantly, these reflections must eradicate self-blame and encourage young people to look forward positively towards their futures. This phase is about encouraging young people to recognise their own resilience, effectively turning 'if only this hadn't happened' into 'despite all these things that have happened to me'. (Hammond & Cooper, 2013)
CMOC28	When significant individuals provide alternative positively framed narratives to the adolescent (C) it helps to increase their self-esteem and ability to develop positive future expectations (O) because they become increasingly aware of their positive characteristics and abilities (M).	(Shotton, 2012) (Aust, 1981) (Hooley et al., 2016) (Teodorczuk et al., 2018) (Eldridge, 2018) (Happer et al., 2006) (Sanders, 2020) (Devenney, 2017)	'From a narrative perspective it can help the child to thicken positive counter-narratives impacting on the dominant stories the child has and is able to tell about themselves, particularly thickening stories around their strengths, worth and belonging.' (Shotton, 2012) 'The co-construction of stories around their achievements and certificates contributes to

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			their perception of themselves as someone who can achieve. As they reflect with their carer and look together at their writing and spelling they are able to co-construct stories about their progress over time and see themselves as someone who can make progress, who can grow and change in positive ways.' (Shotton, 2012)
CMOC29	When significant individuals are given the opportunity to offer their narrative account of adolescent's life experiences (C) adolescents become aware of alternative interpretations of life events (O) because they have access to different narrative accounts (M).	(Bazalgette, 2015) (HCC, 2022) (Hills, 2022) (Beste & Richardson, 1981) (Baynes, 2008) (Peake, 2009) (Ferrier, 2011) (BASW, 2020) (ARCBOX, 2022) (Fitzhardinge, 2008) (Watson, Hahn, et al., 2020) (Hoyle et al., 2020) (Watson et al., 2015a) (Watts, 2021)	<p>'Fourth, Life Story Books that include contributions from more than one source, such as foster parents, social worker, and parents, will allow children to have a broader understanding of their life events. It will also increase the child's awareness that different people see the same situation differently.' (Beste & Richardson, 1981)</p> <p>'Children were consistently clear that the narrative presented in their book should be of their biography, representing multiple actor viewpoints including those of their birth family.' (Watson et al., 2015a)</p> <p>'In addition, a life story book that contains many voices is likely to be seen by the child as having more credibility in the future" (Baynes, 2008)</p>
CMOC30	When significant individuals including birth relatives are	(Cook-Cottone & Beck, 2007) (Shotton, 2012) (Buchanan, 2014)	"The life-story work can also be used as a way to structure visits with biological parents

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	positively involved in Low intensity LSW (C) stronger relationships can be established between those involved (O) because of the interactions facilitated through the activity (M).	(Watson, Staples, et al., 2020) (Hooley, 2015) (Shotton, 2012)	and siblings. The visit time can be used to collect artifacts (take photos or share old photos) and record related information (e.g. write letters, create a memory page for photos, tell stories about the photos).’ (Cook-Cottone & Beck, 2007) ‘facilitating interaction with other family members, bringing the family closer together, helping other family members feel involved in the care of the child’ (Shotton, 2012)
CMOC31	When significant individuals including birth relatives are involved in low intensity LSW (C) identity development can be supported (O) because significant individuals can share information about the adolescent’s family heritage (M).	(Monson et al., 2020) (Neil & Beek, 2020) (Buchanan, 2014) (Hoyle et al., 2020) (Sanders, 2020)	‘For young people, carers and workers could also be gatekeepers for connectedness with cultural heritage and identity. One young person described what he believed was a turning point in a relationship with a carer, when the carer took him to a restaurant serving the cuisine of the young person’s country of origin’ (Monson et al., 2020) ‘Staying in touch with parents, siblings and other important people helps children develop a sense of identity and belonging and promotes healthy and stable relationships,’(Sanders, 2020)
CMOC32	When adolescents exert a choice over how low intensity LSW everyday life experiences are preserved and reflected on (C) they experience ownership over the process and resulting	(Hooley, 2015) (Watson et al., 2018) (Buchanan, 2014) (Hammond & Cooper, 2013) (Watson, Hahn, et al., 2020) (Holody & Mäher, 1996) (NICE, 2021) (HCC, 2022) (Hammond, 2012) (Peake, 2009)	‘Children can have ownership of their story work via choosing which objects to story/not story and by dictating the pace at which the work progresses: I think it’s a great concept and would be a good idea for children to have ownership of

