



# What makes life good?

## Care leavers' views on their well-being

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## **Key findings and recommendations**

## Overview

Over the past five years, we have collected over 10,000 care-experienced voices through the *Your Life Beyond Care* and the *Your Life, Your Care* surveys. Children in care and care leavers have told us how they feel about their lives and what they have shared gives an unprecedented insight into their subjective well-being.

*This report analyses 1,804 care leaver responses collected in 21 English local authorities between 2017 and 2019.*

Since we started the analysis for this report, understanding well-being has become ever more important. Although we collected care leavers' responses before the Covid-19 pandemic, many of the issues raised by young people are likely to have been further exacerbated by the current environment. Almost half of working-age adults in the UK report that the pandemic has affected their well-being. It has impacted on people's finances, relationships and rates of depression (ONS 2020e and ONS 2020f). Understanding how care leavers feel about their lives is essential in order to deliver high-quality services. It is now more relevant than ever to focus on well-being to support care leavers effectively through this difficult time and beyond.



## Listen up - Understand what makes life good for care leavers

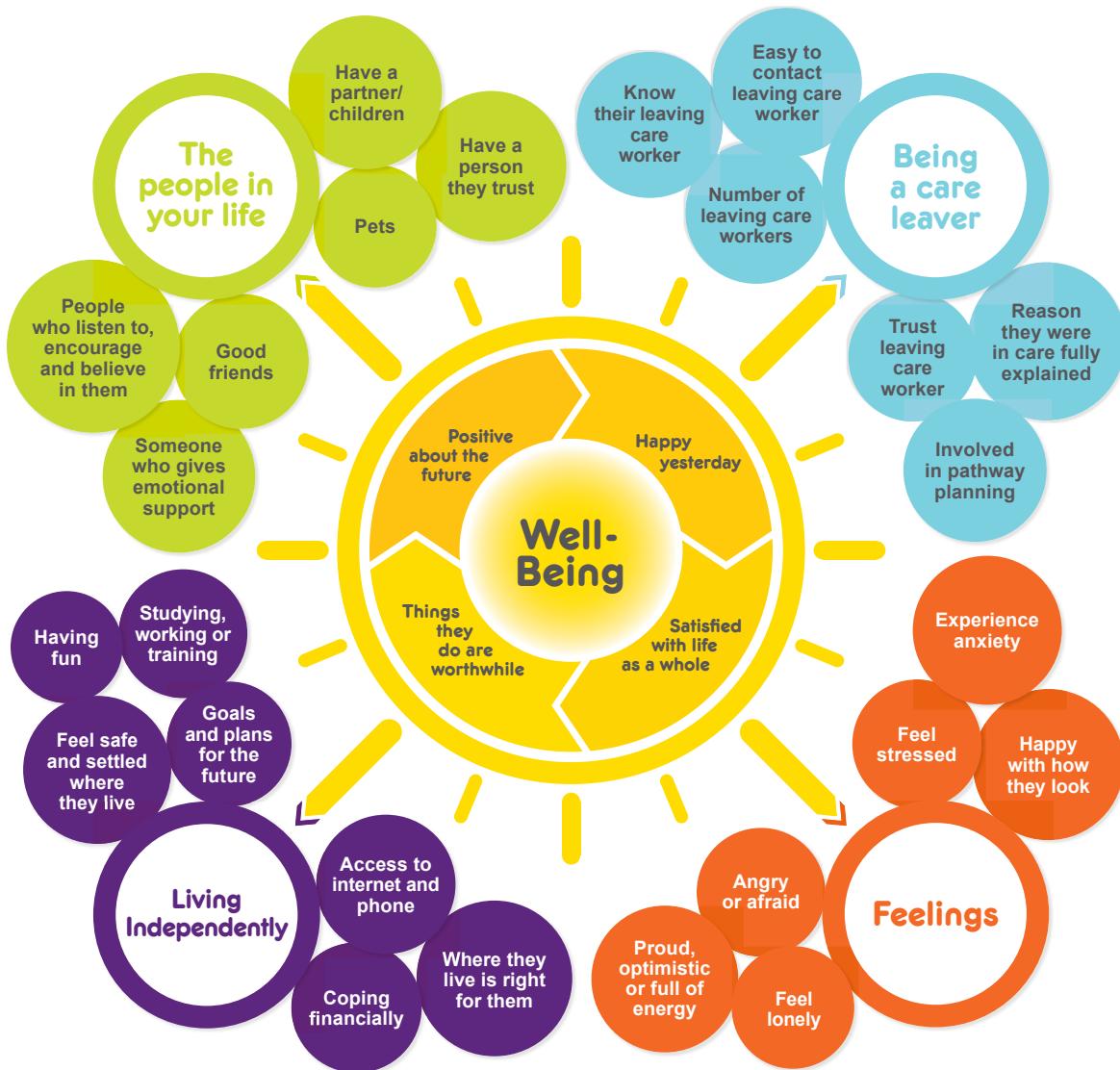
What do we want for our children? A happy childhood and a chance to grow, develop and learn so that they can become confident young adults able to find their way in the world. To support these aspirations, we need to know our children and young people: what they love doing and their hopes and feelings. But the state, as corporate parent to children in care and care leavers, sadly lacks a full understanding of what matters to the children and young people it cares for.

