

OUR LIVES OUR CARE

Looked after
children's views on
their well-being



Overview	3
Background	3
What is well-being?	4
Measuring well-being	5
Developing a measure of looked after children's subjective well-being	6 - 7
Demographics	8 - 9
Relationships	10 - 13
Building resilience	14 - 17
Rights	18 - 21
Recovery	22 - 27
Overall well-being scales	28 - 29
Children with very low well-being	30 - 31
Conclusions	32
Recommendations	32 - 33
References	34 - 35

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Tabetha Newman of Timmus Ltd who created the surveys and who patiently dealt with the numerous queries and changes that were requested.



Overview

Listening to children and young people's wishes and feelings should be universal, but it isn't. How children feel about their lives and the care they receive should be central to understanding the quality of care. Instead, it is often adults – carers and professionals – who share their own interpretations of what a positive care system does and should look like.

The Bright Spots Programme was set up to understand what is important to children in care and share the learning on where children are doing well by developing a framework to compare children's experiences in different local authorities.

Data are collected nationally on the outcomes of children in care, but none on how children themselves feel about their lives in care. Research has shown that subjective well-being correlates with other outcomes such as educational attainment, health and employment prospects (DfE, 2011; Gutman & Vorhaus 2012; Helliwell 2013; ONS 2014).

Measuring subjective well-being enables us to understand children's experience of care by putting their voice at the centre. The University of Bristol and Coram Voice developed the Bright Spots Well-Being Indicators to capture the specific domains that were important to looked after children – recognising their unique experiences and that they differ from children in the general population. The indicators are measured by the 'Your Life, Your Care' survey. The indicators were developed from literature reviews, roundtable discussions with professionals and, importantly, from what 140 looked after children and young people told us through focus groups and individual interviews. They have been carefully tested and piloted to ensure that they are robust measures of what is important to children's well-being.

This report summarises the findings from the 611 children and young people who completed the Bright Spots 'Your Life, Your Care' survey in six local authority areas, we conclude the report with recommendations for policy and practice.

You can read more about the Bright Spots indicators at:

<http://www.coramvoice.org.uk/brightspots>

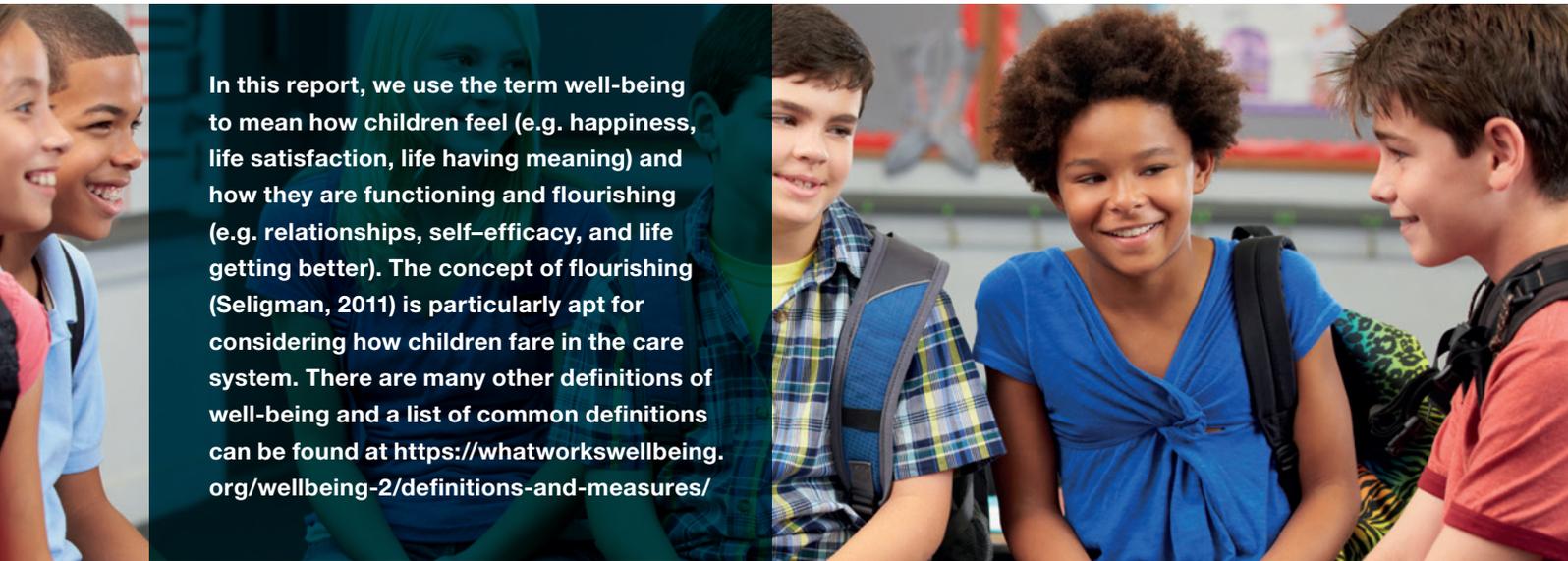


Background

At March 31st 2016, there were 70, 440 looked after children in England (Department for Education, 2016). The majority of children are looked after because of parental abuse and neglect and often enter care with physical, emotional and behavioural difficulties (Meltzer et al., 2003; Sempik et al., 2008). Every year 'outcome' data are collected and published on looked after children's educational achievements, offending, mental health, and teenage pregnancies (Department for Education 2015). The data shows that generally looked after children do not achieve the same level of academic success as their peers and are much more likely to have problems with crime, drugs and have poor mental health <http://www.becomecharity.org.uk/care-the-facts/about-the-care-system/> Most of the reported 'outcomes' focus on the negative and there is no information collected on how children themselves feel about their lives in care.



What is well-being?



In this report, we use the term well-being to mean how children feel (e.g. happiness, life satisfaction, life having meaning) and how they are functioning and flourishing (e.g. relationships, self-efficacy, and life getting better). The concept of flourishing (Seligman, 2011) is particularly apt for considering how children fare in the care system. There are many other definitions of well-being and a list of common definitions can be found at <https://whatworkswellbeing.org/wellbeing-2/definitions-and-measures/>

Does well-being matter?

Improving the nation's well-being has become more central to government policy (All-Party Parliamentary Group 2014). Research has found that subjective well-being is associated with adult's work behaviour, absenteeism and productivity, length of recovery time after illness, levels of immunity and physical and mental health (Helliwell 2013; Office of National Statistics ONS 2014). A policy focus on well-being is supported by surveys (e.g. NEF 2014) that have found that most adults believe that the government should prioritise creating greater happiness rather than greater wealth. A well-being lens is being encouraged by government whenever a new policy or service is being developed so that the human impact of policy is considered and not just economic impacts (Shillibeer et al., 2015).

There is less known about the impact of low well-being on children. Educational research has found that higher levels of life satisfaction affect educational outcomes. Successfully attaining GCSEs (five or more A*-C) is strongly associated with higher levels of life satisfaction among young people (Gutman & Vorhaus 2012). A UK study (Department for Education 2011) found that pupil well-being predicted their later academic progression and engagement in school.

For example, pupils with better emotional well-being at age seven had a value-added key Stage 2 score 2.46 points higher (equivalent to more than one term's progress) than pupils with poorer emotional well-being. Head teachers, governors and school staff have been encouraged to consider pupil's well-being (Public Health England 2014).

What happens during childhood influences adult well-being and the likelihood of becoming involved with risk taking behaviours, employment, the development of ill health and disease (Bellis et al., 2014; Layard et al., 2014). Childhood trauma can interfere with the stress response with subsequent biological changes that can fundamentally alter nervous, hormonal and immunological system development. These changes in childhood place adults at greater risk of heart disease, diabetes and premature death (Bellis et al., 2014). The worldwide Adverse Childhood Experiences Studies (ACEs) demonstrates that the more adversities one experiences in childhood the greater the risk of poor adult health <https://www.cdc.gov/violenceprevention/acestudy/>. Looked after children have often experienced four or more ACEs placing them at much greater risk of poor adult outcomes. Reducing feelings of stress and anxiety in childhood are therefore essential.



Measuring well-being?

