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A socio-ecological exploration of suicidal ideation among people with care experience

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Abstract

People who have lived in foster families or children's homes face a range of adversities, including a higher risk of suicidal ideation and behaviour compared to those without care experience. Social work and care systems lack standard suicide prevention guidance tailored to young people in care and care leavers. Qualitative research to investigate factors influencing suicidal ideation among this group in depth is scarce, as well as cross-national research on this topic, which can further contribute to exploring structural similarities and differences. Deploying Framework Analysis and informed by the Interpersonal-Psychological Theory of Suicide, this study presents qualitative findings on factors influencing suicidal ideation based on the experiences of thirteen care-experienced young adults from England and Germany. Ten themes were identified across three socio-ecological levels: the individual, interpersonal, and structural. With overall similarities between the two countries, the findings show that themes identified across all three levels are interlinked, highlighting the feeling of belongingness as central to influencing suicidal ideation among care-experienced people. This study contributes to a deeper understanding of an important but under-researched topic, emphasising that social work and care practice need to implement a holistic suicide prevention approach to promote the feeling of belongingness of care-experienced young people.

Keywords: belongingness; care leavers; children in care; leaving care; suicidal ideation; suicide prevention.

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Background

About one million children and adolescents in the European Union and the United Kingdom live in out-of-home care, such as foster care and children's homes (Unicef 2023), with many leaving care during their late teenage years and early adulthood; all further referred to as care-experienced young people in this article. In England, about 84,000 children were in care in 2023 (70 per 10,000 minors), with most living in foster families (~56,000) compared to children's homes (~9,000) (Department for Education 2024). While in England residential care is a minority service and considered a last resort (Gupta 2016), residential care is more dominant in Germany. About 215,000 young people were in care in Germany in 2023, with approximately 93,000 minors in residential care and 77,000 in foster care (122 per 10,000 minors in total; see Supplementary material note 1 regarding own calculations based on data from Statistisches Bundesamt). In both countries, neglect and abuse are common reasons for entering care (Department for Education 2024; Statistisches Bundesamt 2024). While both social work and care systems prioritize child protection, England's system tends to be risk averse, though safety concerns and risk assessments may constrain social workers, according to Bain and Evans (2017). In contrast, Germany's system is rooted in social pedagogy, a relationship-based approach supporting service users achieve lasting change in their lives, e.g. based on trust and learning opportunities (Bain and Evans 2017).

Care-experienced young people face a range of adversities. These include the often traumatic reasons for entering care, instability during care, e.g. multiple transitions between placements that lead to inconsistencies of relationships (Bollinger, Mendes, and Flynn 2021), and challenges when leaving care, including stigma and systematic disadvantages (Dixon, Ward, and Blower 2019). Many care leavers are more likely than their peers to experience housing and financial insecurities, lower educational outcomes and unemployment, early parenthood and mental health issues, including emotional disorders like depression and self-harming behaviour (Stein 2006; Dixon 2008), as well as an elevated risk of suicidal ideation and behaviour (Evans et al. 2017, Wall-Wieler et al. 2018). For instance, Evans et al. (2017) showed that suicidal ideation

was about twice as likely in care-experienced adolescents than in peers without care experience. This risk persists into adulthood, with care-experienced adults in Sweden showing a five-fold higher prevalence of hospitalisations due to suicide attempts (Vinnerljung, Hjern, and Lindblad 2006), and a recent study in Northern Ireland reporting a 13-fold higher prevalence for care-experienced young adults showing suicidal ideation when presenting to a hospital than non-care-experienced adults (McKenna et al. 2025).

However, there is still a need to deepen our understanding of this complex phenomenon to better address this risk of suicidal ideation and behaviour among care-experienced young people in and after leaving care. The Interpersonal-Psychological Theory of Suicide (IPTS) suggests that a person would develop suicidal ideation when experiencing both thwarted belongingness (feeling lonely or excluded) and perceived burdensomeness (feeling as a burden to others) (Joiner 2005). Previous research showed parallels to experiences of both factors among care-experienced young people (see Katz, Busby, and Wall 2021; Göbbels-Koch 2024). Due to its complexity, Cramer and Kapusta (2017) proposed a framework that considers suicidal ideation and behaviour to be influenced by multiple factors across different social-ecological levels, from individual to societal, covering also the concepts of the IPTS.