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	products (O) because they feel valued their perspectives and opinions are valued.	(Gutsche, 2013) (Buchanan, 2014) (Lucas et al., 2020) (Baynes, 2008)	their stories and memories. (FSW, Ben)' (Watson, Hahn, et al., 2020) 'A feeling of ownership appeared to be fostered through the use of a person-centred and flexible approach to LSW.' (Buchanan, 2014)
CMOC33	When adolescents are given agency to choose the mediums (digital, paints, puppets, physical/digital 'visits' music etc) used to collect and conserve everyday memories (C) it is engaging to them (O) because they have a sense of control, ownership and power over the process, (M).	(Watson, Hahn, et al., 2020) (Hammond, 2012) (Hammond, 2016) (Watson et al., 2015a) (Aventin et al., 2014) (Hills, 2022) (Buchanan, 2014) (Holody & Mäher, 1996) (Hammond & Cooper, 2013) (Nuffield Family Justice Observatory, 2021) (Baynes, 2008) (Hooley et al., 2016) (Hammond et al., 2021) (Lucas et al., 2020) (Peake, 2009) (Willis & Holland, 2009) (Känkänen & Bardy, 2014) (Gutsche, 2013) (Hammond & Cooper, 2013)	'trove aims to support children to keep their own record of their life, through interactive child-driven technology, to give them some control of their life story.' (Watson, Hahn, et al., 2020) '...how we can support that so it feels like their story rather than produced in a format that somebody has given them. We want to make sure that for young people, their stories are owned by them, and that means having them in a format that they would choose.' (Hills, 2022)
CMOC34	When caring adults are aware of the adolescent's special educational needs and disabilities (SEND) (C) the adolescent can engage with preserving and reflecting on their experiences (O) because appropriate adaptations	(Hamilton, 2020) (Hammond, 2012) (HCC, 2022) (Atwell, 2016) (NICE, 2021)	'Where the child has some level of learning disability, careful thought will need to be given to the implications this will have on undertaking life story work, considering in particular the most effective methods of communication.' (HCC, 2022)

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	can be made to make the activity accessible (M).		<p>'For children with a disability who perhaps have difficulty in communicating by speech, or who may lack the use of one or more of the senses, it is possible to develop life story work that does not depend only on visual methods but involves stimulation of other senses.' (Atwell, 2016)</p> <p>'Take a flexible approach to life story work, and tailor it to the developmental age and needs of the looked-after child or young person.' (NICE, 2021)</p>
CMOC35	When caring adults from the adolescent's support network have training materials available to them (C) adolescents with SEND can engage with preserving and reflecting on their lived experiences (O) because the caring adults in their support network are equipped with the knowledge and skill to make appropriate adaptations (M).	(Atwell, 2016)	'In deciding how to tackle life story work with disabled children, it is also important to consider who would be best able to do this work. Since being able to understand and communicate with the child is paramount, this should be undertaken by the person who communicates best with the child, rather than assume it is always done by the child's social worker.' (Atwell, 2016)
CMOC36	When the creation of a product is prioritised over a meaningful process for securing everyday memories (C) the value of narratives contained will be	(Känkänen & Bardy, 2014) (Hammond & Cooper, 2013) (Hooley et al., 2016) (Baynes, 2008) (Hammond, 2012)	'Baynes (2008) continues by suggesting that life story work has been pushed to the periphery of practice within a more quantitatively driven target-focused profession. She fears that this may lead some

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	reduced (O) because the product does not represent adolescents lived experience of everyday events (M).		to conceptualise life story work as a product, which could detract from the potentially therapeutic nature of the underlying process.' (Hammond, 2012) 'They also note that although the process is of primary importance, the material record was also significant.' (Atwool, 2017)
CMOC37	When the process of curating, developing, and reflecting upon narratives about lived experiences is prioritised over the recording (C) a bank of future reflective starting points is lost (O) because everyday memories and artefacts are not secured (M).	(Aust, 1981) (Walker & Ryan, 2016a) (Hoyle et al., 2020) (Hooley, 2015) (Watson et al., 2015b) (Hills, 2022) (Watts, 2021) (Buchanan, 2014) (Känkänen & Bardy, 2014) (Atwool, 2017) (Willis & Holland, 2009) (Beste & Richardson, 1981) (Aust, 1981) (Hammond, 2016)	'We never regard the work as finished as life goes on, but some record of the process is important as it provides a reference point, particularly as it can be updated until adulthood.' (Walker & Ryan, 2016a) 'Material items and the records produced during the work were important to the young people. Many described treasuring them, returning to them often and planning to continue to add to them.' (Buchanan, 2014) 'Concrete artefacts – such as poems, photographs, paintings, cartoons and so on – cannot be ignored, which also means that unlike an unrecorded spoken narrative, they persist after the initial act of telling and we can return to them again and again.' (Känkänen & Bardy, 2014)
CMOC38	When adolescents feel empowered to have editorial	(Baynes, 2008) (Watson, Hahn, et al., 2020) (Watson et al., 2018)	'Children can have ownership of their story work via choosing which objects to story/not

