

Corporate Parents or Overprotective Parents?

The Impacts of Risk-Averse Practice on the Development and Social Networks of Young People in Care

Theoretical Research Article

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The
Why Not?
Trust
for care experienced young people

Teaser Text

When caring for children and young people (CYP) in the care system, professionals are often expected to prevent all possible risk, both to the CYP themselves and those in the community. However, less discussed are the potential consequences of being *too* risk-averse in practice with CYP in care. The safeguarding practices often applied to CYP in care can border on overprotective, and evidence shows that overprotective parenting can prevent the development of skills necessary for success in adulthood, including independence, ability to cope with complex or uncertain situations, and social skills. Without the ability to effectively practice these skills, CYP in care may be at increased risk when entering adulthood and are needing to navigate the world with less professional support. Further, overprotective parenting can negatively impact the friendships and social networks of young people, which research repeatedly shows may lead to poorer long-term physical and mental health. This article summarises the evidence base to show how social care workers and systems may better balance child protection with the promotion of CYP's wellbeing across the lifespan.

Introduction

When children are in care, their experiences of growing up often differ from those of children living with their families. Despite ongoing efforts to make the upbringing of children in care more “normal,” certain professional attitudes, policies, procedures, and expectations of care workers can make giving young people in care a normal childhood difficult to achieve. Children in care are often subjected to safeguarding procedures that their peers who are not in care do not encounter. All their activities and relationships are closely monitored, recorded, and risk-assessed to ensure that the child is safe, and that nothing is missed that could later be seen as a failure of the professionals and the care system if the child or someone else is harmed.

This culture can turn corporate parents into overprotective parents. Although, understandably, research on the consequences of safeguarding procedures within the care system is scarce, there does exist a body of research that shows how overprotective – or colloquially referred to as “helicopter” – parenting can be detrimental to normative development. Overprotective parenting may result in poorer social and developmental outcomes for young people, including reduced social competencies, mental health problems such as depression and low self-esteem, difficulties living independently in adulthood, and impaired decision-making capabilities (Bruysters & Pilkington, 2022; Flamant et al., 2022; Gittins & Hunt, 2019; Haidt, 2024). This may ultimately make children and young people *less* safe as they grow up and enter adulthood, despite carers’ best efforts to protect them from harm while looked after.

One characteristic of overprotective parenting is either intentionally or indirectly restricting young people’s interaction with their friends. The friendships of children in care are often heavily scrutinised, not taken seriously by professionals, or simply not encouraged (Haddow et al., 2021; Irvine & Emond, 2023; McMahon & Curtin, 2012). Further, most young people enter the care system with their social networks disrupted. In England, for example, over 20% of children in care live more than twenty miles from their home, making sustaining their pre-care friendships much more difficult (Become, 2024). For care-experienced children and young people (CYP) who experience multiple, sometimes unplanned moves and transitions, friendships may help mitigate the impacts of these and lead to stronger social networks over time (Haggman-Laitila et al., 2019; Mendes et al., 2022; Roesch-Marsh & Emond, 2020). Despite this, the friendships of care-experienced CYP are rarely considered in safeguarding plans (Roesch-Marsh & Emond, 2020). Further, depending on a young person’s situation, friendships may be seen by professionals as risk rather than protective factors.

Beyond the care sector, several studies and reviews have demonstrated the long-term consequences of poor social connection and a lack of strong friendships in childhood (Allen et al., 2025; Blum et al., 2022; Ehrhardt & Schacter, 2024; Orben et al., 2020; Šutić et al., 2025), including poor self-esteem, anxiety and depression, and impairments to cognition. For example, Sakyi et al. (2015) completed a longitudinal study on childhood friendships and psychological difficulties in young adulthood, finding that those who had at least one childhood friend were significantly less likely to experience psychological difficulties in adulthood, compared with those who had no friends. Adolescents and young adults who are socially isolated are also at increased risk of poor physical health, including but not limited to: migraine, asthma, hypertension, and arthritis (Christiansen et al., 2025). Further, a lack of adequate social relationships has been found to decrease life expectancy, with those having sufficient social relationships being on average 50% more likely to survive compared to those with insufficient social relationships, surpassing other risk factors for mortality such as obesity (Holt-Lunstad et al., 2010).