There are two broad approaches to measuring well-being. The first approach uses objective factual measures such as educational results or the number of teen pregnancies whilst the second approach asks people how they feel about aspects of their own lives. This latter approach, where people self-report, is known as subjective well-being. Subjective well-being is seen as increasingly important in understanding what matters to people and in developing policy that supports our quality of life (ONS 2011).

The Measuring What Matters programme (ONS 2011) that began in England in 2010/11 concluded that people's objective circumstances can improve but this does not necessarily translate into feeling that life is improving. For example, reported crime has gone down but people are more fearful of crime. Similarly, a local authority can improve placement stability but does that result in looked after children feeling more secure? It is important to understand both objective circumstances and subjective experiences.

Subjective well-being

The ONS programme found that 14 areas of life (e.g. relationships, health, environment, work) mattered to adult's well-being. You can explore adult well-being here <http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dvc146/wrapper.html>. Subsequently, the government funded a What Works Centre for Wellbeing (<https://whatworkswellbeing.org/>) with the aim of understanding what governments, businesses, communities and individuals could do to improve well-being. Public consultations reinforced the multi-faceted nature of well-being, as people said whilst having enough money was important so was having a sense of purpose and being valued. It is generally agreed that there is not one particular element that defines well-being but that it is made up of different but inter-related elements.

Whilst there has been a great deal of work on conceptualising and measuring adult well-being, there has been much less on measuring children's subjective well-being. There are some questionnaires focusing on only one element of children's well-being such as mental or emotional health (e.g. The Strengths and Difficulties Questionnaire or the Warwick Edinburgh Mental Well-Being Scale). These scales are appropriate to use if that element is the major concern. However, it is possible to have low well-being but not to have mental health problems and vice versa to have a mental illness and have high well-being (Children's Society 2016; Mehta and Davies, 2015; Kinderman, 2015).

Leading the way in the measurement of children's subjective well-being has been the University of York and the Children's Society whose survey is published annually in the 'Good Childhood Report' (Children's Society, 2016). Their work has also been very influential in the creation of the international survey of children's subjective well-being (*Children's World* <http://www.isciweb.org/>). Both surveys involved extensive piloting and discussion with children about the questionnaire content leading to a focus on positive and evaluative indicators rather on indicators based on problems and risky behaviours. Both these surveys ask children to answer questions on different areas of their lives.

The Children's Society found that of fundamental importance to children are their relationships. Their survey comprises 10 domains and measures of life satisfaction and happiness (Children's Society 2016). Children are asked to evaluate their lives overall, make judgements about different aspects, as well as questions about psychological well-being (e.g. feeling positive about the future and having choice). The questions use a frequently used framework of three components – cognitive subjective well-being (evaluation of life), affective subjective well-being (moods and feelings) and psychological well-being (basic psychological needs are met and a sense of flourishing).



Developing a measure of looked after children's subjective well-being

Although little is known about children's well-being, even less is known about the well-being of vulnerable groups such as looked after children. There is published literature on looked after children's outcomes but outcomes are only a part of well-being. Rarely have children been asked what they think matters to their well-being.

In a partnership between the Hadley Centre at the University of Bristol and Coram Voice, a children's rights charity, we set out to discover what matters to looked after children. Full details of the methodology are published elsewhere (Selwyn et al., 2015; Wood & Selwyn 2017). In brief, literature reviews were undertaken, an expert roundtable and focus groups held with 140 children and young people (age 6-24yrs). Whilst children identified some of the same elements as those in the development work undertaken by the Children's Society, children in care identified others important elements too. They also disagreed with the wording of some of the general population questions. For example, most surveys ask about the frequency of bullying. Looked after children did not agree with the notion that the frequency of bullying was what mattered. Their view was that one incidence of bullying could have just as severe effect on their well-being as frequent bullying. Therefore the question on bullying in our survey was reworded to ask about the impact and if a child was afraid to go to school because of bullying. All the information was analysed and four key domains (relationships, resilience, rights, and recovery) and their indicators were identified.





The Bright Spots well-being domains and indicators



Questions were created from each of the indicators and to these were added four questions used in community surveys of children and adults. The four questions, using a scale of 0-10, ask about overall life satisfaction, happiness, feeling that life is worthwhile and feeling positive about the future.

The survey was piloted with 85 looked after children leading to questions being refined and checked again with a children's focus group before six local authorities agreed.

The surveys 'Your Life, Your Care'

Three surveys were created for a) children aged between 4 and 7 years (16 questions), b) children aged between 8 and 10/11 years junior school (31 questions), and c) young people of secondary school age 11-18 years (46 questions). A core set of 16 questions appear in all three surveys.

This report outlines the findings from children and young people who completed the survey in six local authorities. Children and young people were usually asked to complete the on-line survey in school over a two-week period and, where appropriate, with a trusted adult present. The trusted adult was usually the designated teacher, learning mentor or SENCO. The adult was asked to record what the child said, if the child was unable to complete the form. All the questions were optional to allow children to make their own decisions about which questions they answered and therefore the number of responses differ by question. In the next section, we will report the findings. Wherever possible, the findings from the surveys will be compared with nationally available data (see appendix for more details on comparison data).

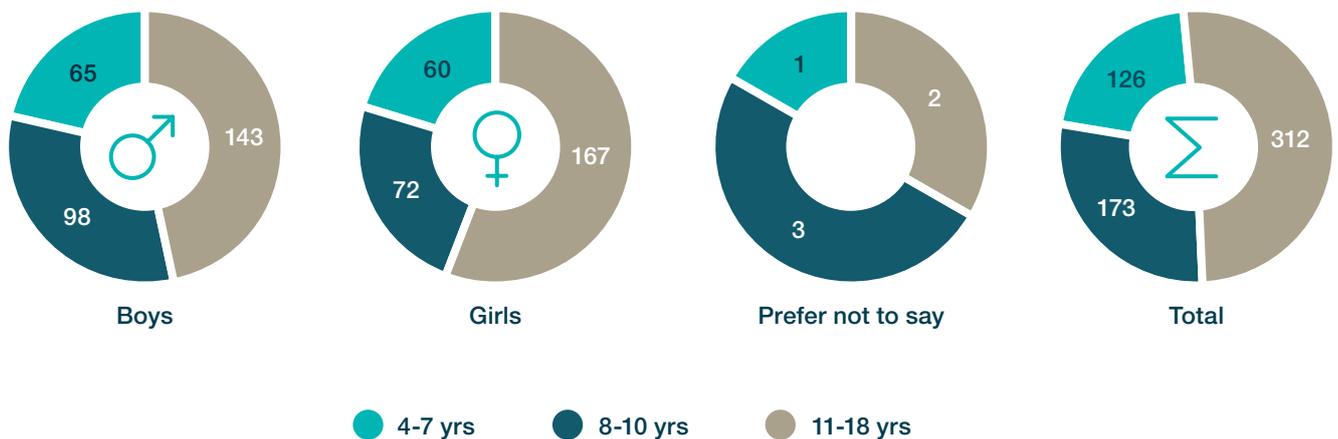


Demographics

Six hundred and eleven children and young people completed the surveys from six local authority areas (Figure 1). Children and young people were usually asked to complete the on-line survey in school over a two-four week period and, where appropriate, with a trusted adult present. The trusted adult was usually the designated teacher, learning mentor or SENCO. All the questions were optional to allow children to make their own decisions about which questions they answered and therefore the number of responses differ by question. Overall response rates varied (23%-55%) by Local Authority.

Figure 1

The gender and age group of children and young people (n=611)



The majority (83%) of children and young people who completed the survey were white, reflecting the care population in the sample local authorities.

The majority (77%) of children and young people were living in foster care, 16% were in kinship care, 3% were in residential care and 4% were living elsewhere such as in mother and baby homes, semi-independent living, a hostel, or with a parent.



Length of time in care and number of placements

Secondary school aged young people (11-18 yrs) were asked how long they had been in care and how many placements they had had. Some young people (7%) responded that they did not know how long they had been in care and 6% did not know the number of placements (Figure 2).

Figure 2

Length of time in care by number of placements (n=237)



As time went on, the chances of still being in the same placement reduced. After five or more years, only 21% remained with their original carer. However, the proportion differed by type of placement. After five or more years, 15% were living with their original foster care in comparison with the much greater stability of kinship care where 77% of those placed with a relative were still living with their family.

