Our Lives Our Care

Looked after children’s views on their well-being

Professor Julie Selwyn and Linda Briheim-Crookall 2017
Introduction

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, but it isn’t.

Instead it is often adults – carers and professionals – who share their own interpretations of how a positive care system does and should look. There is an urgent need for local authorities and national decision makers to understand how their services impact on the children they support and how well the needs of children are being met, to ensure those services are responsive to children’s views and needs.

The Bright Spots Programme was set up with funding from the Hadley Trust to understand what is important to children and identify and share the learning from the areas where children are doing well by developing a framework to compare children’s experiences in different local authorities.

You can read more at: www.coramvoice.org.uk/brightspots

This paper summarises the findings from the first 611 children who completed the ‘Your Life, Your Care’ survey in six local authority areas. Three age-appropriate questionnaires (4-7yrs, 8-10yrs, and 11-18yrs) were distributed to looked after children through a trusted adult (usually designated teachers or learning support assistants) in schools. Response rates varied between 23% and 55% in the local authorities that took part.
Measuring children in care’s subjective well-being

A range of datasets 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 (Helliwell 2013; ONS, 2014; Gutman & Vorhaus, 2012; DFE, 2011).

Nationally, 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). A study of more than 17,000 adults found that “the most powerful predictor of adult life satisfaction is a child’s emotional health”, and more broadly their well-being as a child (Layard, 2014).

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.

Measuring subjective well-being enables us to understand children’s experience of care by putting their voice at the centre.
The survey allows local authorities to benchmark their findings against national data to identify the areas in which children appear to be flourishing (‘Bright Spots’) and where improvements could be made.

Collecting data at a local authority level is important so that the local authority can respond to how their children feel about their lives, as well as informing national decision makers.

If the same measures are used by all local authorities, this not only provides an opportunity to benchmark services, but also to gain a greater understanding of national trends.

The Bright Spots well-being domains and indicators

**RELATIONSHIPS**
Contact with birth parents, siblings and pets, trusting relationships with social workers, carers, and friends, stability of placements and social workers.

**RESILIENCE BUILDING**
Having a key trusted adult, opportunities to play, have activities/hobbies and access to the natural world, getting second chances, enjoying school, support for learning, learning life skills.

**RIGHTS**
Feeling safe and free from bullying, knowing and being able to contact your social worker and the right to speak in private. Feeling included in social work decision-making, not being made to feel different because of being looked after.

**RECOVERY**
Feeling settled, liking bedroom, having sensitive carers, being trusted, parity with peers, access to computers/tablets, support with difficulties, happiness with appearance, feeling that life is getting better.

Satisfied with life. Feel lives are worthwhile. Happy in the present and positive about the future.
Life is getting better

Being looked after was a **POSITIVE** intervention for most.

The majority of children (83%) emphasised that being in care had improved their lives.

They wrote:

"[Care] can change your life."  
(8-10yrs)

"Being in care isn't all that bad and you should really see it as an opportunity to make the most of your life that you have now!"  
(11-18yrs)

"Everything is perfect."  
(4-7yrs)

Compared to the general population (Rees et al, 2014; Brooks et al., 2015), more looked after children:

- Felt **SAFE** at home
- LIKED SCHOOL
- Felt their carers were **INTERESTED** in their EDUCATION

Children in care were as **POSITIVE ABOUT THE FUTURE** as other children. However, as would be expected given the often traumatic experiences that have led to their entry into care, children in care were **MORE LIKELY THAN OTHER CHILDREN TO HAVE LOW WELL-BEING**.

Gender matters

There has been little analysis of gender in relation to the looked after population.

Our data showed the same gender differences in adolescent well-being as in the general population, but amplified. In the general population, 14% of girls (10-15yrs) and 11% of boys reported being unhappy with their lives (Children’s Society, 2016).

We found no gender difference in the surveys for 4-7yrs and 8-10yrs, but nearly one in four (24%) looked after girls (11-18yrs) reported lower life satisfaction as did about one in ten boys (11%).
What contributed to low well-being?