Hesitancy to give CYP in care freedom surrounding their friendships often relates to the fear that they will take risks. This is by no means unfounded, as many young people do indeed take risks with their friends, and these risks sometimes have negative consequences (Siraj et al., 2021; Zhang & Wang, 2025). However, there appears to be a balance that needs to be struck, as research of young people – adolescents in particular – shows repeatedly that risk-taking increases for a distinctive developmental purpose (Ciranka & van den Bos, 2021; Galván, 2025; Saragosa-Harris et al., 2022). Adolescents need to take and learn to manage risks to function better in adulthood, and risk-taking is normally done in the presence of friends. Therefore, to corporate parents trying to keep young people in care safe, friendships may seem like a catalyst for the risk professionals are working to manage.

In this paper, I argue that being overly risk-averse in practice with CYP in care, or taking on the role of an overprotective parent, can put young people at increased risk both during and after their time in care. I will focus primarily on the risk that comes with restricting young people's access to friendships, highlighting the many developmental outcomes that are associated with having friends in childhood. The period of adolescence will be given a particular focus, as this is the time in which the friendships of young people can become a greater cause for concern among caretakers as young people begin to have more freedom around how they spend their time and with whom. Adolescence is also a period in which friendships become crucial to overall development, and the risks of young people not having friends during this time needs to be weighed against the risks they may take while with friends. That said, the friendships that children have earlier in life, and the social skills honed through them, nonetheless influence their adolescent friendships as well (Rubin et al., 2008). Therefore, I posit that the friendships of CYP in care should be valued and supported from as early as possible to allow for the best possible outcomes.

Parenting Styles

In keeping with the metaphor of the overprotective parent, I will start with an overview of the different parenting styles and how these may match those of professionals working in the care system. It is important to note that parenting styles impact on children, regardless of who is using them, workers included (Richaud de Minzi, 2006). The concept of parenting style is divided into four styles – authoritarian, authoritative, indulgent, and negligent – with each differentiated based on their responsiveness and demandingness (Baumrind et al., 1967; Maccoby & Martin, 1983). Authoritarian parenting is characterised by high demandingness (strictness) and low responsiveness (warmth and support). Evidence shows that authoritative parenting is most conducive to children's adjustment and wellbeing, as they have clear expectations and boundaries for their children yet are open to communicating these from a place of warmth. Indulgent parents show low demandingness and high responsiveness, while negligent parents are both uninvolved and unattuned (Urone, 2024).

Additionally, parents may use an "overparenting" style (Ginott, 1969). Overparenting combines the most involved aspects of both authoritarian and authoritative parenting, representing parents that are both intrusive and protective, and warm and emotionally involved. Overparenting often includes parents "jumping in" at the first sign of difficulty and rescuing their children from harm or discomfort. Despite good intentions overparenting can lead to more difficulties over time. A review by Urone et al. (2024) found that emerging adults who were overparented are significantly more likely to suffer from internalising symptoms (depression, anxiety, low self-esteem), have lower levels of life satisfaction, experience behavioural and relational difficulties, have poor interpersonal and social skills, struggle with school adjustment, be more dependent, and display less autonomy. The authors note that the outcomes associated with overparenting can be considered the same as authoritarian parenting, regardless of the likely difference in parents' intent. While overparenting does not create the same negative impacts as authoritarian parenting, it can prevent the development of strengths that facilitate long-term wellbeing and overall life satisfaction (Urone, 2024).

An overprotective parenting style can interfere with the achievement of developmental milestones. Developmental psychologist Erik Erikson's (1963) stages of psychosocial development indicate that during school age, or from age seven to eleven, the primary challenge that children must overcome is that of "industry versus inferiority." In this stage, children develop self-trust and confidence if enabled to become competent in their abilities. If they are not able to gain this competence, they gain a sense of inferiority that can negatively impact them through the next stages of their development. From age twelve to eighteen, or the adolescence stage, the problem needing to be resolved is "identity versus role confusion." This is a time when adolescents are trying to establish their identity within their social environment. Children also start to become more independent from their parents or caregivers as they prepare for adulthood. Finally, once the adolescent has resolved this stage, they transition to "intimacy versus isolation" in young adulthood, ideally forming more intimate relationships with others.