Government statistics provide only a partial picture of care leavers' lives. They focus on objective measures and professional assessments i.e. whether the local authority is in touch with care leavers, if their accommodation is suitable, and if they are in education, employment or training (DfE, 2019). This information does not tell us how young people feel - do they feel happy, safe and think they are doing well? The *Your Life Beyond Care* survey addresses these gaps by focusing on what care leavers say matters in their lives and exploring young people's subjective well-being.

The *Your Life Beyond Care* survey was co-designed with 30 care leavers from two local authorities. The survey questions are grounded in research and reflect what care leavers told us made their lives good (see Figure 1).

“Listen to young people views and thoughts. They know what's going on, you don't!”  
(Care leaver)

Figure 1: Bright Spots Well-Being Indicators



Local authorities have used the survey to understand their young people's well-being and explore how it can be improved. To date, over 13,500 children and young people have completed the Bright Spots surveys for children in care and care leavers. This same approach should be taken to national policy and practice development – in order to have a care system that works for those it cares for, we need to focus on the issues that are important to care-experienced young people themselves.

#### RECOMMENDATION 1:



When developing policy and practice in the care system the key question should be - will children in care and care leavers feel that their lives improved as a result? Care should prioritise what is important to young people. We need to use the Bright Spots well-being indicators and what we have learned from the 10,000 voices to establish a care system that not only keeps young people safe but helps them to flourish by designing services and providing support with a clearer focus on children and young people's well-being.

## Focus in - Be led by what care leavers say makes their lives good

*The Your Life Beyond Care survey helps decision-makers understand the experiences of care leavers so that they can focus on what matters to young people.*

To compare care leavers' experience to the young people in the general population, we asked care leavers questions that the Office of National Statistics use to measure subjective well-being (ONS 2017a). The four questions use 0 (low) to 10 (high) scales and ask:

- a) Overall, how satisfied are you with your life nowadays?
- b) Overall, to what extent do you feel the things you do in your life are worthwhile?
- c) How happy did you feel yesterday?
- d) How anxious did you feel yesterday?

*The majority of care leavers had moderate to high well-being, but 30% had low well-being, giving low scores (high on anxiety) on two or more of the four scales.<sup>1</sup>*

We explored what was associated with well-being and what predicted low well-being. Care leavers with low well-being were more likely compared with other care leavers to be lonely, struggle with finances, feel unhappy about their appearance, feel unsettled where they lived, experience higher levels of stress and feel very negative emotions and few positive ones. Previous research on the general population (Clark and Watson, 1991) indicates that this group is likely to be suffering from depression and/or anxiety.

Care leavers with low well-being had few supportive people in their lives and fewer had a person who listened to them, praised them, or believed they would be a success. Care leavers who were from an ethnic minority or those with small support networks more frequently reported that they lacked a supportive person in their lives.

Young people with very high well-being had the opposite experience in many ways. They were less lonely and stressed, happier with how they looked, felt settled, were positive about the future and experienced positive feelings and emotions. They had more people in their lives providing emotional support, especially partners. In addition, they felt they were treated the same or better than other young people and felt safe where they were living.

Our findings show that care leavers' experiences and the percentage who report low well-being vary greatly between local authorities. Focusing on addressing the specific issues identified by care leavers locally is most likely to improve their well-being. Local authorities should seek care leavers' views not just about the issues they face, but also about the solutions that are most likely to address these issues. The *Your Life Beyond Care* survey continues to be a tool for individual local authorities to achieve this. For example, Coram Voice's New Belongings programme currently works with eight local authorities who are using the survey to inform action plans co-produced with their young people to improve leaving care support.<sup>2</sup>

“It's really good. Some of it I feel pressured by like suddenly I have to do everything by my [self]. However, I have a great group around me, they support me and help me.”  
(Care leaver)

  
of care leavers have low well-being.

“Constantly feeling like I'm exhausted emotionally and physically ... It's mostly an alone feeling like I can't go anywhere or do anything because of the way I look and having nobody.”  
(Care leaver)

<sup>1</sup>Low well-being is 0-4 on questions a-c and high on question d. Very high well-being is 9-10 on the first three scales and 0-1 on the anxiety scale

<sup>2</sup>See <https://coramvoice.org.uk/for-professionals/newbelongings/>.

Although there is variation in care leavers' responses, there are also some consistent messages across the country. Good services will be aware of and seek to ensure that their care leavers feel positive on all the Bright Spots well-being indicators. Particular attention should be paid to the 10 key issues particularly associated with well-being (see Figure 2).

Figure 2: What makes life good for care leavers? Issues most strongly associated with well-being



“Listen more to the people's needs. And give more support by talking.”

(Care leaver)

## RECOMMENDATION 2:



Ensure services are guided by the factors that make life good for care leavers and that this knowledge informs individual pathway plans as well as local offers, corporate strategic plans, and service development.

Adapt national guidance, inspections and policy initiatives to reinforce this approach, such as ensuring that guidance encourages local authorities to structure local offers around the factors that promote well-being.

Pay particular attention to the specific areas care leavers highlight locally, as well as the ten key issues we find are associated with well-being, i.e.

- Improve connections and relationships (to develop friendships, trusting supportive relationships and addressing loneliness);
- Provide emotional and mental health support (to address stress, high negativity and low positivity and help care leavers feel good about themselves and their future);
- Provide money management and financial support (to support care leavers to cope financially);
- Improve accommodation support (to help care leavers feel safe and settled in their homes).