Placement moves were not always detrimental. Young people wrote:

“I hated being in care until I was put with the carers I’m with now, and now I feel more positive about it.”

(11-18yrs)

“I have new carers now and I like them better. I like where I am living.”

(4-7yrs)



Relationships

The survey asked children and young people about their relationships with their birth family, their carers, social workers and friends.

The youngest children (4-7yrs) were not asked questions about birth family contact, as it was thought that children might become distressed or anxious.

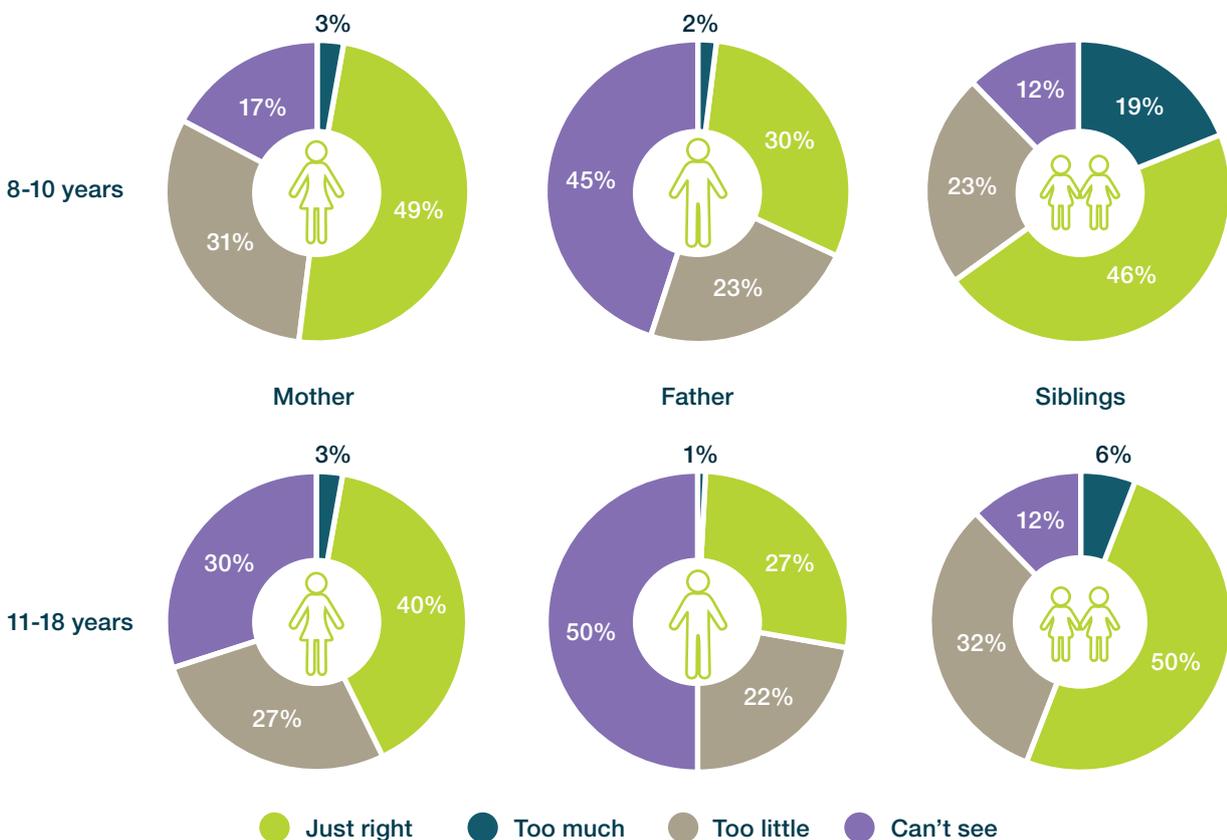
22% of young people (11-18yrs) and 12% (8-10yrs) had no contact with either parent.

Birth family

Children and young people (8-18 yrs) were asked whether they were content with the frequency of contact that was taking place with their mother, father and siblings (Figure 3). They were also given the option of providing additional text responses. Twenty-eight children did not have siblings.

Figure 3

Satisfaction with the amount of contact with birth family members





Children and young people wrote about the complexity of contact:

“There is one brother I don’t see because he is adopted. I find it hard with my mum because I don’t see her much and don’t know much about her and what to talk about. I don’t know anything about my Dad - I don’t know if he is very nice or not. I feel nervous and scared.” (11-18yrs)

“I see some too much and others too little.” (11-18yrs)

“I don’t want to see my mum, brother or sister.” (8-10yrs)

“I really really would like to see them much much more. I miss my brothers, sisters, nieces and nephews and I don’t see them at all. It’s not fair.”

(11-18yrs)

“I would like to have contact with my brothers and sisters. I also feel safe when I live with my dad. I am a bit scared of mum but not dad.”

(8-10yrs)

Others were unsure why established contact had ended or why a parent seemed disinterested.

“I would like to see my mum and I would like her to say sorry for being so horrible and to treat me like her actual son.” (11-18yrs)

“I would also like to know why he [father] doesn’t want to see me.” (8-10yrs)

A few young people were concerned about where their contact took place and wrote comments about contact centres or lack of privacy. For example, young people wrote:

“I would like to go somewhere private to see my mum rather than in a public place.” (11-18yrs)

“I’ve been let down by contact workers so I’ve lost the contact time with my Mum. They should be there when they say, as it makes you feel really upset to miss it.” (11-18yrs)

Children also commented on the lack of contact when their family did not live in the same country or lived many miles away. Some young people stated they were only allowed one phone call a month to relatives who lived abroad.

It was surprising how many children (8-10yrs) recorded they had too much contact with siblings, as children’s written comments were about wanting more contact with siblings not less. We wondered whether the children might have had to share a bedroom, were experiencing sibling bullying, conflict and rivalry or whether the timing of their contact arrangements did not suit them.



Pets

Most (83%) of the children (8-10yrs) and 76% of young people (11-18yrs) were living in a household with a pet. Having a pet was particularly important for some children who felt that having a pet normalised their experience of care whereas for other children pets made them feel less lonely. **Children wrote:**

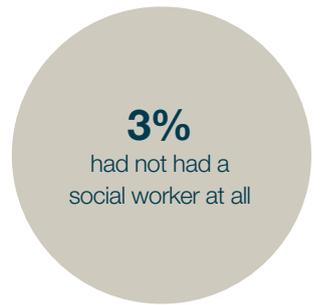
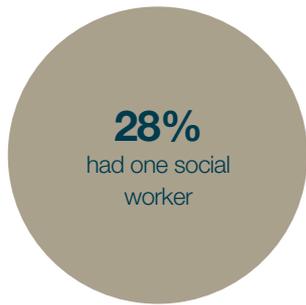
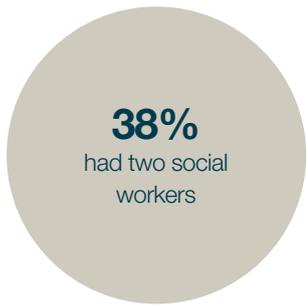
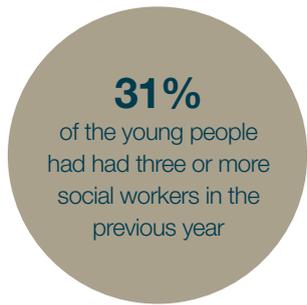
“I like my foster carer’s dog. When we go for a walk together, it’s like being in a proper family.” (4-7yrs)



“I would like to have some company like a dog or a cat.”
(11-18yrs)

Relationship with social workers

The older age group were asked how many social workers they had had in the previous twelve months. Most (69%) of the young people had had more than one social worker during the year.



When asked what would make care better, some children wrote:

“By not having 14 social workers in three years.” (11-18yrs)

“I would like the social worker to not keep changing.” (4-7yrs)

“I love my social worker.”
(8-10yrs)

The majority (83%) of all the children trusted their social worker although levels of trust decreased with the child’s age. Children and young people wrote:

“I do not like social workers because I do not feel they help at all and I feel that they lie. I like living in care.” (4-7yrs)

“My social worker does not follow through with requests I have made and makes me feel like I am not of importance.” (11-18yrs)

Some young people wanted, “A life without social workers” or objected to the amount of control social workers had over their life. Others wanted to see their social worker more and requested, “More contact with social workers.” ... “To have more support in making the right decisions, talking about it helps.”