While Erikson's stages are far from an all-encompassing explanation of development, they provide a useful framework for considering how parenting practices may lead to difficulties throughout the lifespan *if* they interfere with central developmental tasks. For instance, if during school age a parent attempts to remove all risk or potential

for failure from a child's life, that child loses the opportunity to practice problem-solving independently, reducing confidence in their ability that they can manage problems themselves (Haidt, 2024). Then, if in adolescence that child is restricted from socialising and unable to "try out" different identities, manage peer influences, and develop a clear sense of themselves as separate from others, they may have trouble in adulthood with decision-making and boundary setting when it comes to interpersonal relationships. Research shows that how adolescents manage the challenge of connecting with peers while maintaining their autonomy in the face of peer influence is related to how they are parented by adults (Allen & Loeb, 2015). If they are not supported to experience and overcome this challenge, rather than entering young adulthood able to form deep relationships based on authenticity and shared values, the young person who does not overcome the problem of the adolescence stage may be more susceptible to being influenced or manipulated by others when trying to establish close relationships.

Controlling parenting styles have been found to have a range of negative impacts on children and adolescents in the present and over time. In young children aged three to six, authoritarian parenting has been linked to inhibited competence in peer interactions, as the constant demands on a child's behaviour reinforces negative parent-child interactions that can affect how the child responds in peer interactions (Li et al., 2024). Inversely, in adolescence, positive parenting characteristics have been associated with higher peer relationship satisfaction while the inverse is true for negative parenting styles (Zhou et al., 2025). Facilitative parenting, or parenting which actively supports children's development of social skills and relationships with peers, has been linked with reduced chance of a child being bullied (Healy et al., 2015). The study authors noted that this may be due to facilitative parents offering warmth and responsiveness, encouraging independence rather than being overprotective, supporting children's friendships, and assisting with the development of problem-solving skills.

Developmental Role of Friendships

Friendships become a priority for young people and their development during adolescence (Gorrese & Ruggieri, 2012; Vitaro et al., 2009). Adolescent friendships may be seen as intense, but this intensity exists because of friendships' importance to functioning in adulthood, including positive mental and physical health outcomes (Allen, 2024). The full range of psychosocial outcomes associated with adolescent friendships is beyond the scope of this paper, so I will rather focus on the outcomes that are most closely related to having stronger social networks in adulthood, as this is shown to have positive implications on the life trajectories of young people after leaving care (Gairal-Casado et al., 2022; Guinchard, 2024; Haggman-Laitila & Saloekkia, 2019; Mendes et al., 2022; Pote et al., 2022; Raymaekers et al., 2025; Roesch-Marsch & Emond, 2022; Teer, 2021).

Social-Emotional Development

Through intimate platonic relationships – whether platonic, romantic, or familial – we learn how to care and be cared for. Close relationships in adolescence allow for the development of empathy, caregiving competence, and support-seeking, all of which translate to stronger relationships in adulthood (Allen et al., 2023). CYP's friendships support development of theory of mind, or the ability to understand the perspectives, beliefs, emotions, intents, and desires of others (Güroğlu, 2022; Fink, 2021). Having a strong theory of mind is crucial for social interactions and in turn, supports friendship quality (Li & Shum, 2025). Generally, during adolescence young people gain the necessary social skills and social-emotional competencies to succeed throughout their lifespan (Eisenman et al., 2020), even when assessed up to two decades later (Allemand et al., 2014). In fact, adolescent close friendships are significantly more predictive of adult relational outcomes, work performance, and internalising symptoms than the parent-teen relationship (Allen et al., 2022).