While most previous studies explored suicidal ideation among care-experienced young people using quantitative methods, qualitative approaches to explore suicidal ideation in-depth in the context of care experience are scarce. As Katz et al. (2023) underlined, qualitative research with care-experienced young people, particularly young adults leaving care, can help better understand their experience of suicidal ideation. This is particularly important considering that mental health screenings and assessments for suicidal ideation and behaviour are not explicitly designed for this population, and care-experienced young people are unlikely to be adequately screened for suicide risk (Katz et al. 2023). Therefore, qualitative research helps to explore such experiences offering a comprehensive view of a topic that requires more attention in policy and practice.

This paper presents qualitative findings from a study examining factors influencing suicidal ideation among care-experienced young adults, with a focus on the transition from care. By including participants from England and Germany, it helps to understand how different care systems may influence suicidal ideation among care-experienced young people. Using the IPTS as a theoretical framework and applying a socio-ecological lens, it aims to inform suicide prevention strategies tailored to care-experienced young people.

Methods

Research design

This paper draws on qualitative data from a wider study, focusing on the research question: Which factors influence suicidal ideation in care-experienced people? Semi-structured interviews were conducted covering four main topics: the participants' care experience including their transition from care; their experiences of suicidal ideation and considered causes; their resources and coping strategies; and their recommendations for suicide prevention in the care system. The IPTS was used as an initial theoretical foundation while conducting an abductive approach aiming to provide an in-depth understanding of suicidal ideation among care-experienced young people, the role of the transition from care and potential implications for suicide prevention.

A full ethical review was conducted by the university's ethics committee. The study received ethical approval in January 2020 and further on the pandemic-related amendments in June 2020 (project ID: 1806).

Participants

Thirteen care-experienced young adults, with seven from England and six from Germany, participated in the interviews. Nine women, including one trans-female, and four men participated, all between eighteen and thirty years old. Participants were required to have lived in foster and/or residential care in England or Germany on or after their 16th birthday and had experienced suicidal thoughts in their past only but not in the last months before the interview. All participants from Germany had German citizenship, with one having double citizenship. Four English participants identified as White/White British, and three as Asian British, Mixed, and Iranian/Middle Eastern. Both groups show a diverse distribution of regions in which they lived in care and at the time of participation (see Supplementary material Table 1 for further details).

Data collection

All interviewees received written information about the study and contact details of support services. Every participant provided informed consent before the interview. Due to the COVID-19 pandemic, the thirteen interviews were conducted remotely between September 2020 and June 2021. A debriefing was conducted after each interview. Every interviewee was offered 15€/£. Interviews were recorded, transcribed in their

original language, and anonymised (D1-6 for interviewees from Germany and E1-7 from England).

Data analysis

The transcripts were analysed using Framework Analysis (Ritchie and Spencer 1994), with a joint analytical framework in English. Framework analysis is an analytical approach to thematic analysis that integrates data into charts according to key issues and themes. The analysis combined a priori codes based on the IPTS and inductively identified topics by applying five steps: familiarization, identifying a thematic framework, indexing, charting, and mapping and interpretation (Ritchie and Spencer 1994). After Author 1 familiarized herself with the data, an initial coding was discussed with the supervisory team (Author 2). The thematic framework was refined by grouping codes into themes before applying it to all transcripts using NVivo 13. References were arranged thematically into charts by codes, participants, and country for each theme. Finally, the charts were examined for patterns, links, and deviant cases with analytical memos. Themes were assigned to one of the three socio-ecological levels: individual, interpersonal, and structural.

This paper focuses on a socio-ecological perspective which was employed during the analysis to structure the themes. The socio-ecological structure provides a comprehensive conceptualisation of factors influencing suicidal ideation among care-experienced young adults.

Findings

The analysis of the interviews identified ten themes with sixty-one codes. The themes were allocated to three socio-ecological levels: individual, interpersonal, and structural (see Fig. 1).

The individual level

On the individual level, themes centre a single person's emotional and cognitive experiences that primarily focus on the individual relevant to their suicidal ideation. First, the interviews showed that people experienced suicidal ideation in different forms, severity, and at different times (see Göbbels-Koch 2023).