## If you step in, you must step up - Aspire to give care leavers the same opportunities as other young people

Young people need to trust those who care for them to be there for them when they need it. Being a care leaver should benefit, rather than disadvantage young people. The state should aspire to give care leavers the same opportunities and experiences as other young people.

*Many care leavers do worse than young people in the general population. Yet local authority variation shows that this is not inevitable. Where care leavers felt that their care status had benefited them, this was associated with very high well-being.*

Most young people rely on their families for emotional and practical support well into adulthood, with two-thirds of 16 to 24 year olds still living at home (ONS 2019d). In comparison, care leavers often live independently much earlier than their peers. Many care leavers reported having small support networks, 6% had no one providing emotional support and nearly one in ten young people only had support from their leaving care worker. Care leavers reported higher levels of stress and chronic loneliness that rose with age compared with young people in the general population where both stress and feelings of loneliness decrease with age, perhaps because support services ceased and care leavers were also feeling the long term impact of maltreatment and trauma experienced as children.

When the state steps in to look after a child, it is down to the state as their corporate parent, to step up to support care leavers to reach their full potential. Local authorities should want their children to do (at least) as well as other young people. When we compare how care leavers feel they are doing to other young adults, the difference is stark (Figure 3).

“Please don't forget about us. We are people too and although we may be incredibly marginalised it does not mean we are not worthy or deserving ...Often we require more support and care than the general population because of our experiences, though in reality we get much less. Please fix that.”  
(Care leaver)

“More support.  
I felt alone  
as soon as I  
left care.”  
(Care leaver)

Figure 3: Comparative well-being – care leavers compared with peers in the general population



Young people called for more practical and emotional support in a range of areas.

Nearly a fifth of care leavers (17%) reported they were treated better than other young people. This suggested that, for some, their care status meant additional support was available and they benefitted from being a care leaver.

There was an association between very high well-being and care leavers feeling that they had been treated the same or better than other young people. This suggests that services that actively seek to compensate for the additional challenges that their care leavers face are likely to help make their lives better.

### RECOMMENDATION 3:

Corporate parents should not accept that their care leavers do worse than other young people.

- They should promote a culture where services aspire for young people to do well and they aim to be the best parent possible.
- Local authorities should seek to compensate for the additional challenges that their care leavers face to help make their lives the best they can be.
- Services should develop trauma-informed practice to support care leavers to deal with the long-term impact of maltreatment or trauma in their past.

**"Since young people in care are more likely to live independently than an average young person, I think it's important to provide them with enough practical support for money/paying bills and how to maintain looking after yourself."**  
(Care leaver)

**"Just easier to get advice, know who to call in a need of stress and also been shown how we should appreciate what we have, as others have nothing."**  
(Care leaver)

**"We get opportunities to improve our life so that we can have what others have."**  
(Care leaver)

## Make it fair - Address variation between local authorities

The disparity in the quality of support care leavers receive between local authorities is a widely acknowledged, longstanding issue (Baker, 2017b). In 2018/19 Ofsted found that half of Children's Services Departments were inadequate or required improvement, whilst 8% were outstanding (Ofsted, 2020a).

*Our findings starkly illustrate the variation between different local authorities from care leavers' perspectives, but the variation also suggests that the right circumstances can help care leavers do well.*

“There needs to be a national service that offers all the same services to everyone. It doesn't make sense for one care leaver to be exceptionally comfortable and another to be destitute.”  
(Care leaver)

The variation between local authorities is illustrated throughout the main report. For example, we found that the percentage of care leavers with low well-being in a local authority ranged from 14% to 44%.

Percentage of care leavers with low well-being



We saw a similar variation in care leavers' understanding of why they were in care. The percentage of care leavers who felt that they had not had an explanation or wanted to know more about why they were in care ranged from 4% to 39%, almost 10 times higher.

Percentage of care leavers who do not know why they were in care or would like to know more



Similarly, in one authority we found that half of young people did not always feel safe in their home, compared with another where the same was true for fewer care leavers (one in five).

Percentage of care leavers who felt safe in their home



These are all stark differences. Such 'territorial injustice' is not acceptable (Stein, 2012).

**A major challenge for care leaver services, is how to 'level up' the quality of their offer to young people. The positive news is that many care leavers tell us that the system can get it right.**

We need to focus on replicating positive experiences for all young people. To address this postcode lottery, each local authority should identify where their care leavers struggle and where they do better. We should explore what support may be making a difference to young people and share practice from the areas where young people report a more positive experience. By asking the same questions in local authorities across the country the *Your Life Beyond Care* survey allows us to identify the 'Bright Spots' and areas for improvement in each local authority. Later this year Coram Voice and the Rees Centre will establish a knowledge bank to share the positive practice we have identified.

#### RECOMMENDATION 4:



Address the continued postcode lottery by each local authority systematically measuring care leavers' subjective well-being and identifying where their care leavers struggle and where they do better. Share the practices that promote positive experiences.