Reciprocal relationships carry an element of *risk* (Sullivan & Niker, 2025). Friends will often act for the wellbeing of another without being asked, facilitated by a shared understanding of the other and what they might need. Thus, mistakes can be made if a friend incorrectly judges what the other needs. Such situations provide valuable opportunities for learning both how to manage one's own vulnerability and that of the other in the relationship. It is also important that young people learn how to attune to others and meet their needs while, on the other hand, trusting others enough to let them act on *their* behalf when done with the intent to support wellbeing and

autonomy (Sullivan & Niker, 2025). Finally, through rupture and repair in friendships – both minor and severe – one learns to continuously negotiate the boundaries and expectations within relationships, as well as what types of ruptures are repairable and which warrant ending the relationship. Throughout late childhood and early adolescence, young people are constantly navigating the concepts of intimate disclosure, trust, and support, all of which are criteria we base our judgements of relationships on for the remainder of our lives (Galván et al., 2025). Thus, ample exposure to friendships and the ups and downs of forming and maintaining close relationships during childhood and adolescence provides essential relational training for adulthood. Further, through the often volatile nature of childhood and adolescent friendships, young people build relational resilience.

“The friend who was harmed must not close themselves off to their friend’s attempts at care. They may need to exhibit a greater willingness to be vulnerable - to allow other people to enter the intimate sphere of interpersonal life in which harm is possible.” - Sullivan & Niker, 2025

Friends and peers also play a major role in identity development in adolescence and young adulthood. The process of identity formation can be split into two processes: exploration and commitment (Marcia, 1966). Across multiple domains including career, relationships, religion, and politics, individuals *explore* by looking for alternatives to their current states, and they *commit* to the choices they have made regarding their identity. Identity formation is constantly ongoing through exploring options and either strengthening or weakening those commitments (Sugimura et al., 2022). It is also largely facilitated through conflict, either internal or interpersonal. Sugimura et al. (2022) investigated how young people engage in identity-related exploration with each other, examining discussions about issues of learning, romantic relationships, and careers. They found that peers created the conditions for exploration through support, open disclosure, and meta-exploration, while also encouraging the act of exploration through reflecting, suggesting ideas and alternatives, attuning, and conflict. This emphasises how in the developmental period most valuable for identity formation, friends can create the ideal conditions for such identity negotiation and solidification. Developing a stable and firm identity by the end of adolescence has positive implications for relationship quality and social success later in life (Branje et al., 2021).

Finally, peer influence is not necessarily damaging and can in fact be a positive force for a young person’s social development. Social influence constitutes a form of social learning, which allows young people to more effectively make decisions in complex or uncertain situations (Ciranka & van den Bos, 2021). Such social learning is crucial from an evolutionary and developmental perspective. Learning from the behaviour of others is efficient and carries less risk than trying out every possible option by oneself (Ciranka & van den Bos, 2021; Willoughby et al., 2013). In adolescence, when young people are presented with increased novelty and required to learn to engage in the adult world, peers can create a wealth of opportunities for social learning that, despite the potential for some risk behaviours, can ultimately help equip young people with the social and experiential knowledge needed to function in adulthood. Moreover, there is evidence that peers *can* influence “good” behaviours, including prosocial behaviours (van Hoorn et al., 2014), volunteering (Choukas-Bradley et al., 2015), and activism (Assan, 2023), the latter having also been observed in the care-experienced community explicitly (Roesch-Marsch et al., 2022).

Moral Development

Developmental psychologist Jean Piaget (1932/1965), in his work on the stages of moral development, determined that the morality of children is self-constructed as they interact with other kids. Around the age of five or six, children learn moral principles through playing games, having arguments with other kids, and managing conflict. In late childhood and adolescence, as CYP enter what Piaget refers to as *conventional morality*, societal norms become more important, as does the influence of interpersonal relationships. In this stage, children are most concerned with social approval and obeying social conventions. In the *post-conventional* stage, moral thought works to balance social order with individual rights, and behaviour is driven by internal moral principles. Kohlberg (1968), who advanced Piaget’s work, found that the most “morally advanced” kids had frequent opportunities for role taking.

A more recent approach to conceptualising childhood morality is the Social Reasoning Development Model (Rutland et al., 2010), which posits that CYP draw from three domains to make and justify their social decisions: the moral (fairness, justice, the welfare of others), the social-conventional (etiquette and customs), and the psychological

(autonomy and identity). While early in life, learning within these domains may come predominantly from adults, as children become older, friends become an equally powerful, or even more powerful, tool for social learning and value refinement. Through engaging with peers, young people learn group norms and how to behave in a way that is conducive to maintaining their friendships.