Second, several young adults reported feelings of loss of control or regaining control as influencing their suicidal thoughts. On the one hand, feelings of being overwhelmed or losing control were mentioned as triggering or increasing suicidal thoughts or acts, as the following participant described:

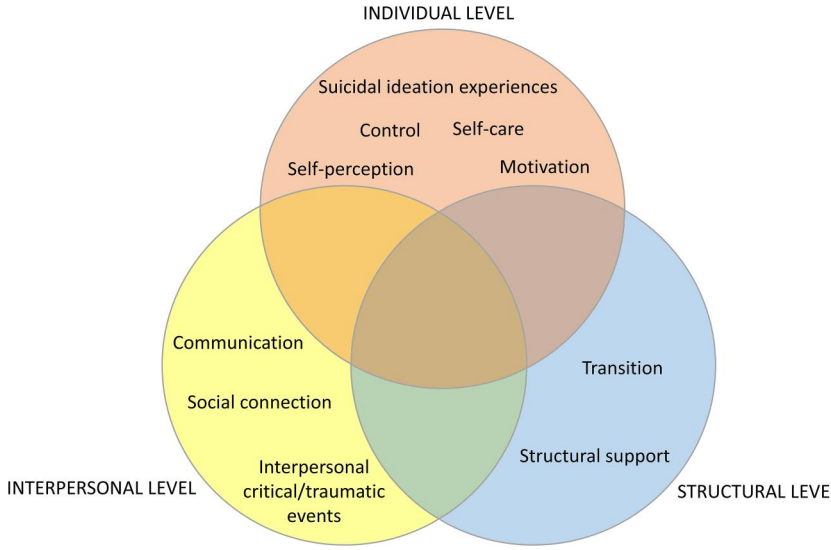

Figure 1: Socio-ecological map of themes categorised into three overlapping levels: individual, interpersonal, and structural.

> All I really know about the situation [suicide attempt] is this (-) is just blankness and a feeling of loss of control that and [inaudible] fear that's whilst at place, um, I assume that's how I (-) how I (-) how my brain felt when it was being in this view glide state. (E5)

On the other hand, some participants reported trying to regain control by choosing when to die, sometimes described as an escape. The following quote illustrates the alternative meaning of control:

> Then my brain [warranted?] I can take control all of this by choosing when I die. (E1)

The theme 'self-perception' covers perceived burdensomeness self-blame, self-esteem, self-image, and identity. Six participants, with five from Germany, mentioned perceived burdensomeness that contributed to their suicidal thoughts, e.g. they 'just felt like such a burden' (D1) or perceived their death would be 'better for anybody else' (E5). One woman from Germany discussed that her suicidal thoughts and perceived burdensomeness have been 'connected to [her] childhood' (D6). Furthermore, two young women from England mentioned that self-blame, a component of perceived burdensomeness, may be common among children in care more generally, e.g. blaming themselves for their childhood adversities or for being in care.

Several reported low self-esteem as being unwanted or 'just not lovable' [E7]. In contrast, praise and other experiences contributing to higher self-esteem were reported as buffering against suicidal ideation:

> My mental health got worse and worse and worse until I was 15, 16. And then I moved into my new placement [...] And one thing that was really good about [foster carer] [...], she was just showering me in compliment all the time. [...] She was just nice to me. She gave me a boost all the time. She told me that I was a nice person and that I was pretty and just said nice things to me. And I suppose that was so contrary to everything that I've been exposed to before [...] I mean, it didn't always go in and it probably didn't change the way I thought about myself but it was a buffer (.) that made me kind of feel better in a day to day. (E4)

The topic of identity was mentioned by four young women from England that affected their mental well-being and suicidal ideation. Two young women who left care in early adulthood to enter university reported struggling with their identities shaped by their care experiences:

> While I was in there [university], my identity flipped and I got really obsessed with, um, not being the thing that I ever was really thought I was and instead [...] I got already really obsessed with this image of being very, very brilliant [...] Because in the end, I just fell down and couldn't cope. [...] That was the first time that I (.) probably really seriously making [suicide] plans. (E4)