“Leaving care has been a lot easier than I expected I've still had all the support I needed from [name] and my experience with leaving care has been brilliant! I have a settled home, a job and a family! That's all I need :-).”  
(Care leaver)

## Cliff edge of care - Counter the drop in well-being

*Well-being drops off steeply after young people have left care.*

A higher percentage of care leavers reported low well-being than children in care (11 to 18 years). Fewer care leavers also had a good friend, a pet, a person they trusted or felt safe and settled where they lived compared with older young people in care.

“The amount of support drops off massively from being in care and it's overwhelming.”  
(Care leaver)

Figure 4: Comparative well-being: care leavers (16 to 25 years) compared with children in care (11 to 18 years)



Comparative data for children in care from Selwyn et al (2018)

Transitions from care continue to be 'compressed and accelerated' (Stein, 2008). Young people report an abrupt end to much of the support available to them as looked after children once they turn 18. Although parents do not tend to see becoming a legal adult as a signal to cut off support, for children in care this age-led cliff-edge is very real.

Significantly less is spent on care leavers than on children in care (NAO, 2014; NAO, 2015). By not continuing to invest in support for care leavers as they move into adulthood, there is a risk that the good work to improve well-being while young people are in care is undone. Whilst recognising that young people are becoming adults who will increasingly be able to take responsibility for their lives, support should not disappear overnight.

As the National Audit Office has pointed out, services that support care leavers well are not necessarily the ones that spend the most money (NAO, 2015). The important thing is to use resources in the right way, providing emotional as well as practical support, just as good parents do.

Research has long shown the need for the transition to independence to be gradual, go at the young person's pace and not be done in a hurry (Baker, 2017a). We need to question the rationale for so many services ending at 18 and make sure that there is ongoing support in the key areas that influence care leavers well-being. If the transition to adult services is necessary that transition needs to be well managed and supported.

#### RECOMMENDATION 5:



Ensure that the transition to independence is gradual and goes at the young person's pace. To do this national and local government must:

- Review the rationale for services ending at 18 at both a national and local level and identify those that should continue for longer.
- Invest in leaving care support to ensure care leavers do not face a cliff-edge in care when they turn 18.
- Improve transitions from children's to adult services, such as CAMHS to adult mental health support.

**"Up until the age of 18 we're given special treatment (...clothes allowance and pocket money etc.) and turning 18 throws us into a bit of a dark pit really..."**

(Care leaver)

**"[I wish] that [local authority] would actually be there for us, but instead they just brush us off and act like we never existed to them. This hurts because when we are growing up in the care system, they love to tell us that they're our parents and then do absolutely nothing for us once we turn 18 years old."**

(Care leaver)

**"Almost weaning me off of my social worker and the general support rather than it feeling like an abrupt stop."**

(Care leaver)

## Recognise additional need - Identify and support care leavers with a disability or long term health condition

Care leavers are not a homogenous group. National statistics report the age, gender and ethnic group of care leavers in England, but not their disability or health status (DfE, 2019). In our survey, 24% of care leavers reported that they had a disability or long-term health problem that limited their daily activities compared with 14% of those aged 16 to 24 in the general population (ONS, 2020d).

*Care leavers appear more likely than other young people to have disabilities or health problems. Care leavers that define themselves this way also report lower well-being in a range of areas.*

Care leavers are more likely to report that they have a disability or long-term health problem



There is evidence that this group of care leavers have poorer outcomes than other care leavers and other young people. Our findings show they were lonelier, more isolated, and less likely to report they had goals and plans for the future. Fewer disabled care leavers felt settled and safe where they live and more were finding it difficult to manage financially. They were more likely to rely on professionals for support, but also more likely to have more changes of workers.

Because their experience appears distinctive, it is important that frontline staff, commissioners, service managers and decision-makers at local and national levels understand how this group of care leavers is doing. However, they often appear invisible in the system. Data on disability are not systematically collected locally or centrally on children in care or on care leavers.

### RECOMMENDATION 6:

Local commissioners and national decision-makers should actively identify care leavers who have a disability or long-term health condition and work with them to understand more about their experiences and how services can offer additional support. This will require introducing identifiers on case management systems, if not already in place, and regularly reporting on and scrutinizing the outcomes for this group.

**"Being a care leaver, especially with no family support is 5x harder than an average young person. It's even more harder if you suffer from a disability."**

(Care leaver)

**"My rights are often ignored because I am very disabled I [am] expected to fit into a system that I can't fit into."**

(Care leaver)

**"I am hearing impaired and there is no accessible way for me to access the service in an emergency."**

(Care leaver)

## Making the difference - Recognise the importance of leaving care workers

The good news story in our findings is how positive many care leavers were about their leaving care workers / Personal Advisers (PAs).

**Second, only to friends and family members, PAs were among the most common source of emotional support, cited by 45% of care leavers. Care leavers reported higher levels of trust and more stability of workers compared with children in care.**



Most care leavers felt it was easy to get in touch with workers at least some of the time, but some care leavers struggled more – including those in prison, with a disability or long-term health problem, in college or university, or in supported accommodation or supported lodgings. This suggests a complex picture where young people who appear do be doing well (e.g. in education), or have additional support needs, can both miss out on support from leaving care workers.

Nurturing and supportive leaving care workers have a positive impact on young people and services need to continue to build on this positive finding, ensuring that all groups of care leavers have workers who stay with them and have the skills and time to actively support them.

### RECOMMENDATION 7:

Continue to build services that foster the stability of workers and give them the time and support needed to develop trusting relationships with all the young people they support.