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	control over memory product(s) (C) they feel more positive about the product(s) and experience greater ownership of their story/narrative (O) because they have control over how, and which, events are recorded or not (M).	(Hoyle et al., 2020; Watson et al., 2015a) (Buchanan, 2014) (Gallagher & Green, 2012) (Gray et al., 2019)	<p>story and by dictating the pace at which the work progresses' (Watson, Hahn, et al., 2020)</p> <p>'In some cases children were dismissive about their book, as the focus did not seem to be on them specifically. For a few children, photos included were stark reminders of differential treatment of siblings by birth parents and contributed to negative feelings.' (Watson et al., 2015a)</p> <p>'have stuck a piece of paper over a section about me behaving inappropriately around Rhian and John, my adoptive family that broke down. The thing in the life story book spoiled my memory of Rhian and John's It seemed like it was written for somebody younger than me. (Caitlyn, 19)' (Gallagher & Green, 2012)</p>
CMOC39	When the medium used for collecting the product is easily editable (e.g., digitally) (C) it helps the contents of low intensity LSW hold meaning over time (O) because it can be updated and edited when needed (M)	(Beste & Richardson, 1981) (Hammond, 2012) (Hammond & Cooper, 2013) (Watson et al., 2015a) (Watson, Latter and Below, 2015) (Atwool, 2017) (Hammond & Cooper, 2013) (Hooley et al., 2016) (Nuffield Family Justice Observatory, 2021)	<p>'Digital tools offer the ability to help young people to express thoughts and feelings which can be continually updated, edited and reflected upon. Using interactive computer-based mediums in this way grants the user flexibility to make changes frequently and easily.' (Hammond & Cooper, 2013)</p> <p>'Concerns about the scrapbook style focused on the inability to remove information or to update as the child grew older.' (Watson,</p>

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			Latter and Below, 2015)
CMOC40	When digital artefacts/products are backed-up and have access controls (e.g., encrypted and password protected) (C) it helps preserve and keep the contents safe (O) because it is secured and protected from unauthorised access (M).	(Hammond & Cooper, 2013) (Shepard, 2022) (Ferrier, 2011) (Watson et al., 2015a) (Atwool, 2017) (Willis & Holland, 2009) (Gustavsson & MacEachron, 2008) (Beste & Richardson, 1981) (Hammond & Cooper, 2013) (Hammond, 2016) (Ferrier, 2011) (Gray et al., 2019)	<p>'Security mechanisms were posited from both groups, including remotely programmable passcodes or a scannable key.' (Gray et al., 2019)</p> <p>'Provision of back-up storage in case records are lost or destroyed is also needed.' (Atwool, 2017)</p> <p>'Digital life story work products can be copied easily and, with permission, back-up copies can be stored with young people's files for posterity.' (Hammond, 2016)</p>
CMOC41	When a medium for capturing a product enables narratives to be stored in different formats (e.g. voices, videos, pictures, objects) (C), they provide a richer starting point for future retelling (O), because they connect adolescents to their memories through the engaging and tangible nature of the artefacts (M).	(Hammond & Cooper, 2013) (Peake, 2009) (Hills, 2022) (Watson et al., 2015a) (Gray et al., 2019) (Watson et al., 2018) (Shotton, 2012) (Shotton, 2013) (Hammond, 2016) (Buchanan, 2014) (Atwell, 2016) (Hoyle et al., 2020) (Watson, Hahn, et al., 2020)	<p>'The background sounds to everyday life often go unnoticed. Sounds from the environment can help to connect to memories and hearing a specific sound can prompt a memory.' (Hammond & Cooper, 2013)</p> <p>'For looked after and adopted children, physical objects are often the only remaining link to their past; a portal to stories of birth families, former homes, and significant people.' (Gray et al., 2019)</p> <p>'In looking through the store both carers and children were able to flesh out each memory with details of when it occurred or who else</p>