The other reported that she struggled with her studies, affecting her mental health and suicidal thoughts. Thus, she called for a stronger focus on identity building away from academic performance in working with care-experienced young people:

> All those expectations had been absolutely crushed and I was like 'Oh, my gosh, what am I doing?' It was, yeah (-) I didn't really know myself. I feel like that is a lot of the issue with my mental health and with the [lot?] with foster children is that in schools and with the support they could have done a lot more identity building (-)[...] I think that would have helped. (E1)

While many of the above aspects were reported as triggering factors, many participants reported having learned ways of self-care to deal with suicidal ideation. 'Self-care' included learning self-management skills, self-awareness, positive attitudes, and using distraction when suicidal thoughts become present. Taking care of their personal boundaries and fostering healthy relationships were mentioned as coping strategies with suicidal ideation.

Finally, people reported that a critical turning point motivated them to start coping with suicidal thoughts. Hope and positive future perspectives were identified influencing the young person's motivation to start coping. The following quote by a young woman from England underlines the role hope plays in coping with suicidal thoughts:

> Hope for the future makes an enormous difference even if you're struggling at the time to know that you can put a lot of work and it will

> be hard but eventually you get to a point where things are ok [...] And I think when you're in the depth of feeling suicidal one of the hardest things is being able to see the woods through the trees. [...] You can cope with being suicidal today if you know that in five years time your mental health will probably been improved and your life will be better. (E4)

While several participants reported how peers can help to develop their motivation to start coping, others highlighted the development of their intrinsic motivation to start getting better, as a young man from England highlighted:

> [I] didn't want to end my life, myself. I kept thinking about it. [...] One day I look myself in the mirror and kind of [tweaked?] in my head that I didn't want to be like that anymore. That's what I brought myself out. [...] And I started to get better. [...] So, I started doing little things that would make my mood a little bit better. (E2)

Generally, feelings and cognitions related to factors of control, self-perception, future perspectives and self-care were associated with either the development of suicidal ideation or coping strategies. Several themes identified on the individual level showed connections with interpersonal relationships.

Interpersonal level

The interpersonal level covers multiple aspects unique to relationships. It contains three themes identified to influence suicidal ideation among care-experienced people: interpersonal critical or traumatic events, social connection, and communication.

As many young people enter the care system due to abuse and neglect, six participants from both countries mentioned traumatic experiences of intra-familial abuse. Five of them considered such traumatic events influencing the occurrence of their suicidal thoughts. Three participants from England mentioned emotional or sexual abuse by family members as reasons for being taken into care and influencing the development of their suicidal thoughts:

> When I was 11 I vividly remember it, um, my dad had sexually assaulted me and I vividly remember like just not wanting to be here anymore which is like I [...] wanted to eject myself from life because I was in a situation I couldn't get out of. (E1)

Three participants from Germany reported experiences of intra-familial abuse or neglect. While two mentioned links to the development of their suicidal thoughts, one stated that the emotional abuse by her father's new partner did not contribute to her suicidal ideation at age 14, a year before entering care. She linked only one specific traumatic

experience to her suicidal thoughts as a single cause: the early death of her mother. The strong attachment to her mother and avoided communication by her father about their loss were linked to the development of her suicidal thoughts before entering care, which she requested herself to escape the emotional abuse by her father's new partner. A young man from Germany reported his struggle to cope with the death of his grandparent, who he described as 'the only anchor point I had in the family' (D4).

Threats from outside the family can contribute to suicidal thoughts, as several participants from both countries reported. For instance, extra-familial sexual abuse reported by two participants from Germany contributed to their suicidal thoughts, and one attempted suicide. Bullying and harassment in school and training were identified as contributing to their suicidal thoughts by two participants from Germany and one from England:

> I was also told that I was worthless, useless, and that was quite a trigger. (D1)

> I was getting comments from people that did like do it basically mocking me off saying that I was a failure. (E2)

The theme 'social connection' covers various relational experiences, including with family, peers, and professionals, caring about others, trust, feelings of understanding, belongingness, and loneliness. For some, family relationships were crucial as beloved ones were the reasons for deciding against suicide:

> The reason why I didn't do it was the fear of it and the fear of [-] hurting […] my environment, my family. (D3)