Ensure workers have the time and skills to reach out to and engage all young people on their caseload whether they are living locally or not, appear to be doing well or need additional support or have other services in their lives.

“She is amazing! Always goes above and beyond for you, always makes sure you're okay and lets you know she's always around.”  
(Care leaver)

“I feel my social worker neglected me but my leaving care worker helps me a lot and I am very grateful for it, but if I didn't have my leaving care worker I would probably be homeless or in prison.”  
(Care leaver)

“He will call me regularly to check in with me and make sure I am ok which makes me feel very secure.”  
(Care leaver)

# 1 Introduction





*Official statistics provide only a partial picture of care leavers' lives. Data focuses on objective measures and professional judgements of care leavers' outcomes. None of this information tells us about the experience of leaving care for young people: are they happy, safe and feel they are doing well? The Your Life Beyond Care survey was developed to address these gaps by measuring young people's subjective well-being.*

## 1.1 Background

The original development of the care leaver survey *Your Life Beyond Care* was funded by Coram-i, through the Department for Education Social Care Innovation Fund, and co-produced with care leavers. It was further developed and rolled out with funding from the Hadley Trust. It complemented the existing *Your Life, Your Care* surveys for children in care aged 4 to 18, developed as part of the Bright Spots programme; a partnership with the University of Bristol and then the Rees Centre at the University of Oxford, funded by the Hadley Trust. The surveys help local authorities to systematically listen to their children in care and care leavers about the things that are important to them. They put children and young people's experience and voice at the heart of measuring subjective well-being.

It is crucial we listen and understand the experience of care leavers. Responding to young people's voices and experiences is the foundation for high-quality services. But local authorities can struggle to engage a wide range of young people. Even where participation is strong, often only a minority of children and young people inform service development in their authority (e.g. through care leaver groups or ambassador roles). The *Your Life, Your Care* survey (for children in care aged 4 to 18) and *Your Life Beyond Care* survey (for care leavers) offer local authorities the opportunity to hear from their young people on a larger and more systematic level.

To date, over 10,000 voices have been collected through the surveys and they have been used in over 50 local authorities (46 English and 6 Welsh local authorities). Over the years we have compiled and analysed what children and young people have told us to improve our national understanding of how children in care and care leavers feel about their lives.

*This year (2020) we have combined the responses from the last five years of the Bright Spots programme to create the '10,000 voices' data set. In this report we present the first analysis of care leavers' responses from this dataset.*

## 1.2 Your Life Beyond Care survey development

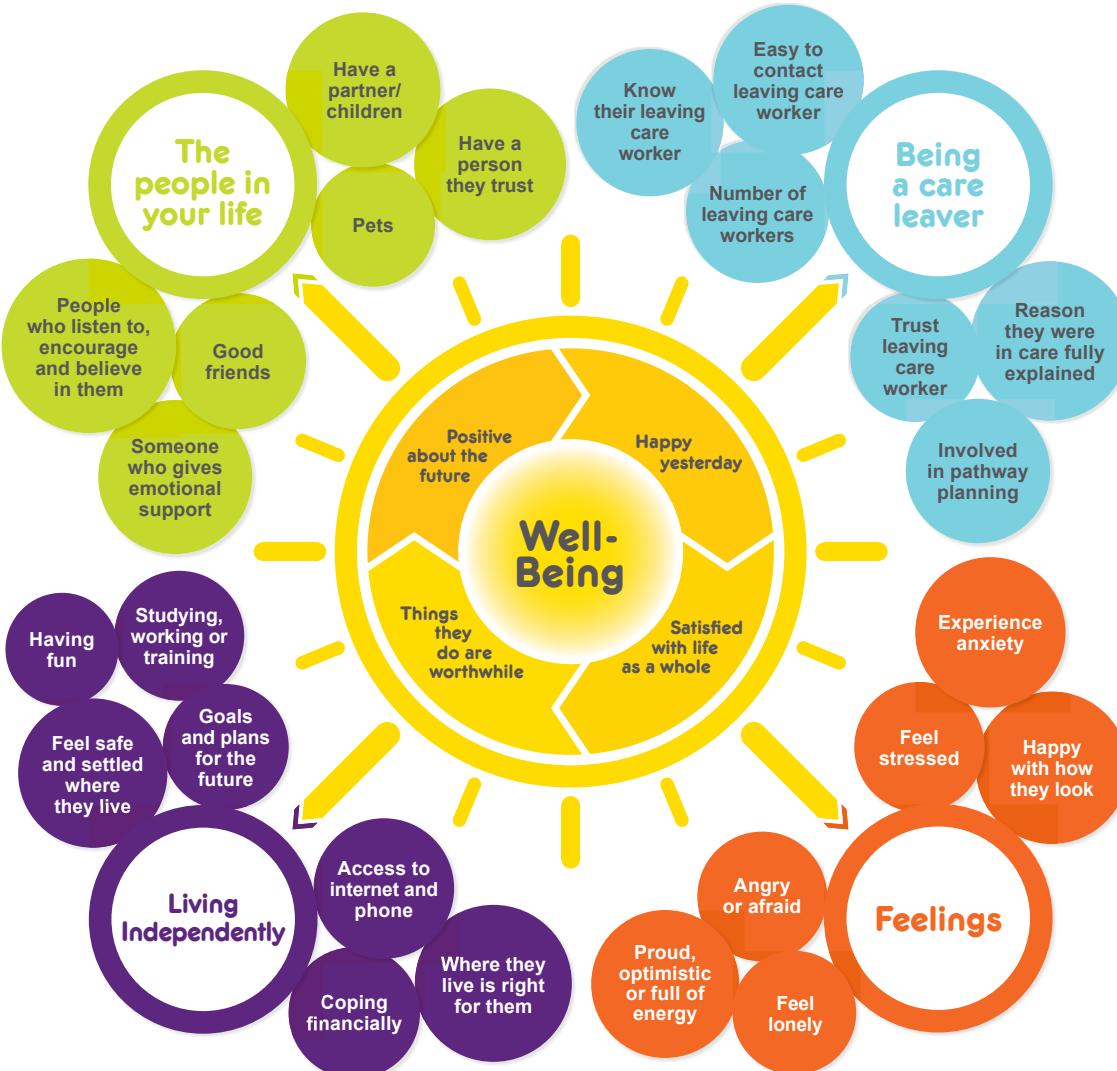
The *Your Life Beyond Care* survey was developed in 2017 with care leavers. The survey built on the *Your Life Your Care* surveys that began in 2015 collecting the views of looked after children (age 4 to 18 years). A description of the development of the survey is in Appendix 1.