Relationship with carers

All the children and young people were asked whether they trusted their carers.

11-18 yrs secondary age group

More than three-quarters (95%) trusted their carer and only 5% did not.

Young people wrote:

“Living with someone that you have a good and trustful relationship with, is key to a happy and effective placement.” (11-18yrs)

“Care would be better if] your carer treats you the same as their children and doesn't treat you any different.” (11-18yrs)

8-10 yrs age group

The majority (96%) trusted their carer and only 4% did not.

Children wrote:

“I feel amazed by my foster career and I have a good life but I worry about my family because I don't know what they are doing.” (8-10yrs)

4-7 yrs age group

94% trusted their carer, 6% did not

Children wrote:

“My carer does everything to make me happy.” (4-7yrs)

Friendships

Friendships are important for all children and the capacity to make and sustain friendships is protective and provides a source of comfort and support. A lack of friendships in childhood is associated with loneliness and anxiety.

In this survey, most of the children and young people stated that they had at least one good friend but 47 (8%) children and young people did not.

The proportion of looked after children without a good friend is higher than that reported in surveys of children in the general population.

ONS 2016;
Millennium Cohort Study 2012



Building Resilience

Having a reliable trusted adult

Research on resilience has consistently demonstrated that having a trusting relationship with one key adult is strongly associated with healthy development and recovery after experiencing adversity (Masten 2015).

The availability of one key adult has been shown to be the turning point in many looked after young people's lives (Gilligan 2009).

97% of children aged 8-10 years said they had a trusted adult.

Children and young people (8-18yrs) were asked, 'Do you have an adult who you trust, who helps you and sticks by you no matter what?'

- 97% of children aged 8-10 years said they had a trusted adult.
- Young people (11-18yrs) were less certain: 85% responded that they had such a person in their lives.

There is little comparative data, as most children in the general population rely on their parents. An ONS 2014 survey of young people (16-24 yrs) found that 82% reported they had someone to rely on.

Having fun, hobbies and activities - opportunities and chances

Most children were able to have fun but the older young people were less positive about the opportunities they had.

Pressure of exams and coursework may have reduced opportunities but schoolwork was not mentioned in any of the text comments. Younger children commented that they had more pocket money now that they were in care but some of the older young people felt that lack of pocket money restricted their activities:

Although there was some dissatisfaction with access to leisure activities, 62% seemed satisfied - a proportion similar to young people in the general population (Understanding Society 2012).

“More support, more clothing and weekly allowance. Impossible to be a normal teenager with £20 a week - no treats no nothing.”

(11-18yrs)



Exploring the natural world

Exposure to the natural environment can reduce stress and aggressive behaviour in children and adults. Nationally, 12% of parents of children aged 13-15yrs and 10% parenting children aged 6-9yrs old said their children had never visited a park or other natural environment in the previous year (Monitor of Engagement with the Natural Environment 2015).

In this survey, children and young people (age 8-18yrs) were asked if they were given opportunities to explore the natural world, such as visiting parks, beaches or forests.

- Most looked after children and young people were given opportunities to experience the natural environment but 11% of 8-10yrs and 16% of those aged 11-18yrs did not. Research with the general population has found that most children and young people visit with an adult and therefore carers' role in creating the opportunities should be considered. Activities should not just be viewed as those where children take part in external group activities but also those that happen with the foster family/staff. For example, opportunities such as walking the dog, climbing trees, walking in woods, visiting parks, beaches etc.

89% of 8-10yrs and 84% of young people 11-18yrs recorded that they did get the chance to explore the outdoors.

Given second chances

All children make mistakes and need second chances. It is part of learning and growing up. The focus groups that helped develop this survey thought that children in care were too readily refused a second chance. Young people (11-18yrs) were asked if they got a second chance if they made a mistake.

- 90% of young people thought they got second chances 'most' or 'some of the time'. Some complained that their mistakes or poor judgments were not forgiven.

"I get punished for things that happened to me in my past... I haven't been allowed out hardly ever."

(11-18yrs)





Liking school

All the children and young people were asked if they liked school. The youngest children were the most positive about school with 89% stating that they liked school most of the time (Figure 4).

Figure 4
Liking school (n=606)



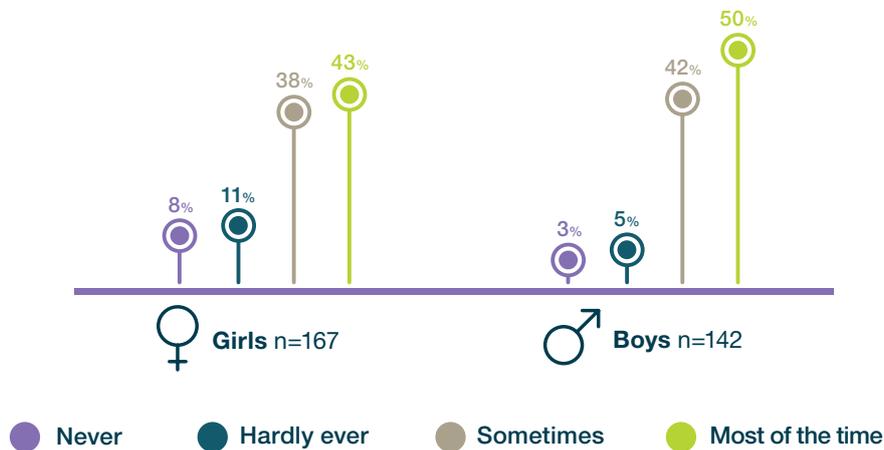
Similar data about liking school has been collected in a national survey. The Health Behaviour of School Children survey (Brooks et al., 2015) reported that 32% of young people aged 11-15yrs 'liked school a lot', 48% 'liked school a bit' and 20% 'not very much' or 'not at all'. Liking school decreased with the child's age and girls were more likely to say they enjoyed school 'a lot' in comparison with boys.

Looked after children and young people were more positive about their school than were children in the general population. In our survey, there was a decrease in enjoyment with age but boys rather than girls of secondary school age were most likely to say they enjoyed school.¹ Fifty percent of looked after boys wrote that they liked school most of the time in comparison with 33% of boys in the general population who liked school 'a lot' (Figure 5).

¹ $\chi^2 9.071, df 1, p < .003$



Figure 5
Looked after young people's liking of school by gender



Support for learning

Overall, about 95% of children and young people (8-18yrs) thought that their carers did show an interest in their education. In comparison, the HBSC survey (11-15yrs) reported that 90% of children in England said their parents were interested in what happened at school.

More looked after children felt that their carers were interested in their learning in comparison with children in the general population.

Learning life skills

Young people were asked if they were given opportunities to practice life skills such as going to the bank, cooking and washing clothes. The majority (84%) thought they were given such opportunities but even so young people were apprehensive about the future.

One young person wrote:

“I am nervous about my future. I don't know what it is going to be like. Who do I live with when I get older? Am I able to live on my own?”

(11-18yrs)



Rights

Feeling Safe

The vast majority (98% of 4-7yrs, 83% 8-10yrs, 82% 11-18yrs) of children and young people always felt safe in their placements. In fact there was a larger proportion of looked after children who 'always' felt safe in comparison with children in the general population. The Children's World survey (Rees et al., 2014) reported that only 75% of children in England (8- 14yrs) felt totally safe at home.



Bullying

Research that has shown that bullying can have a very serious impact on children's well-being leading to truancy, depression and suicide.

Children were asked if they were afraid of going to school because of bullying. There were no statistical gender differences in the reporting of bullying. Looked after children (8-10yrs) reported being more fearful of bullying (28%) than did the secondary aged young people - 22% of whom were afraid to go to school because of bullying. Of those who reported being afraid to go to school, the majority (79%) reported that they got support from someone to help with bullying.

28% of children aged 8-10yrs were afraid to go to school because of bullying.

Although the question in our survey is not identical to national surveys, it appears that looked after young people are reporting more bullying: 72% of 8-10yrs and 78% of 11-18yrs stated they were hardly ever or never afraid of bullying compared to 88% of children (10-15yrs) in the general population not expressing fear of bullying.