Peer relationships played particularly a role in supporting young people to help them cope with suicidal thoughts. One young man from Germany reported the positive influence of his friend who lived in the same children's home on helping him start seeking mental health support:

> He also helped a bit to get me into talking therapy and to make sure that I wasn't alone, because at some point I no longer had this feeling that I was completely alone, even [not?] at those times with suicidal thoughts. This feeling of being alone, that has always become a little less, because he was there. Unfortunately, not from the Youth Welfare Office or from the children's home, but from him. (D4)

While six participants reported positive influences of peers, one person mentioned that some peers might influence their mental health negatively, particularly if having mental health issues becomes competitive. However, peers were often linked to feeling understood and belonging, something several missed from practitioners.

All interview participants reflected on relationships with practitioners in the care system that they considered to play a role in either the development of suicidal ideation or coping strategies. The reports ranged from negative to positive experiences in the relationships with practitioners. Participants from England reported high fluctuations of staff, especially social workers but sometimes also carers, which influenced their ability to develop trusting relationships and reach out for support. Some reported a certain emotional distance from social workers or little checking on the young person. For instance, one young man said that while he was living in semi-independent accommodation, his social worker did not contact him for several months despite knowing about his depression. He did not disclose his suicidal thoughts.

Most participants from Germany reported negative experiences with social workers or residential carers that affected them seeking support when experiencing suicidal thoughts or even contributed to the development of suicidal thoughts, as the following young man reported:

> These suicidal thoughts really started when I was living in the children's home and, at some point, I just realised that nobody was interested, they just wanted me to function and they didn't give a shit about the rest. (D4)

Commitments of practitioners to be available for support and going the extra mile for the young people were reported positively:

> [My friend's social worker] was like overstep boundaries and, you know, done stuff which she shouldn't have done but it was that that was really important. And she was always stayed by her. She was able to trust her. So, I (-) well, I didn't have that with my social worker. (E1)

An important topic on the interpersonal level was loneliness and the feeling of belongingness. While detailed findings on these two factors are reported elsewhere (see Göbbels-Koch 2024), they were especially dominant in the context of whether a young person felt cared for by carers and practitioners, as the previous quote by D4 and the following quote by a young woman from England show:

> I think suicidal ideation comes in quite, you know, significantly when you get to a point where you feel like you're really lonely and you're very isolated and you feel like people don't care. And, you know, if someone just comes to offer working with you for a couple of years […] and they suddenly go […] It feels like '[…] You're just doing it because you're paid to do it. And you don't really fully care.' (E7)

While relationships with practitioners can make a difference in seeking support, the theme 'communication' revealed that masking mental health issues and suicidal thoughts were common among the participants. This behaviour was often related to fears of negative consequences or stigma of mental health issues or care experience:

> I've had depression for a long time. […] They just weren't (-) treated. […] whenever the carers asked how I was, I always said 'Yes, I'm fine. I'm fine. Everything is great.' […] Because I was under pressure, if I said that I wasn't doing well or that I was overwhelmed with the situation, I would definitely have to go back to the grouped-based children's home. And I didn't want that. (D6)

Non-verbal signs of their mental state were reported as being missed or ignored by practitioners. Some reported limited options to talk to practitioners, while others mentioned that the workers may not have the skills or confidence to talk about mental health needs or suicidal thoughts:

> There's such like it's a taboo. So, people don't want to talk about mental health when it comes to foster children at all. (E2)

The young man from England further underlined how important communication is and would have been for him when he was suicidal:

> I kind of wished for someone to just come and talk to me. That's what I wanted. I wanted someone to come and (.) like put a hand on my shoulder and say 'Oh, OK. Let's talk about it!' […] I have the experience of being suicidal but it's a lot of people just make it seem like they need to do more work with a suicidal person. […] Literally, it's probably just they want someone that they can scream and shout to, that would sit there and is just quiet and listen. (E2)

In summary, interpersonal factors influencing suicidal thoughts ranged from traumatic experiences, to relationships within the care system, missing feelings of belongingness and being cared for, and a lack of communication supporting seeking help when needed most. Apart from the churn of practitioners, which was reported more by participants from England than Germany, the reports from both countries showed overall similarities on this level, with the feeling of belongingness as a central topic among both.