In this report we outline the findings from 1,804 young people who completed the care leaver survey from 21 local authorities. In 2017 during the pilot phase 470 young people completed the survey. A further 1,334 young people completed the survey in 2018 and 2019. Some of the wording of questions was amended following the pilot phase. Where that was the case, the findings are only reported for the 1,334 care leavers who completed the survey after the pilot in 2018 and 2019.

The survey examines young peoples' views on their well-being and the areas of life linked with their well-being: the people in their lives, being a care leaver, living independently and feelings. Questions in the survey ask young people about each of these four areas (Figure 5) and they provide the framework for this report. Where possible, comparisons are made with the responses from care leavers with those of their peers in the general population. The Office for National Statistics (ONS) regularly publishes data, from a variety of sources, on the well-being of young people in the general population.<sup>3</sup> We have also compared care leaver's responses to those of young people in care (aged 11 to 18 years) who completed the *Your Life, Your Care* survey.

Figure 5: Care leavers: areas and indicators of subjective well-being



We begin with the characteristics of the care leavers who completed the survey.

<sup>3</sup> see <https://www.ons.gov.uk/releases/youngpeopleswellbeing2020>



## ② Who took part in the ‘Your Life Beyond Care’ survey?



## 2.1 Who are care leavers?

'Care leavers' are young adults who have spent some of their childhood in the care of a local authority (for example, in foster care or a children's home). Some care leavers are entitled to support from the local authority that looked after them, and that support can continue until they are 25 years old. Entitlement to support is defined in the Children (Leaving Care) Act 2000 and is given to young people who were looked after for at least 13 weeks after their 14th birthday, including being looked after at least 1 day over the age of 16.

Local authorities who participated in the survey asked care leavers over the age of 16 years who met the definition of eligibility to take part. Therefore, it is possible that a few responses were from young people who were 'eligible' i.e. aged 16 or 17, but who were still looked after. Using the 'eligibility' criteria meant that we were unable to capture the views of young people who had left care but who were not eligible for support.

## 2.2 Sample size and responses

The 'Your Life Beyond Care' survey was completed by 1,804 care leavers who had been looked after by 21 local authorities in England. Six of the local authorities were in London, 5 in the South East, 4 in the South West, 2 in Yorkshire, and 1 each in the North East, North West, West Midlands and the East of England. The average survey return rate was 39%, with the return rates of individual local authorities varying between 13% and 74%.

The local authorities in our sample account for 17% of care leavers in England (aged 19, 20 and 21 who were looked after for a total of at least 13 weeks after their 14th birthday including some time after their 16th birthday) as of 31st March 2019 (DfE, 2019).

All the questions in the survey were optional to allow young people to make their own decisions about which questions they answered. Therefore, the number of responses for each question differs. The base size for each figure and table is provided.

## 2.3 Age

The largest number of responses came from those aged 19 years old (modal average was 19 years old). The largest age group (62%) of young people was 18 to 20 years, and 29% were aged 21 to 25 (Table 1). The age bands we use in this report mirror the legislative framework of leaving care support. Local authorities have greater responsibilities for 16 and 17 year olds who have left care, known as 'relevant children', than for care leavers 18 and older, 'former relevant children'. Service provision changes again when young people turn 21, with no automatic duty of local authorities to keep in touch and provide a service to young people who do not ask for it. Few young people will be supported by services beyond the age of 25 (DfE, 2015).