Unsurprisingly, prosocial children and adolescents are more liked by their peers (Layous et al., 2012). Spending time with friends help CYP learn concepts such as fairness and justice (moral), socially acceptable ways of being in groups (social-conventional), and balancing one's own beliefs, needs, feelings, goals, and values with those of others (psychological). Without adequate socialisation with peers, care-experienced CYP may lack opportunities to develop and revise their moral self. A weak sense of morality and blurry self-concept can lead to susceptibility to the risk that the care sector insists on removing, including poor self-regulation, antisocial behaviour, and aggression (Hardy et al., 2014; Wang & Touré-Tillery, 2024).

Unique Power of Peer Friendships

Due to their self-selected and egalitarian nature, friendships of CYP can hardly be replaced by other types of relationships. Unlike other relationships based on biological, familial, or professional ties, friendships are almost always voluntary (Firmin et al., 2023; Sullivan & Niker, 2025). Therefore, if professionals facilitate other types of "friendships" for young people in an attempt to reduce risk while replicated similar benefits – whether through relational activities with staff or voluntary befriending relationships – these will not create quite the same developmental outcomes as real, naturally occurring friendships with peers (Mendes et al., 2022).

The fact that self-selected friendships can essentially be "opted out of" at any time forces a person to constantly reflect on their values and make decisions about who one wants to allow in their life. Peer conflict in particular affords CYP experience balancing their needs for compliance and autonomy, and the capability to do this effectively in turn improves friendship quality (Bowker, 2024). In other words, the trials and tribulations that come with finding oneself in the context of peer relationships results in young people being better equipped to sustain meaningful relationships over time.

Regarding the moral self, egalitarian relationships, such as those with peers, allow for enhanced perspective-taking, whereas hierarchal relationships (ex. teachers, professionals, other adults) do not, because CYP are too far-removed from these roles (Haidt, 2012). Restricting socialisation with other kids during the conventional stage of morality especially (late childhood to early adolescence) can cause them to become "stuck" in this stage and face difficulty tackling more abstract ethical and moral dilemmas. The consequence may be increased vulnerability in adulthood, as young people become young adults who are unable to act from their own individual principles and understanding of right and wrong, and rather being more influenced by the motivations of others, which may be negative or positive.

Risk-Taking in Adolescence

The adolescent brain is wired for enhanced risk-taking. Risk-taking during adolescence activates the prefrontal cortex and allows for the development of skills such as impulse control, planning, and emotional regulation (Galván, 2025). Adolescent risk-taking can be redefined as a "goal-directed act of exploration," as risk does not necessarily mean engaging in potentially harmful behaviour but includes any action of which the outcome is not certain (Ciranka & van den Bos, 2021). During adolescence, young people are essentially learning how to be adults, and with all the life milestones they are about to encounter, they would not be able to succeed without taking some risks (Saragosa-Harris et al., 2022; National Academies of Sciences, Engineering, and Medicine, 2020). Taking risks, and inevitably making mistakes, is a productive part of adolescence.

The Role of Peers in Risk-Taking

One explanation of why adolescents take risks is to gain peer approval (Allen, 2024; Harakeh & de Boer, 2019; van Hoorn et al., 2016). This can look to carers as cause to limit a young person's time with peers, especially if they are

taking physical risks (ex. substance use, fighting) to impress. However, often the need to take risks to be accepted by peers is an indication that that young person does not have strong enough friendships to begin with (Allen, 2024). If young people are supported to solidify their relationships with peers rather than discouraged from these relationships at the first sign of risk-taking, then over time their friendships are likely to become less tenuous and based on mutual understanding rather than surface-level behaviours.