Structural level

The final level covers structural factors, including formal support and transitions into, within, and from the care system. Entering care can be a traumatic experience and influence a young person's mental health. However, as described in the following quote, transitions in general can affect a young person's mental health and suicidal ideation:

> Most of the time when somebody is going to be at their lowest, it's going to be after the move to a new place. I'm not saying that's the only time but I'm just saying that's when you have a high risk. (E5)

The transitions between different foster families or residential placements and, thus, instabilities in relationships and the physical environment, affecting the engagement in education and support services, can contribute to mental health difficulties such as suicidal ideation. For instance, a young woman from England described the impact of the many transitions she experienced:

> I was unlucky enough to move around 48 times in the space of 6 years. Um. This was very kind of traumatic for me. This was very kind of unsettling and it brought a lot of instability to my life. So, I found it very hard to form relationships. And actually I can see it was affecting other areas of my life such as education. (E6)

The majority of participants described the impact of the transition from care in early adulthood as influencing the occurrence of their suicidal thoughts at that time. The aspect of loneliness was identified among most reports where young people left care and moved into a flat living by themselves. This emotion linked to leaving care was often highlighted as central to suicidal thoughts becoming more prominent:

> I think I really started having [suicidal thoughts] when I was in supported individual accommodation. […] Before, I lived with 7 people under one roof, in a shared flat, and shared meals, and then all of a sudden, I was completely alone. (D6)

The final transition, when support from leaving care services ceased, was identified by one young woman from England as a vulnerable phase:

> When you turn 18 they say that you're an adult and you (-) you know, you're really lonely and all of these things but actually when your case gets closed that's for the first time where you're actually completely by yourself. And that can be really scary. And I think if you've already had suicidal ideation before that point, I feel like that can be just kinda the last straw for some people if they're not prepared for it at all. (E7)

In contrast, a supported and well-prepared transition from care contributed to a positive experience, as one young woman from Germany explained:

> [My key worker] took me to my dad's house first and checked whether I felt comfortable there. We also had a lot of conversations. And, yes, that really helped. Because I knew that I wouldn't be abandoned. […] if I hadn't wanted to, I could have stayed there [children's home] anyway. […] We certainly did that for two or three months. (D2)

The findings reveal that transitions from entering care to the final ceasing of support after leaving care can influence a young person's mental health and suicidal ideation.

The professional support for young people in care and care leavers, its organisation and structures was identified as influencing suicidal

ideation. Attention to these factors was considered essential for suicide prevention within the (leaving) care system. One central topic was the availability of key practitioners, especially social workers. Working hours and bank holidays were reported as restricting access to key practitioners for seeking support when often needed most. The following quote by a woman from England highlights this problem:

> People [social workers] are only available between 9 to 5 Mondays to Friday. And when you're suicidal probably the hardest times of the (-) is night-time. (E4)

Apart from the sometimes restricted availability of key workers, which were more often mentioned among English than German participants, the skills and qualifications of key workers relevant to suicide prevention were discussed in both groups. As mentioned earlier, several participants considered key workers having limited confidence in talking about mental health issues or addressing these adequately. For instance, the young woman from England highlighted the following recommendation:

> Social workers need to know a lot more about attachment, a lot more about trauma. Um. Almost just they need to know more about psychology. […] I think, the best thing they can do as professionals is to (.) just understand better, so where they're starting from is that they're informed and then now make best decision in the moment about how to respond. (E4)

Several young adults reported that practitioners claimed their self-harming behaviour or expression of their suicidal thoughts was attention-seeking or ignored these behaviours, causing the young person to feel not understood, taken seriously, or receive the support they needed.

A young man from Germany reported approaching his carers for accessing psychotherapy while he was suicidal. They declined his request, as he reported:

> This counselling centre, uh, suggested that I should go to a psychologist […] I brought that up [with carers]. They didn't listen, it didn't matter. 'That's OK, you can talk to us.' When I tried to talk to them, they had no time, no desire to listen. So, I stopped talking about it and started to keep everything bottled up again. (D4)

Access to appropriate mental health support was discussed by several participants from both groups. Four participants from Germany reported only being able to access appropriate mental health support after they had left care when seeking such support by themselves.