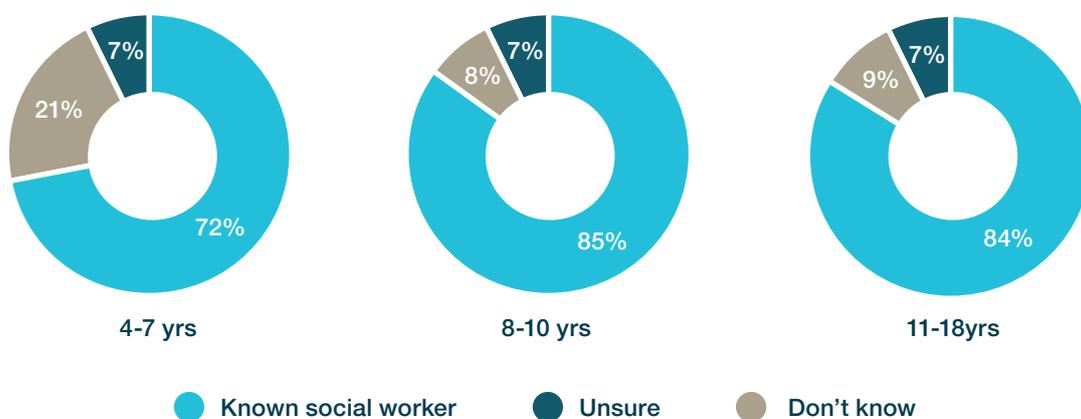


Knowing identity of social worker

All the children and young people (4-18yrs) were asked if they knew their current social worker's identity (Figure 6). It was surprising how many children did not know who their social worker was. More than one in four of 4-7yrs old did not know or were unsure.

Figure 6

Children and young people's awareness of their social worker's identity (n=597)



Getting in touch with their social worker was difficult for many young people. Less than half (45%) of the young people (11-18yrs) reported that their social worker was easy to get in touch with, 37% recorded that they could 'sometimes' contact their social worker and 18% stated that they could 'hardly ever' or 'never' get in touch when they needed to.

Young people wrote:

"If social services listened to me and didn't say, **Make an appointment for next week.** If I need to see them, its NOW not next week." (11-18yrs)

"It would be nicer if there is an easier way to contact social services in emergencies and out of hours."

(11-18yrs)



Involvement in decision-making

Research on well-being and mental health suggests that children and young people, who feel they have some control over their lives do better educationally, are less prone to depression and anxiety and have greater resilience in the face of adversity (Children's Society 2015).

- Children and young people aged 8-18yrs were asked whether they knew they could speak to their social worker on their own. The majority did know they had this right but 20% of children aged 8-10yrs and 6% of the secondary aged young people did not know they were able to do this.
- Children and young people (8-18yrs) were asked if they felt involved in decisions that social workers were making about their lives. Most did feel included in social work decision-making with about 15% of 11-18yrs and 19% of those aged 8-10yrs not feeling listened to and included.

Young people wrote:

“I would like to know what my social care is. I don't really know what is going on and I want to know everything; ... I would like to be asked about what I want.”
(8-10yrs)

“I don't understand many things because I have little English.”

(11-18yrs)



“I always feel included by the decisions made by my social worker, carers and my IRO.”

(11-18yrs)



Feeling different-stigma

In the survey, the 11-18yrs age group were asked, “If adults did things that made them feel embarrassed about being in care.” Most young people (83%) did not experience adults as drawing negative attention to their care status but the proportion reporting negative experiences varied from 6% to 25% by local authority.

Children wrote about feeling different:

“I hate that when the register comes up on the screen and others in the class can see that I am a CLA. It winds me up ... I don't like to be different.” (11-18yrs)

“Making it obvious that I'm in care in public.”

(11-18yrs)

“Being able to be a normal child. Not having to get permission to go on school trips, holidays and staying at friend's houses.”

(11-18yrs)





Recovery

Most children and young people felt settled in their placements. Nearly one in five (19%) responded that they ‘hardly ever’ or ‘never’ felt settled.

Children wrote:

“I’m happy in the home I am at. I get to do painting and I get to do colouring. I get to ride my bike with my flowery helmet.” (4-7yrs)

“I really like my care home and all the adults and children that live there. There is nothing that I would want to change.” (8-10yrs)



Bedrooms

The children and young people in our focus groups emphasised the importance of having a nice bedroom. Living in a foster home or residential unit with other children meant that a bedroom was a place for escape and a chance to be on one’s own. Survey responses revealed that most (93%) younger children liked their bedroom. The 11-18yrs age group were the least enthusiastic, as more than one in ten (11%) recorded that they disliked their bedroom. When asked, “What would you change to make being in care better for you?” several children recorded as a text response a change in their bedroom.

“Expanding and having a desk in my room so I can do homework.” (11-18yrs)

“I want a bigger bedroom and a lot more space.” (4-7yrs)

Sensitive carers

Children and young people were asked if they felt their carer noticed how they were feeling.

11-18 yrs

The majority (90%) recorded that their carers were sensitive and noticed how they were feeling. One in 10 recorded that their carers ‘hardly ever’ or ‘never’ noticed how they were feeling.

8-10 yrs age group

The majority (92%) thought their carers were sensitive and noticed how they were feeling.

4-7 yrs age group

86% of young children thought that their carer noticed how they were feeling but 11% said they carers did not.

Children wrote:

“Talking to me more and being kind [would make care better].” (4-7yrs)

“I like my foster mummy combing my hair, it is very nice and Mummy didn’t do it like she can.” (4-7yrs)



Being trusted

Trust was one of the words used most frequently by children in the focus groups that informed the development of this survey. Being able to trust the adults in their lives and in turn being trusted by them was very important for children and young people. Being trusted also implies that young people are given roles other than that of ‘a looked after child’.

Ninety-one percent of young people (11-18yrs) and 80% of 8-10yrs did think they were given opportunities to show they could be trusted.

Peer parity –doing similar things to friends

Young people (11-18yrs) were also asked if they had the opportunity to do similar things to their friends. Young people did have the same opportunities ‘most’ (51%) or ‘some of the time’ (33%). About one in six (16%) recorded that they were ‘hardly ever’ or were ‘never’ able to do similar things and this group of young people were more likely to record that they didn’t have a good friend. Survey data could not tell us whether young people were unable to do similar things because of a lack of friends or whether not being able to do similar activities prevented friendships developing.

Some children and young people (8-18yrs) wrote that what would make care better for them was greater freedom to see their friends:

“To have my friends around and not to have to ask my social worker.” (11-18yrs)

“Being in care is very difficult because you don’t get the luxuries that other kids have in day to day life when they have loads of mates to go out with to town or out to the cinema.” (11-18yrs)

“I would like to have some friends come to the house. I feel sad because I play on my own all the time”. (8-10yrs)

Access to computers/tablets in the home

Internet access is linked to educational achievement and is associated with child well-being. Perhaps this is because so much of young people’s social life and maintaining of friendships occurs through social media. In the general UK population, 98% of children (10-15yrs) use a computer at home (ONS 2014). The MCS study of children aged 11yrs old found that children who never used the internet outside school had a high probability of low well-being (Children’s Society 2014).