Research has predominantly focused on the potential dangers arising from peer relationships and peer influence, often citing “peer pressure” as a cause for risk-taking or harmful or delinquent behaviours. However, as the necessary role of social connection on a host of mental and physical health outcomes becomes more widely understood, some emerging perspectives argue that peer-related risk-taking is less detrimental to long-term development and outcomes than not having strong peer bonds (Allen, 2024). This is particularly relevant during adolescence when peer relationships become more important to wellbeing and development than relationships with parents or parental figures (Allen et al., 2022; Brown & Larson, 2009; De Goede et al., 2009). Further, during childhood and adolescence, losing or having a lack of friendships becomes extremely risky in the mind of a young person, in part due to how important friendships become to social-emotional development in this period. Despite the overall tendency of young people to take *more* risks, young people are very risk-averse when it comes to possibly losing friends (Galván et al., 2025; Tomova et al., 2021).

During adolescence, peer relationships become a matter of “life and death” to a young person, and this importance placed on friendships has historically caused concern to adults who also view adolescents' peers as potential negative influences. However, peer influence is rarely the sole cause of delinquent, deviant, or antisocial behaviour (Allen, 2024), and this appears to be highly dependent on the context and level of ambiguity involved in the risk-taking choice (Blankenstein et al., 2016). A meta-analysis found that although there is some evidence that peers increase risk-taking decisions during adolescence, the effect is small, and peer influence is only significant when they are actively sharing pro-risk attitudes, rather than simply presenting behaviours (Powers et al., 2022). Further, evidence suggests that adolescents only follow the risky choices of their peers when that risk-taking appears to be a legitimate means to an end, or when the situation involves a minimal rather than significant level of risk (Osmont et al., 2021). This suggests that there is a certain level of forethought and strategizing as to what types of risks adolescents will take.

Types of Risk

While focus is often on harmful risk-taking in adolescence, positive and negative risk-taking (as we tend to subjectively classify each) are not separate functions of the brain, and those who have a higher propensity for risk-taking are more likely to take both negative *and* positive risks (Fryt et al., 2023). Positive risks are constructive, especially during adolescence and early adulthood, in which expected developmental tasks require coping with a great deal of uncertainty and therefore risk (Duell & Steinberg, 2019). For instance, moving away from home – possibly to another city or country – starting higher education, entering the workforce, and/or changing social groups are all normative milestones of older adolescence and early adulthood that in later life stages would be more likely to be seen as significant, even risky changes. When considering care-experienced young people, this task of entering adulthood is likely to hold even more risk as many of the safeguarding procedures and professional supports come to an end. Thus, it is imperative that during adolescence especially, young people learn how to effectively take risks and manage a certain level of uncertainty.

There has also been a shift in the last decade especially regarding the type of potentially dangerous risks that adolescents take. In line with the internet era and pervasiveness of smartphones in young people's lives, young people are taking fewer physical risks than ever before, with rates of substance use, unprotected sex, crime, and dangerous driving decreasing steadily in teens since 1990 (Arnett, 2018; Coley et al., 2025). This is, in part, related to declining mental health in young people, increased levels of anxiety, and a future that is becoming riskier for young people in terms of the economy and job market. While young people may be taking less risks that can cause direct physical harm, they are taking more types of risks in digital spheres. This has been attributed to an increase in overprotective and risk-averse parenting in the 2000s, leading to CYP engaging less in “risky play” and rather engaging in online spaces, ones that are more often than not targeted towards adults (Haidt, 2024). Moreover, as

young people are feeling more isolated than ever, they will often turn to the internet for connection, leaving them vulnerable to an adult-centred space that they likely do not have the experience or skills to protect themselves in (Gong et al., 2024; Matiz et al., 2024). The scope of online harms could be an article in itself and is beyond the remit of the present paper, but nonetheless it is worth considering how adults' perception of what risks are actually posing threats to young people today may or may not be aligned with the reality. Accepting that young people might take more "traditional" risks in the presence of friends, such as underage drinking, might be the trade-off for those young people having close, real-life relationships that will make them likely to look for connection and belonging on an unregulated internet, thus potentially making them less vulnerable long-term.