However, the other two participants from Germany reported being able to seek psychotherapy while being in care. One noted that the residential care provider had psychotherapists employed. The other reported that due to the understanding and commitment of her residential key

worker, she was able to visit several psychotherapists and choose the one whom she could confide with best.

Furthermore, mentoring schemes were identified in interviews from both countries. Peer mentoring based on shared experiences, understanding, and role modelling was considered potentially helpful for suicide prevention if organised well and could enhance the availability of support:

> Like older care-experienced people who are mentoring but I think there's (-) there's an enormous amount of value in just getting care-experienced people together to talk and people who are older and have some ways in coping can help the young ones. (E4)

Summarising, on a structural level, both skills of practitioners, access and availability of support, as well as experiences of transitions into, within, and from care were identified as essential factors that can influence a young person's suicidal ideation or contribute to suicide prevention.

Towards the bigger picture: a socio-ecological perspective

The findings presented various themes across the individual, interpersonal and structural levels. However, these themes and levels should be considered closely linked, thus influencing each other (see Fig. 1). In particular, one key factor was identified that influenced suicidal ideation among the participants and linked the different levels and themes together: the feeling of belongingness. For example, loneliness was often mentioned in the context of leaving care, similar to when aftercare services cease their support eventually. The interviews showed that loneliness as part of thwarted belongingness (interpersonal level) was sometimes triggered by specific structural procedures in the leaving care process (structural level), especially when the transition was experienced suddenly, and the young person felt unprepared and overwhelmed (individual level). In contrast, a well-prepared transition with choices to stay or return to the previous care placement was positively experienced but reported by only one participant from Germany. That young woman further noted that her key worker acted professionally by reacting to her mental health needs and organising access to the appropriate mental health service (structural level) of her choice (individual level) during her time in residential care. While her suicidal thoughts lasted until she received psychiatric treatment in her early adulthood after leaving care, she explained that she felt supported, cared for, and taken seriously by key practitioners in the care system (interpersonal level).

Another example is peer mentoring operating on a structural level as a semi-formal support service. Peer mentors can provide additional

support and offer greater availability than social workers with high caseloads (structural level). Such an approach may tackle loneliness in the transition from care, promote a positive feeling of belongingness (interpersonal level), and motivate the young person to start coping with issues, including suicidal thoughts (individual level).

The findings reveal many interconnections across themes that help us better understand the complexity of suicidal ideation among care-experienced people and the influence of the care system. In addition, apart from very few differences, e.g. churn of staff, there were overall similarities across the interviews with care-experienced young adults from England and Germany.

Discussion

Many young people enter care due to childhood adversities, which are considered risk factors influencing suicidal ideation and behaviour (Hamilton et al. 2015; Angelakis, Austin, and Gooding 2020; Schönfelder et al. 2021). The higher exposure to such adversities offers one part of an explanation for why care-experienced people show an elevated risk of suicidal ideation and behaviour. However, such traumatic experiences per se only seem to scratch the surface of a possible explanation. Questions arise as to what such experiences mean for a person that causes them to be at higher risk of suicidal ideation.

The study shows that multiple factors across individual, interpersonal and structural levels influence suicidal ideation among care-experienced young people. Similar to Cramer and Kapusta's (2017) suicide prevention model, the findings show how various factors across the individual, interpersonal and structural levels overlap and are interlinked as well as how the IPTS contributes to an in-depth understanding of suicidal ideation.

The findings highlight that belongingness needs to be placed at the centre of understanding suicidal ideation among care-experienced people and incorporated into a socio-ecological perspective. Interpersonal needs contain the fulfilled wish of belongingness by having reciprocal caring relationships. Belongingness with its multiple facets plays a crucial role in care-experienced young people (Schofield 2002). However, structural processes within the (leaving) care system create barriers to addressing these needs adequately. For example, either thwarted or positive, belongingness was identified in relationships with practitioners, contributing to the development of suicidal ideation or coping strategies. If the professional contact was experienced as distanced, untrustful, and not recognising the young person's needs or terminated suddenly, negative impacts on the young person's mental health, including self-worth, were reported. While Flett (2024) suggests distinguishing 'not mattering'—feeling unheard and invisible—from

thwarted belongingness, other research equates them due to overlapping components such as feeling not cared for. Nevertheless, such interpersonal concepts are considered crucial in understanding the risk of suicide and suicide prevention.