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			was there. It was clear that the pictorial information was very powerful in taking the participants back to the time and place when it occurred.' (Shotton, 2013)
CMOC42	When adolescent's communication needs are considered when creating low-intensity LSW products (C) it ensures that memories are accessible for the adolescent to engage with (O) because they can understand the contents (M).	(Watson, Latter & Bellew, 2015) (Hammond, 2012) (Atwell, 2016)	<p>"A lack of appropriate methods of communication in life story work may result in engagement opportunities with adolescents becoming lost and/or overlooked." (Hammond, 2012)</p> <p>"...the care system and social work practice itself needs to converse using culturally appropriate methods of communication..." (Hammond, 2012)</p> <p>'For children with a disability who perhaps have difficulty in communicating by speech, or who may lack the use of one or more of the senses, it is possible to develop life story work that does not depend only on visual methods but involves stimulation of other senses.' (Atwell, 2016)</p>
CMOC43	When adolescents use LI-LSW products as storytelling prompts to share stories with chosen caring adults (C) it helps to strengthen relationships between adolescents	(Buchanan, 2014) (Shotton, 2012) (Hammond, 2012) (Hamilton, 2020)	'Sharing a moment, an experience together helps to create social connections and helps us understand one another and our thinking.' (Hamilton, 2020)

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	and caring adults (O) because caring adults understand adolescents and their experiences (M)		
CMOC44	When current everyday life experiences are preserved and reflected on (C) positive self-narratives can become more accessible for the adolescent to make sense of their experiences, construct their identity and develop positive future expectations (O) because the focus is not on past negative experiences (M)	(Shotton, 2013) (Shotton, 2012) (Nicholls, 2003) (Teodorczuk et al., 2018) (Ferrier, 2011) (Haight et al., 2010) (Watson, Staples, et al., 2020) (Steenbakkers et al., 2016) (NSPCC, 2022) (Hammond et al., 2021) (Teodorczuk et al., 2018)	<p>'Why Life Story Work is Failing...It has the potential to deny the promotion of a child's identity by focusing on his or her experience as a looked-after child.' (Nicholls, 2003)</p> <p>'From a narrative perspective it can help the child to thicken positive counter-narratives impacting positively on the dominant stories the child has and is able to tell about themselves, particularly thickening stories around their strengths, worth and belonging.' (Shotton, 2012)</p> <p>'A key part of Life Story Work is celebrating the child or young person's achievements. We recognise the resilience they've shown by overcoming adversity and help them to see themselves in a positive light.' (NSPCC, 2022)</p>
CMOC45	When everyday life experiences are reflected on between an adolescent and caring adult (C) difficulties and challenges can be positively re-framed (O) because	(Walker & Ryan, 2016a) (Holody & Mäher, 1996) (Buchanan, 2014) (Teodorczuk et al., 2018) (Hooley et al., 2016)	'Life story books are thought to sometimes silence the difficulties experienced by adoptees by not allowing them enough space for exploring troublesome feelings and fantasies.' (Walker & Ryan, 2016a)

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	opportunities to reflect on positive interpretations are taken (M).		<p>The statements relating to this all emphasised 'feelings to be shown, managed and normalised'. Participants in all groups agreed with the suggestion that work should not be stopped if difficult feelings came up and that upsetting or traumatic experiences should be explored. They indicated that a balance needed to be achieved that included happy as well as difficult memories.' (Hooley et al., 2016)</p>
CMOC46	When low-intensity LSW containing a bank of positive memories and personal achievements is re-visited by an adolescent needing emotional support (C) their wellbeing may improve (O), because they find the contents comforting (M)	(Watts, 2021) (Shotton, 2010) (Buchanan, 2014) (Cook-Cottone & Beck, 2007; Gallagher & Green, 2012) (Shotton, 2012) (Shotton, 2013) (Humphreys & Kertesz, 2014) (Willis & Holland, 2009) (Watts, 2021) (Holody & Mäher, 1996)	<p>'The value of returning to the book was described by the other participants. Some chose to simply look through it to see 'familiar faces' or to remind them of coming through difficult times in the past when faced with new transitions. (Buchanan, 2014)</p> <p>'As many of the memories were of happy/positive times, the carers felt that reflecting on the store often had a positive effect on mood for both themselves and the children.' (Shotton, 2012)</p> <p>'The carers perceived that using the memory store approach often had a calming effect on the children and that it was also an activity that they seemed to find comforting. (Shotton, 2012)</p>