Friendships for Young People in Care

The Safeguarding Potential of Friendships

Protection is not only about eliminating the potential for harm, but about increasing the potential for success, health, welfare, and happiness (Burns et al., 2022; Font & Fluke, 2023; Roesch-Marsch et al., 2020). From an adult perspective, friends may initially seem to bring with them a significant chance of harm, whether that be due to their influence on behaviours or the potential for interpersonal conflicts and friendship breakdowns leading to emotional pain (Galván et al., 2025). It can be difficult for carers and parents to see a child – especially a child in care that has likely experienced adverse experiences, relational trauma, and stigmatisation – be treated poorly by other kids. Naturally, caretakers will often want to step in and resolve this issue, but that can remove opportunities for necessary social and relational learning that will increase the chance of success and wellbeing later in life. Not to mention, as already discussed, the plethora of negative health and wellbeing outcomes associated with not having friendships. Care-experienced young people themselves have reflected that while not all their friendships have been positive, they value the opportunity to learn through naturally occurring relationships with other young people (Irvine & Emond, 2023).

When young people do take risks, as is normal in their developmental stage, their friends might be the best people to keep them safe. Sullivan and Niker (2025) posit that a key element of a companion friendship is acting to promote each other's wellbeing, and doing so based on shared knowledge and being able to anticipate what your friend needs. Close friends form an intimate and trusting relationship in which the sharing of experiences, feelings, and personal information leads to a deep understanding of the other. Therefore, friends know a lot about each other, and especially during older childhood and adolescence, likely more than anyone else knows. As described earlier in this paper, this often means that friends are able to predict the wellbeing needs of each other and act to meet these, even without the other person explicitly asking for assistance. Granted, young people in care tend to experience more barriers to forming trusting relationships, including with peers, and therefore being thoroughly understood by a friend might take more time to achieve (Tzouvara et al., 2023). That said, adolescents generally share more with their friends than with their parents or carers (Briheim-Crookall et al., 2020), and it can be reasonably assumed that this dynamic is even more pronounced when instead of parents raising them, children have a team of professionals doing so. While professionals want to, and are expected to, play the primary safeguarding role in the life of a child in care, as children grow up, their friends may be better suited to keep them safe and protect their wellbeing, as they are more likely to know the intimate details of what they need.

This is supported by a research project from Safer London, which evaluated the safeguarding potential of friends and the ways in which peers can be incorporated into professional safeguarding processes (Latimer et al., 2020). They found that young people's friends provided a range of informal support, often meeting key needs such as physical safety, food, a sense of belonging, and emotional support. For example, friends were reported to buy or share food, offer a place to stay, pick up friends from dangerous situations, assist with help-seeking from professionals, be an active bystander in difficult situations, help young people meet new people, provide reassurance, and allow for sharing of experiences. Several studies have also shown that friends become crucial when young people are transitioning *out* of care, as they start to fill many roles that workers filled while those young people were still looked after, including ongoing emotional support, moral support, encouragement to remain in education, access to work opportunities, housing, and transportation (Guinchard, 2024). However, if young people leave care without any

friendships and experience difficulty making friends as a young adult, this can put them at increased risk of not being able to meet their own needs when living independently, ultimately reducing their chance of positive long-term outcomes.

Due to their safeguarding potential, it has been recommended that friends be included in safeguarding procedures of CYP in care (Firmin et al., 2023). However, it is still more commonplace for friends to only be included in safeguarding practices as a source of potential harm and extra-familial abuse that requires monitoring by professionals in the community, such as teachers (Lloyd et al., 2023). In fact, contextual safeguarding, a widely recommended approach to safeguarding of children determined to be at risk, is rooted in the belief that harm can and is likely to occur outside the home, with peer-on-peer abuse being an often-cited risk (Firmin, 2023). However, as noted at the start of this section, safeguarding is not only protecting from harm but allowing opportunities for growth. For young people in care, positive *perceptions* of friendship quality – not whether these friendships are in fact, high quality – positively impact on psychological functioning, including on social, thought, and attentional indicators (Calheiros et al., 2025). Above all, considering the established long-term mental and physical health consequences associated with being socially isolated in childhood and adolescence (Christiansen et al., 2021; Orben et al., 2020), encouraging friendships, even imperfect ones, should be prioritised to promote thriving across the lifespan of young people in care, even if these friends might contribute to an increase in immediate risk in the present.