Structures within the (leaving) care system do not always enable practitioners to fulfil young people's needs. Systematic problems like a lack of time, budget, internal support for professionals and appropriate interagency working result in inadequate support for care-experienced young people (Kaip, Ireland, and Harvey 2022). Transitions were often related to loneliness and, thus, thwarted belongingness. For instance, if services close a case or a young person has to leave a placement abruptly, the feeling of belongingness can be affected, as they are more likely to feel no control over the situation and abandoned by practitioners or carers. Especially in England, the impacts of placement changes and instability of relationships with practitioners were often highlighted.

The findings reveal a tension between the need for belongingness and the structures and working conditions within the care systems that restrict practitioners from implementing caring relationships. While young people desire belongingness and support, the care systems' structures, especially in England, are often characterised by high caseloads and churn of staff. Many care-experienced adults interviewed view the unavailability of key workers as a structural problem rather than a personal fault of practitioners. Extending possibilities for positive relationships with family members, carers, or peers is crucial. Peer relationships and mentoring programmes can address several needs, including the feeling of belongingness and the availability of support. In conclusion, IPTS, with a focus on belongingness, draws links across multiple levels and can both contribute to an understanding of suicidal ideation and inform suicide prevention tailored to care-experienced young people.

Accessibility to support can further be influenced by the communication between young people and practitioners. The findings show that stigma about care experience or mental health and practitioners' responses to young people's needs seem to restrict that access. Such intersectional stigma—the co-experience of multiple forms of stigma—is likely to affect people's health behaviour and outcomes (Turan et al. 2019). Stigma poses a risk on the societal level within the model by Cramer and Kapusta (2017), further affecting organisational structures and professional relationships. By making suicide prevention a matter of course in the work with care-experienced young people, the stigma of mental health issues like suicidal thoughts is tackled, reducing the barrier of reaching out for support. These findings second Katz et al.'s (2023) conclusion for the urgent need for systematic and comprehensive suicide assessment. It is important that these assessments incorporate an intersectional understanding of how structural oppression impacts on individuals' experiences, including stigma and belongingness (Turan et al. 2019;

Frøystad 2021). As "people in stigmatized groups may find solidarity within their community" (Turan et al. 2019, p. 4), the interviews reveal the potential of peer support and mentoring.

The comparison between care-experienced participants from England and Germany showed many similarities in the problems that led to each of their suicidal ideation. The stronger focus on social pedagogy in Germany did not seem to contribute to suicide prevention among the young people in residential care, except for one positive experience reported. Similar to reports from England, most participants from Germany reported inadequate communication with practitioners about mental health needs, the impacts of transitions, and feeling not cared for or lonely when dealing with their problems. Therefore, the study indicates that factors influencing suicidal ideation among care-experienced young people, both for the occurrence of and coping with such thoughts, are similar across several national care systems.

Limitations and implications

While qualitative research does not aim for a representative account of all care-experienced people, the interviews revealed the complex interrelation of factors influencing suicidal ideation that can inform suicide prevention in national (leaving) care systems. The study did not cover voices from specific groups, e.g. former foster children from Germany, or a detailed exploration of how intersectional structural inequalities impact on care-experienced people's lives and service delivery. Future research could investigate other countries, subgroups, and professionals' perspectives on suicide prevention.

For practical implications, suicide prevention guidelines within the (leaving) care system could focus on an enhanced understanding of suicidal ideation, including belongingness. A socio-ecological approach would need to be incorporated into service structures and the daily work with care-experienced young people.

Conclusion

The findings show that multiple factors across the individual, interpersonal and structural levels influence suicidal ideation among care-experienced people. A socio-ecological perspective helps better understand suicidal ideation among care-experienced people across different care systems. Suicide prevention within the (leaving) care system needs to take a holistic view with a focus on belongingness. Such comprehensive suicide prevention tailored to care-experienced young people can help inform policy and practice to tackle the risk of suicide.

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Supplementary data

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

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