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CMOC47	When caring adults have an awareness of the adolescent's cultural background (C) it promotes appropriate preservation and reflection of everyday life experiences (O) because caring adults have an increased awareness of the adolescent's individuality and cultural heritage (M).	(Monson et al., 2020) (HCC, 2022) (Walker & Ryan, 2016b) (NICE, 2021)	<p>'It is important to a child that the worker doing life story work has a good grasp of the child's world, both the inner world and external realities. This means the worker must familiarise him or herself with aspects of family life of the ethnic community of the child in the context of this society. This involves getting information from a variety of sources, for example, people from a culture similar to that of the child, and of course the internet.' (Walker & Ryan, 2016b)</p> <p>'Ensure that life story work for looked-after children and young people captures and embraces ethnicity, cultural and religious identity, as well as other personal aspects of identity, for example, sexual identity or disabilities.' (NICE, 2021)</p>
CMOC48	When institutions consistently communicate and take measures to support the importance of collecting everyday life experiences for adolescents (C) significant individuals are more likely to prioritise this activity (O) because they know what is expected of them (M).	(Finlay, 2022) (Wood, 2019) (Atwool, 2017) (Holody & Mäher, 1996) (Shotton, 2013) (Watts, 2021) (Hooley et al., 2016) (Connor et al., 1985) (Brookfield et al., 2008)	<p>'Recognition of children's entitlement to a coherent narrative needs to be embedded in practice at the micro level. This can only occur if appropriate supports are in place at the organisational level, facilitated by macro-level priority being accorded to provision of resources needed to ensure the best possible outcomes for children and young people in care.' (Atwool, 2017)</p> <p>"Policy needs to be developed which specifies that training for foster carers in</p>

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			using the approach, or similar, should be part of their induction to fostering. This would raise their awareness and help them feel equipped to use the approach from the start of a child's placement with them.' (Shotton, 2013)
CMOC49	When caring adults are provided with relevant ongoing training that highlights the importance of preserving and reflecting on everyday life experiences (C), they are more likely to carry these out (O) because they have the confidence and skills to do so (M).	(Finlay, 2022) (Braiden, 2016) (Walker & Ryan, 2016a) (Eenshuistra et al., 2019) (Hills, 2022) (Haight et al., 2010) (Wood, 2019) (Watson, Staples, et al., 2020) (NICE, 2021) (Shotton, 2012) (Buchanan, 2014) (Holody & Mäher, 1996) (Shotton, 2013) (Atwool, 2017) (Sanders, 2020)	'To embark on this journey with the child, above all you need time, sensitivity, empathy for the child and a commitment to the work. An ability to listen to the child and understand them is paramount; the skills and particular techniques can be learnt' (Walker & Ryan, 2016a) 'Ensure that the experience and skillset of the practitioner or carer delivering life story work for looked-after children and young people is sufficient to deliver good quality work, particularly in complex situations.' (NICE, 2021)
CMOC50	When peers with similar lived experiences introduce low-intensity LSW to an adolescent (C) their engagement with low-intensity LSW increases (O) because they find advice from peers more credible and authentic (M).	(Holody & Mäher, 1996) (Hughes, 2013; Lucas et al., 2020) (Fitzhardinge, 2008)	'James was able to show his lifebook to another foster child who was resistant to beginning this work.' (Holody & Mäher, 1996) 'The use of published story books which describe similar scenarios of children who are in similar circumstances - such as where the child in the story is also blaming themselves about their parents' separation - can be very helpful.' (Hughes, 2013)

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CMOC51	Caring adults who are supporting low-intensity LSW should have access to regular supervision (C) this helps the caring adult feel prepared and confident to support low-intensity LSW and improves their practice (O) because they have support and guidance available to reinforce training and a self-reflective space to process emotions (M).	(Walker & Ryan, 2016a) (Braiden, 2016) (Hooley et al., 2016) (Eenshuistra et al., 2019) (Haight et al., 2010) (Furnivall & Grant, 2014) (Buchanan, 2014) (Connor et al., 1985) (Watson, Hahn, et al., 2020) (Holody & Mäher, 1996) (Peake, 2009)	<p>'Unless training is reinforced by regular supervision and consultancy and embedded within a trauma sensitive organisational system, it will be unable to change children's experience significantly.' (Furnivall & Grant, 2014)</p> <p>'Clear areas for support and consultation that could be provided by clinical psychologists and social care professionals have been highlighted together with areas for future research.' (Hooley et al., 2016)</p> <p>'Any worker undertaking life story work requires not only a reasonable knowledge of child development but also access to other workers in this field who can be called upon to give advice and support in the way that we used the clinical psychologist.' (Connor et al., 1985)</p>
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