Well-being decreased with age – whilst 7% of the youngest children were sad, nearly one in five of secondary school aged young people had low well-being. We explored the indicators that were associated with low well-being in the different age groups.

14% of children in care had scores that suggested low well-being.

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.

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. Surprisingly, satisfaction with contact was not associated with greater well-being.
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 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 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 did not like their **bedroom** were 4 TIMES more likely to have low well-being in comparison with those who liked their bedroom.

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.

Girls were 5 TIMES more likely to have low well-being in comparison with boys.
The Children and Social Work Bill sets out new Corporate Parenting Principles that all local authorities must have regard to when looking after children in care and care leavers. The principles include: to promote well-being, to encourage children to express their views, wishes and feelings and to take account of them.

To ensure these principles are adhered to there is a need for a greater focus on well-being nationally and an emphasis on putting 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.

3. The Bright Spots Well-Being Indicators should be adopted as the national measure of looked after children’s subjective well-being and be collated annually to promote an awareness of the views and interests of looked after children to inform national policy and practice development.

4. 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.

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

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

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

“Support and appropriate interventions for emotional difficulties are therefore crucial. 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.

66% of children in care worried about their feelings or behaviour some or most of the time.

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

Most children and young people felt that their carers noticed their feelings, but one in ten did not.
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.

Young people who did not like their appearance were nearly 13 times more likely to have low well-being compared to those who were content with how they looked.

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.

Ensure that every child and young person has a trusted adult in their lives.

“[Care] is really fun because you have people to trust and people to talk to.” (8-10yrs)

97% of children aged 8-10 years had an adult they trusted who helped them and stuck by them no matter what, but fewer 11-18 year olds (85%) did. Lack of trust in carers was linked to low well-being in 4-10 year olds.

18% of children and young people were unsure or did not know who their social worker was.

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 their 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 and the proposed Department for Education (DfE) ‘What Works Centre’ and Partners in Practice could be used to identify and share approaches to better retention.
Involve children and young people in decisions about their lives.

Children need to feel involved rather than it being a paper exercise.

Most did feel included in social work decision-making, but about 15% of 11-18yrs and 19% of those aged 8-10yrs did not feel listened to and included.

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

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.

Less than half (45%) of the young people (11-18yrs) felt their social worker was easy to get in touch with, and almost one in five could ‘hardly ever’ or ‘never’ get in touch.

“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)

“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)

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.

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.

Half of young children (4-7yrs) did not feel the reasons why they were in care had been fully explained and, although understanding increased with age, more than a quarter of teenagers did not fully understand why they were looked after.

“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)

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 (e.g. Coman, 2016), develop life story work and enable access to records for those who want it.
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 also provides an 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.

62% of young people were satisfied with access to leisure activities, a similar proportion to young people in the general population (Understanding Society, 2012).

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 and highlighting their care status to their peers. Drawing attention to or identifying looked after children by carers, teachers and social workers should be avoided unless absolutely necessary.

83% of young people did not feel that adults drew negative attention to their care status, but the proportion reporting negative experiences varied from 6% to 25% by local authority.

Implications for policy and practice

Avoid making children and young people in care feel different by highlighting their care status.

Most looked after children and young people were given opportunities to experience the natural environment but 11% of 8-10 year olds and 16% of 11-18 year olds did not.

“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 and highlighting their care status to their peers. Drawing attention to or identifying looked after children by carers, teachers and social workers should be avoided unless absolutely necessary.”

(11-18yrs)

“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)
References


Designed by Dirty Design dirtydesign.co.uk
The Bright Spots Programme is a partnership between the University of Bristol and Coram Voice funded by the Hadley Trust to: improve the care experience of all looked after children; give children a voice on their own well-being and highlight the ‘bright spots’ of practice that contribute to children flourishing in care.

For information go to
www.coramvoice.org.uk/brightspots

Or email
brightspots@coramvoice.org.uk

Authors’ contact details
j.selwyn@bristol.ac.uk
linda.briheim-crookall@coramvoice.org.uk