Conclusion

While the importance of trusted and lasting relationships for CYP in care has been widely noted, friendships are less often considered than relationships with family and professionals. In the author's context of Scotland, The Promise has prompted a national emphasis on relational practice within the care system and calls for ensuring CYP in care have access to stable relationships and are supported to maintain the relationships they had before entering care (Independent Care Review, 2020). However, much of this emphasis is on keeping families, or at least siblings, together. Further, while there seems to be widespread acknowledgement by those working in care policy and practice that young people's relationships are disrupted by the care system, friendships get far less attention than other foundational supports.

This paper outlines the evidence that while there is sometimes a risk associated with young people in care spending time with friends, there is equally a risk associated with young people in care *not* having friendships. Overprotective parenting practices from those working in the care system can create barriers to young people in care forming the same natural friendships that those living with their families are likely to have. While some types of risk-taking should certainly be intercepted, especially those that can cause significant harm to the young person or others, workers and systems may be too quick at times to try to safeguard young people from normal developmental experiences. The combination of the perceived or actual vulnerability of young people in care, differences in adults' and young people's risk propensity, differences in what adults and young people consider to be risky, and the explicit or implied expectation of social care workers to protect young people in care from all possible harm, can result in young people in care having restrictions put on their friendships that their peers who are not looked after do not have.

Friends may pose a risk to young people by way of peer pressure and influence, and it is true that risk behaviour tends to increase in the presence of peers. However, recent evidence suggests that many adults overestimate the influence of peers on behaviour, especially in adolescence. Further, being influenced by peers and being able to manage negative peer influence effectively are both important aspects of social learning. Thus, rather than attempting to shield young people from friends that are potentially a "bad influence," carers and staff should use these moments as opportunities to support young people to learn how to independently manage conflicts of peer expectations, personal values, and wider social norms and responsibilities. In doing this effectively, it is important that the relationship between young person and carers is strong – this makes it more likely that they will value a carer's input about friends (Knoester, 2006). This is ultimately what will prepare them to navigate relationships and social dynamics throughout their life. Of course, if the young person is unable to protect themselves from

particularly harmful influence, then adults may need to intervene. The point of necessary intervention will differ from young person to young person, but in deciding when to come between a young person and their friendships, it is crucial to weigh the risks of the present behaviours with the long-term risk of weakening social bonds.

Young people in care often have weaker social networks than their non-care-experienced peers, and those leaving the care system can become extremely isolated. Having friends is not only important to buffer the impacts of leaving care and having to live independently, but friendships are also crucial for overall development and long-term physical and mental health. For one, a lack of social relationships and friendships can negatively impact on social, moral, and identity development, possibly resulting in young people entering adulthood more vulnerable than others their age due to having a poorer self-concept and fewer opportunities to learn about themselves and others. Finally, as discussed throughout this paper, not having close friendships can increase the likelihood of mental health problems, such as anxiety and depression, as well as physical health concerns, including reduced life expectancy. This is quite a large risk to take when caring for CYP and working to prepare them for a positive future.

Limitations in Practice

Despite the effectiveness of contextual safeguarding approaches that involve the friends and social networks of CYP in care, without support at the wider systemic level and at the organisational-cultural level to implement such approaches, workers may be putting themselves and their jobs at risk by delivering this type of relationship-based practice (Lloyd et al, 2023). For instance, Day (2023) evidenced the difficulty that youth justice workers in England experience when trying to work within the dichotomy of managing risk and centring the child. The author describes how professionals working with young people who are engaging in crime and/or risk behaviours are expected to prevent all harm to the young person and others in the community who that young person could potentially put at risk, while still keeping the child's needs and happiness at the forefront. Realistically, when young people are in the developmental stage when independence, friendships, and "trying things out" become central to their lives, it is not possible to put CYP first while making certain that they will not be at any risk. Therefore, many "on the ground" workers are put in a very precarious position as they try to honour the needs of young people and the needs of their organisations and wider policies. If the friendships of care-experienced young people are going to be given the value and consideration that they deserve, social care policies and practices need to create an environment in which this can happen.

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