Table 1: Age of care leavers who completed the survey

| Age          | n            | %           | Age band          | n     | %   |
|--------------|--------------|-------------|-------------------|-------|-----|
| 16 years     | 52           | 3%          | 16 to 17 years    | 154   | 9%  |
| 17 years     | 102          | 6%          |                   |       |     |
| 18 years     | 340          | 20%         | 18 to 20 years    | 1,062 | 62% |
| 19 years     | 372          | 22%         |                   |       |     |
| 20 years     | 350          | 20%         |                   |       |     |
| 21 years     | 250          | 15%         | 21 to 25 years    | 492   | 29% |
| 22 years     | 129          | 8%          |                   |       |     |
| 23 years     | 56           | 3%          |                   |       |     |
| 24 years     | 42           | 2%          |                   |       |     |
| 25 years     | 15           | 1%          |                   |       |     |
| 26+ years    | 1            | <1%         | 26 years or older | 1     | <1% |
| <b>Total</b> | <b>1,709</b> | <b>100%</b> |                   |       |     |

Base: 1,709

## 2.4 Gender

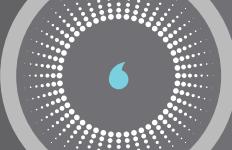
Just over half (52%) of the care leavers described themselves as female (Table 2). Young women were over-represented in the responses. National data published by the Department of Education (2019) shows that 40% of care leavers aged 19 to 21 years were women compared with 51% of the care leavers of the same age in our sample. When asked about their gender, a small number of care leavers identified as 'other' (2%) or answered 'prefer not to say' (<1%). These young people have not been included in calculations of male and female.

The difference in responses by gender was particularly marked in the 21 to 25 years age group (58% women compared with 42% men). The difference in the number of responses may be because women are known to be more likely to complete surveys than men. But it may also be because some care leavers who are young women might continue to receive support for longer than young men, e.g. because they had become parents themselves or continue in education.

Table 2: Age and gender of care leavers

| Age group         | Female % (n)     | Male % (n)       | Total        |
|-------------------|------------------|------------------|--------------|
| 16 to 17 years    | 44% (66)         | 56% (84)         | 150          |
| 18 to 20 years    | 50% (521)        | 50% (517)        | 1,038        |
| 21 to 25 years    | 58% (283)        | 42% (201)        | 484          |
| 26 years or older | 0% (0%)          | 100% (1)         | 1            |
| <b>Total</b>      | <b>52% (870)</b> | <b>48% (803)</b> | <b>1,673</b> |

Base: 1,673



## 2.5 Ethnicity

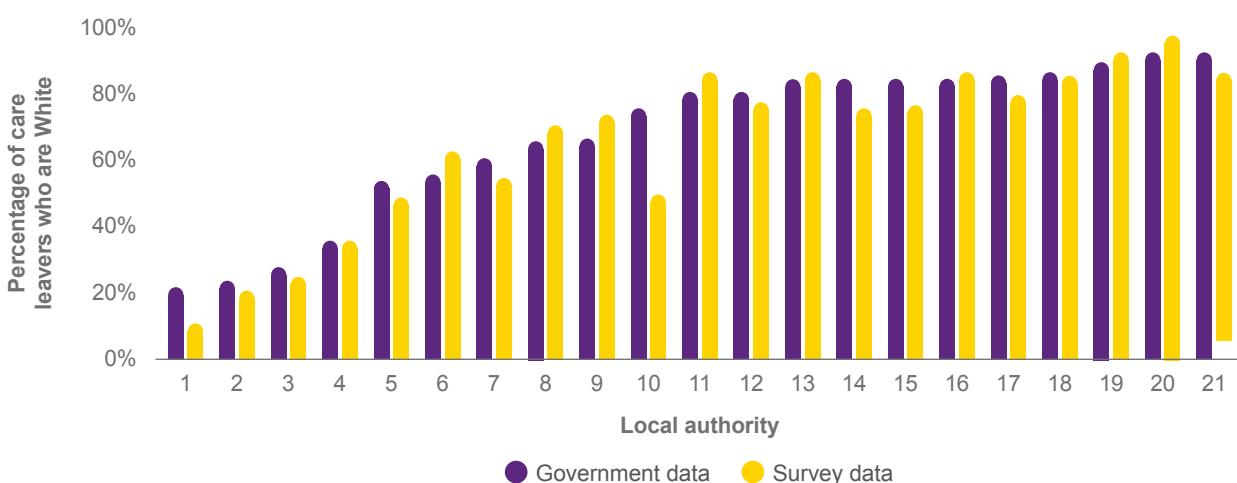
The majority (60%) of young people who completed the survey reported that they identified as White, 32% as minority ethnicity and 8% did not answer the question (Table 3). More than half (58%) of those who identified as being from an ethnic minority were young men. Compared with the population of children in care (up to age 18), it appears that minority ethnic young people were over-represented among respondents. Published data on ethnicity for the 21 local authorities who took part in the survey shows that 72% of the children in their care were White compared to 60% in our sample (DfE, 2019).<sup>4</sup>

Table 3: The ethnicity of young people

| Ethnicity         | % (n)               |
|-------------------|---------------------|
| White             | 1,066 (59%)         |
| Black             | 223 (12%)           |
| Asian             | 158 (9%)            |
| Mixed             | 133 (7%)            |
| Other             | 81 (5%)             |
| Prefer not to say | 54 (3%)             |
| Missing           | 89 (5%)             |
| <b>Total</b>      | <b>100% (1,804)</b> |

Base: 1,804

Figure 6: Percentage of White care leavers and looked after White children by local authority



Base: 8,851. Source for comparison data: Department for Education 2019 (looked-after children in the same 21 local authorities, for whom ethnicity data are available)

<sup>4</sup> The government does not publish data on the ethnicity of care leavers, but the most recent published data (2018-19) for looked after children (aged up to 18) shows that 69% were White and 26% were from a non-White background (DfE, 2019).