In this survey, 86% of young people had access to a computer/iPad where they lived. In comparison the MCS survey found that by the age of 11yrs, 96% of children had access. Fewer looked after young people had access and also complained about having to share access. Young people (11-18yrs) wrote:

“I would like to have a computer. In my foster family everyone has computer but not me.” (11-18yrs)

“Care would be better if I could get a laptop to do my homework and one that I can keep.” (11-18yrs)

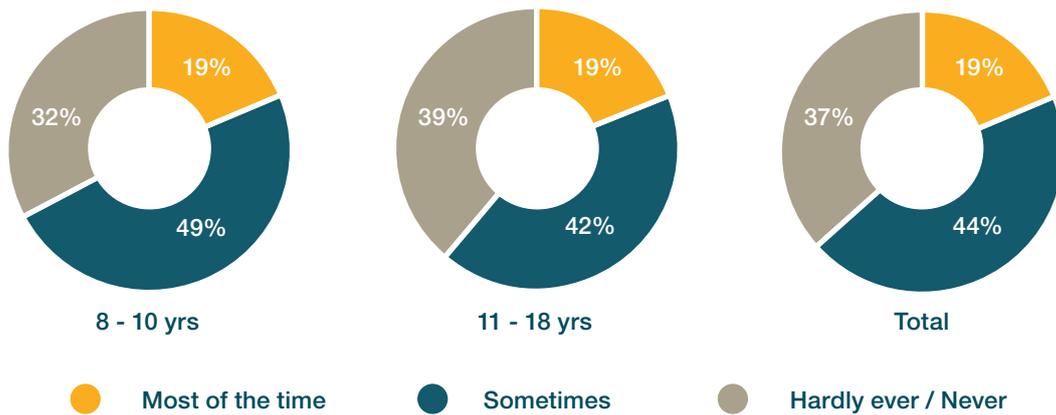


Worries about feelings or behaviour

We know from a significant amount of research that the impact of abuse and neglect and separation from birth families often has a detrimental effect on children’s mental health. Epidemiological studies have shown that as many as 45% of those in foster care and 75% of those in residential care have mental health difficulties in comparison with 10% of children in the general population (Meltzer et al., 2003). Yet services are inadequate. The recent NHS review of CAMHS (Department of Health 2012) and the Children’s Commissioner (2016) review has confirmed that many children and young people do not receive timely and appropriate services.

In this survey, we asked children and young people (8-18yrs) if they had any worries about their own feelings or behaviour (Figure 7). The majority of children and young people did have worries and 19% worried ‘most of the time’.

Figure 7
Worrying about feelings or behaviour (n=478)



In free text comments, children wrote:

“I have problems like weeing the bed... I do not like it at all I want to stop but I cannot and I do not know how to. Please help me.” (11-18yrs)

“I feel stressed with work at school and feelings about my family - especially my Mum.” (11-18yrs)

“Help me to stop loosing my temper. It make me feel angry and I lose control of myself.” (8-10yrs)

Most (72%) children and young people felt they were getting help with their worries but more than one in four were not. Lack of help was particularly noticeable for those who felt they worried ‘most of time’. The young people may have been receiving services but they did not feel as though the right help was being provided.



Appearance

Poor body image has been found to be negatively associated with self-esteem, depression, and self-harm particularly amongst teenage girls (Cash & Smolak 2011).

Nationally, there are concerns that the gender differences in satisfaction with appearance are growing. The Children's Society (2015) reported that overall, about 13% of young people are unhappy with their appearance but the proportion differs by gender with 14% of girls unhappy in comparison with 10% of boys.

We would expect looked after children to have a greater likelihood of poor body image. Research has shown that trauma and abuse (particularly sexual abuse) can have a detrimental impact on self-image. In our survey, 16% of young people were unhappy with their appearance. There was a statistically significant gender difference with 23% of girls in comparison with 7% of boys 'hardly ever' or 'never' liking their appearance.²



14% of girls are unhappy in the general population.

In our survey, 23% of girls were unhappy with their appearance.



10% of boys are unhappy with their appearance. In our survey, 7% of looked after boys did not like their appearance.

² χ^2 11.371, df1, $p < .001$



Understanding the circumstances leading up to becoming looked after

Children and young people were asked if an adult had explained why they were in care (Figure 8). The majority of children did understand why they were in care but the numbers of children who were unclear or confused were greater in the youngest age groups. Nearly a third of children (4-7yrs) thought they did not have a good understanding.

Figure 8

Children and young people’s feelings about whether they understand the reasons they were looked after



At the end of the questionnaire, children were asked if there was anything else they wished to write.

Children did comment on their lack of understanding and wrote:

“I would like someone to talk to about my feelings and tell me about my past. I would like to see a picture of my dad so I know what he looks like. I would like to see a picture of me as a baby. I have never seen a picture of me. I have a lot of questions that no-one answers.” (11-18yrs)

“Knowing the reason for being there.” (8-10yrs)

“Why do I live with carer?” (4-7yrs)

“I think I have half brothers and sisters - I would like to find out about this.”

(11-18yrs)

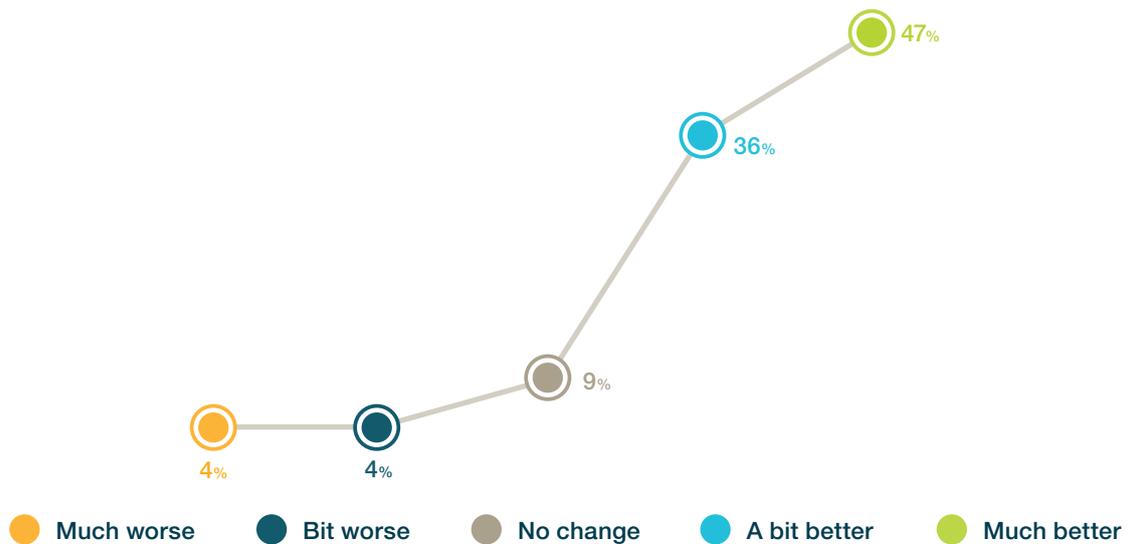


Life getting better

In spite of all the young people's worries and concerns, the vast majority thought that their lives were improving (Figure 9).

Figure 9

Is life getting better?



Children made many positive comments about their experience in care.

They wrote:

“Want to stay where I am and not go home.” (4-7yrs)

“Everything is perfect.” (4-7yrs)

“It can change
your life.”

(8-10yrs)

“Better than it
was when I was
not in care.”

(11-18yrs)



Overall well-being scales

Four 0-10 scales (zero being low and ten high) were used in our survey for young people aged 11-18yrs old.

The scales are commonly used in surveys of national well-being (ONS 2016; Children Society 2016). The first scale asks young people to make a cognitive judgment and evaluate their life overall. The second asks about happiness yesterday and measures affect, the third and fourth ask about psychological needs of whether life has meaning and positivity about the future. Analysis of these scales (Cabinet Office 2012) has found that scores of 0-4 indicate low well-being, 5-6 moderate well-being and 7-10 high well-being. Children aged 4-10yrs completed only the happiness question using a five-point scale.

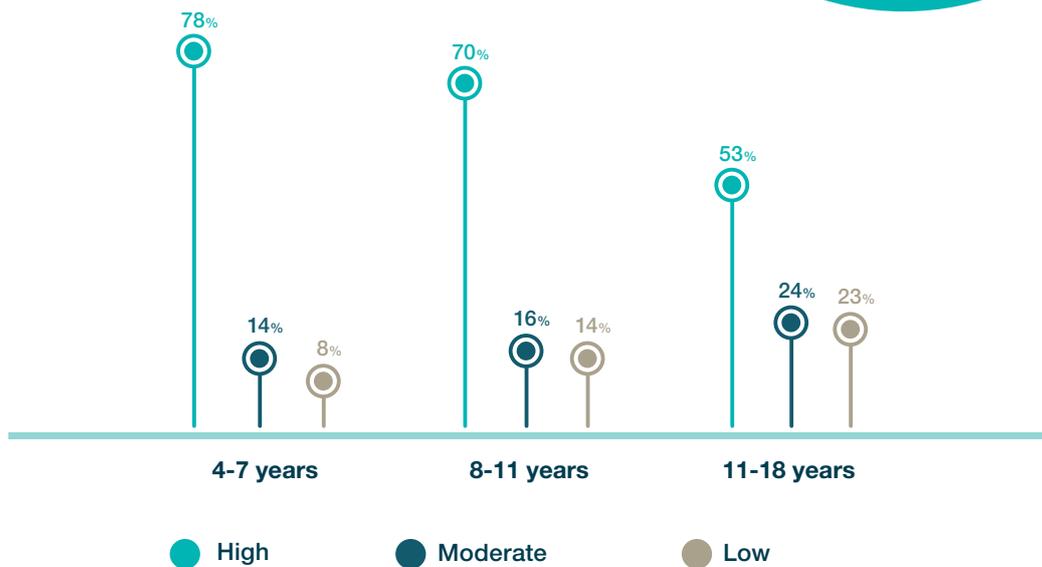
Happiness

The majority of looked after children reported that they felt happy.

Younger children felt happier than did older children - an age effect noted in national studies. Well-being tends to reduce during the teenage years and then increase again in early adulthood.

The majority of looked after children reported that they felt happy.

Figure 10
Happiness yesterday



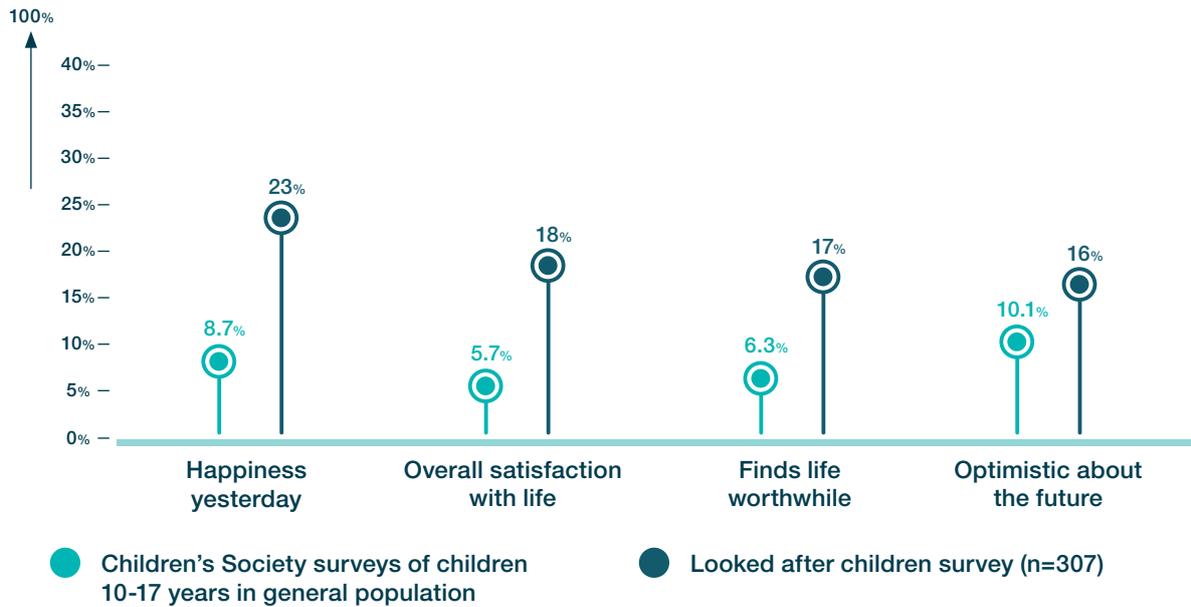


Life satisfaction

The Children’s Society (2015) reported that in a sample of 8,000 children (10-17yrs) in the general population the majority had high or very high levels of satisfaction with many areas of their life (Figures 10 and 11).

In our survey of looked after young people (11-18yrs) using the same scales, young people’s average scores were lower but still indicated that the majority had moderate well-being on: feeling satisfied with life, happiness yesterday, and optimism about the future and on finding life worthwhile (Figure 6 and 7). It was noticeable that there was a subgroup of young people who had very low scores (4 or below).

Figure 11
The percentage of children in the general population and looked after children with low well-being scores of 4 or below (out of 10)



	Mean out of 10	
	Children’s Society surveys of children 10-17 years in general population	Looked after children survey (n=307)
Happiness yesterday	7.4	6.3
Satisfied with life	7.5	6.7
Finds life worthwhile	7.5	7.1
Optimistic about the future	6.6	6.9



Children with low well-being

(n=83)

The Children's Society (2016) have found that while children's positive and negative emotions can vary from day-to-day (e.g. being happier at the weekend), life satisfaction is more enduring. Therefore, to consider low well-being we selected young people (11-18yrs) who had scores of 4 or less on two or more of the overall well-being scales.

Younger children (4-10yrs) were not asked to complete all the scales. Therefore, a researcher judgement was made by selecting children who described themselves as unhappy and examining each child's responses on all the survey items.

Children 4-7yrs (n=9: 7%)

9 children described themselves as sad. These children tended to record that they did **NOT FEEL SETTLED** and did **NOT TRUST THEIR CARERS**.



Children 8-10yrs (n=15: 9%)

15 children who described themselves as sad also recorded that they **WORRIED** about their feelings or behaviour, did **NOT FEEL SETTLED**, lacked trust in their carer, wanted more **CONTACT WITH THEIR MOTHER**, and did not understand why they were in care.



Young people 11-18yrs (n= 59: 19%)

To consider young people's well-being, the elements that make up the survey were examined statistically for their association with low and moderate/high well-being. Surprisingly, satisfaction with contact was not associated with greater well-being. A series of regression analysis were run. In the final model, the following variables were entered: gender, feeling safe, liking bedroom, having a trusted adult, taking part in hobbies/activities, worries, appearance, feeling included. All were significantly associated with low well-being.



Young people who did not like their **APPEARANCE** were nearly **13 TIMES** more likely to have low well-being in comparison with those who were content with their appearance.



Young people who worried about their **FEELINGS** or behaviour were nearly **5 TIMES** more likely to have low well-being than those with none or few worries.

Young people who could not identify a **TRUSTED ADULT** in their lives were nearly **11 TIMES** more likely to have low-wellbeing.



Young people who did **NOT FEEL SAFE** in the home where they lived were nearly **5 TIMES** more likely to have low well-being compared to those who always felt safe.



Young people who reported that they did not take part in **HOBBIES** or **ACTIVITIES** were nearly **9 TIMES** more likely to have low well-being.



Young people who did not like their **BEDROOM** were **4 TIMES** more likely to have low well-being in comparison with those who liked their bedroom.

Girls were **5 TIMES** more likely to have low well-being in comparison with boys.



Young people who did not feel included in **DECISIONS** made about their lives were **3 TIMES** more likely to have low well-being in comparison with those who felt included most or some of the time.





Gender differences

It was clear from the analysis that in comparison with boys a larger proportion of girls reported low well-being. The gender difference in the looked after population replicates research published by the Children’s Society (2016) on the national population.

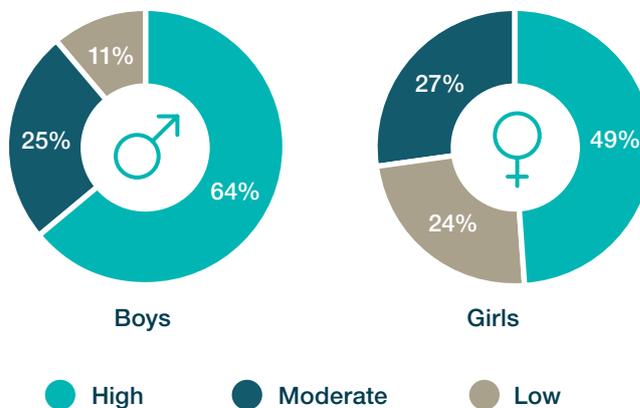
The Children’s Society (2016) reported that in the general population one in seven (14%) girls (10-15yrs) reported being unhappy with their lives as a whole as did one in ten boys (11%).

Examining gender differences in our surveys, we found no gender difference in the surveys for 4-7yrs and 8-10yrs but girls age 11-18yrs were much more likely to report lower life satisfaction (Figure 12).

Nearly one in four (24%) looked after girls (11-18yrs) reported lower life satisfaction as did about one in ten boys (11%). Girls were also less positive about the future, less likely to say that life was worthwhile and less likely to record that life was improving (Figure 15). There were no gender differences on feeling happy yesterday.

Figure 12

Life satisfaction for looked after girls and boys (11-18yrs) (n=305)



The following elements that make up the ‘Your Life, Your Care’ surveys showed statistically significant differences by gender:

- Girls were four times more likely than boys to record being unhappy with their appearance³.
- Boys were about three times more likely than girls to record that they liked school⁴.
- Girls were twice as likely to feel embarrassed and uncomfortable by the actions of adults drawing attention to their care status⁵.

Girls were four times more likely than boys to record being unhappy with their appearance.

³ χ^2 11.371, df1, p<.001, ⁴ χ^2 9.071, df1, p<.002, ⁵ χ^2 3.221, df1, p<.050

Conclusions

Many studies of children in care have highlighted poorer outcomes and focused on the negative aspects of being in care. In this anonymous survey, we asked for children's own view on their well-being and were able to get meaningful responses from children and young people aged 4-18yrs.

Being looked after was a positive intervention for most. The majority of children (83%) emphasised that being in care had improved their lives and that overall they had moderate levels of subjective well-being. Importantly, a larger proportion felt safer in their placements and liked school more than did children in the general population. Positive responses to liking schools might reflect the policy and practice changes that have occurred through the establishment of virtual schools and the greater emphasis on supporting educational achievement. Most children and young people also thought their carers showed an interest in their education.

It was surprising to see that the mean score on a scale that measured positivity about the future was close to the national mean score. It might be expected that looked after young people would be more anxious about their future prospects but that did not appear to be the case.

Gender

There has been little analysis of gender in relation to the looked after population. The pattern identified in national data of more girls reporting lower well-being in comparison with boys, was also seen in looked after young people but amplified. Nearly a quarter of girls were dissatisfied with their lives and 26% scored four or less on two or more of the well-being scales.

Many of the girls who completed the survey did not like their appearance. Lack of physical confidence may reflect a general lack of self-esteem, or result from the experience of neglect and abuse and/or feelings that they had less access to makeup and fashionable clothes. Girls also seemed to feel the stigma of care more deeply than did boys. They were more likely to comment on how being in care made them feel different. Findings raise important questions about difference in caring for girls and boys and suggest that a more 'gender aware' approach needs to be taken.

Low well-being

Fourteen percent of children and young people had scores that indicated they had low well-being. Well-being decreased with age with nearly one in five of secondary school aged young people (11-18yrs) having low well-being.

Recommendations

We need a greater focus on well-being nationally and must put children's experiences at the heart of future outcomes frameworks, therefore:

- 1. Central and local government should help children 'flourish' and, in order to do so, assess how any new policies and interventions have an impact on children's subjective well-being - how children in care themselves feel about their lives in the areas that are important to them.**
- 2. Each local authority should regularly measure their looked after children's subjective well-being against the Bright Spots Well-Being Indicators to understand the experience of their local care population and act on the findings to ensure children's perspectives inform service development.**

There were some clear messages for practice from the children and young people who completed the survey:

- 3. Support carers and social workers to be mindful of signs of low well-being and support children and young people to talk about their feelings.**

Carers and social workers should help children talk about their worries and if appropriate refer onto other services. Trust was central to children and young people and needs to be developed for them to share their feelings. Some of the worries identified in this survey might have been resolved by an appointment with a GP or life story work, if children had felt confident enough to ask for help. Carers and social workers should also have an understanding of gender differences in expressing feelings. Girls were four times more likely to be unhappy with their appearance and this contributed to gender differences in well-being.

Although current care planning guidance focuses on health and well-being, identity, social presentation and self-care it does not include a focus on how happy children are with their appearance. Given how important this is for all children's well-being, this domain should be explored by social workers and inform care planning. Bedrooms are an important space for children and not liking bedrooms predicted low-well-being, as did not having one good friend. Social workers should see children's rooms and ask about friendships.

4. Ensure that every child and young person is connected to and has a trusted adult in their lives.

A trusted adult is likely to be of particular importance to the 20% of young people who have no contact with either parent or the third who have had multiple changes of social worker each year. Having a trusted adult is also likely to be key when making the transition to independent living. Young people wrote of not being able to contact adults for help and support when needed.

Relationships need to be prioritised and supported. Whilst there has been a great deal of emphasis on improving placement stability, there has been less attention to the retention of social workers. Every child should know who its social worker is. Social workers were very important people in the children's lives and the constant changes caused upset. Stability of social workers should be a national priority, as children in all local authorities reported frequent changes of workers. The proposed Department for Education (DfE) 'What Works Centre' and Partners in Practice could be used to identify and share approaches to better retention.

5. Involve children and young people in decisions about their lives.

Children need to feel involved rather than it being a paper exercise. Children need to feel that they are able to get in touch with their social workers and know that they have a right to speak to them on their own about any issues that affect their care.

What children and young people most commonly felt would make their care better was changes in their contact arrangement. Children and young people should be more involved in contact arrangements and care planning. Many children wanted their contact arrangements with family members differentiated – more contact with some, less with others. Removal of access to social media should be reviewed regularly.

6. Provide all children and young people with age-appropriate accounts of why they are in care and the reasons for their contact plans with relatives.

Children need to understand that being in care is not their fault and they are not to blame. Particular attention needs to be paid to explaining to young children the events that led up to their removal from home or else children may fill gaps in understanding with their own interpretations and self-blame. Local authorities and professionals should prioritise ensuring children have a coherent narrative, develop life story work and enable access to records for those who want it.

7. Enable and encourage children and young people to take part in activities and hobbies, including access to the outdoors.

Taking part in activities/hobbies is important for developing self-esteem and provides the opportunity to do things with friends. Most children were able to have fun but the older young people were less positive about the opportunities they had and this was also associated with low well-being.

Children in our focus groups said safeguarding concerns sometimes stopped them from experiencing the natural world. Risks should be managed rather than preventing children's enjoyment because of fears of injury. Research in the general population shows that children's enjoyment of the natural world usually occurs (irrespective of age) with an adult and that children take that enjoyment into their adult lives and repeat with their own children. Therefore, during the statutory review, questions should be asked whether the foster family or residential unit staff go to parks, walk in woods etc.

8. Avoid making children and young people in care feel different.

Young people felt the stigma of care and social workers and carers need to be mindful of how their actions and behaviours can inadvertently reinforce that stigma e.g. wearing badges and security passes when taking children out. Drawing attention to or identifying looked after children should be avoided unless absolutely necessary.

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National and International surveys of children's well-being - comparisons

The Children's Society 'Good Childhood Report'

<http://www.childrenssociety.org.uk/what-we-do/research/the-good-childhood-report-2015>

The Children's Society has been running an online well-being survey since July 2010. Each Wave has so far covered a representative sample of approximately 2,000 households, in England Scotland and Wales. The survey includes quota sampling for age, gender and family socio-economic status. Waves 1 to 9 included children aged 8 to 15, while Wave 10 included children aged 10 to 17. Each Wave of the survey has included a standard set of questions that make up The Good Childhood Index together with questions covering additional topics which have varied for each Wave.

Children's Worlds survey (www.isciweb.org) Children's Worlds is a new international survey of children's well-being.

The survey aims to collect representative data on children's lives and daily activities, their time use and in particular on how they feel about and evaluate specific aspects of their lives. The survey in England covered a representative sample of over 3,000 children in school years 4, 6 and 8. An additional sample (provided by The Children's Society) of around 1,000 children in Year 10 completed the survey in 2014.

The Health Behaviour of School-aged Children study (HBSC) <http://www.hbsc.org/>

The HBSC collects data every four years on 11-, 13- and 15-year-old boys' and girls' health and well-being, social environments and health behaviours.

The Millennium Cohort Study (MCS) www.cls.ioe.ac.uk

The MCS is a survey following the lives of around 19,000 children born in the UK in 2000/2001.

The Office of National Statistics (ONS) <http://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2016#childrens-well-being>

The ONS collates evidence annually from government surveys and the Children's Society and Understanding Society surveys on 7 measures: personal well-being, our relationships, health, what we do, where we live, personal finance, and education and skills.

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