We did not ask respondents about their nationality or immigration status as the children in care who helped designed the *Your Life, Your Care* survey (for children 4 to 18 years) had worried about which agencies would be able to access the information and that deterred them from completing the survey (Selwyn et al. 2018). We revisited this with the care leavers group when designing *Your Life Beyond Care* and they agreed there should not be a question about asylum status. However, in some cases care leavers highlighted their immigration status in their comments.

**"I do not think some people understand what it's like to be trafficked and having to claim asylum."**

(Care leaver)

## 2.6 Long-term health problems or disability

No official data exists on the number of care leavers who have a long-term health problem or disability (DfE, 2019).

We asked care leavers whether they had a long-term health condition or disability that limited their day-to-day activities. The same question is asked in national surveys enabling comparison with young people of the same age. A quarter (24%) of care leavers reported they had a disability or limiting health problem: 10% higher than that (14%) reported by the general population in 2019 (ONS, 2020d).

In written comments, a few disabled care leavers reported challenges that arose when trying to access leaving care services. Some felt these were not set up to meet their needs.

**"My rights are often ignored because I am very disabled I [am] expected to fit into a system that I can't fit into."**

(Care leaver)

**"I am hearing impaired and there is no accessible way for me to access the service in an emergency."**

(Care leaver)

## 2.7 Care leavers who were parents or pregnant

No official data exists on the number of care leavers aged 16 to 24 years who are parents. Official figures for all looked after children in England indicates that 2% of looked after girls aged 12 to 17 years are mothers (DfE, 2019).

More than one in six (19%) of the care leavers who responded to the survey were parents and/or they (or their partner) were pregnant (Table 4). Examining births, 71 mothers (8% of the sample) were under 20 years of age and 141 mothers (16% of the sample) were aged between 20 and 24 years. In comparison, national statistics show that in England and Wales only 3% of all live births are to mothers aged 20 or younger and 13% to mothers aged 20 to 24 years (ONS, 2019c).

Table 4: Care leavers who were parents and/or expecting a child

|                                       | n            | %          |
|---------------------------------------|--------------|------------|
| <b>Parent</b>                         | 262          | 15%        |
| <b>Parent and pregnant</b>            | 13           | 1%         |
| <b>Pregnant / partner is pregnant</b> | 48           | 3%         |
| <b>Not a parent or pregnant</b>       | 1,382        | 81%        |
| <b>Total</b>                          | <b>1,705</b> | <b>100</b> |

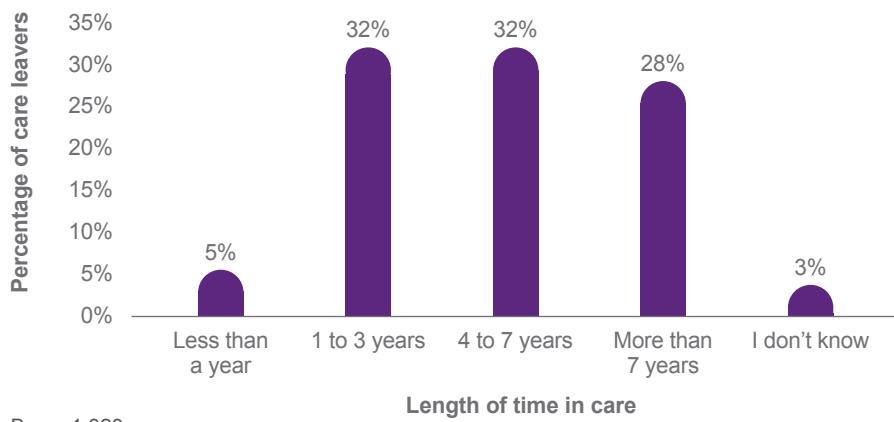
Base: 1,705

## 2.8 Length of time in care

Previous research has shown that young people who enter care at a later age ('adolescent entrants') may have different experiences compared with those who spend more of their childhood in care in terms of the aims, duration and nature of their placements and their educational achievements (Sinclair et al. 2007; Sebba et al. 2015). Most (60%) of the care leavers had been looked after for four or more years (Figure 7). Over half (57%) of care leavers who had spent less than a year in care were from an ethnic minority background. In comparison, care leavers who had spent more than a year in care were mainly of White ethnicity (65%) with fewer (35%) of minority ethnicity.<sup>5</sup>

<sup>5</sup> Stated differently, 9% of Black care leavers, 8% of Asian and those who selected Other, 3% of White and Mixed, and 2% of those who preferred not to say, had spent less than a year in care.  $\chi^2$  (1, n=1,655)=24,898, p<0.001.

Figure 7: Number of years spent in care



Base: 1,323

By local authority, the average percentage of care leavers who had been in care for over a year ranged from 88% to 100%.

## 2.9 Summary

The majority of responses came from young people aged 18 to 20. A quarter of care leavers (24%) reported that they had a disability or long-term health problem. More than one in six (19%) of the care leavers who responded to the survey were parents and/or they (or their partner) were pregnant. Young women and minority ethnic groups were over-represented in the sample.

In the next chapter, we will explore care leavers' experience of living independently including how they feel about their accommodation, finances, and how they spent their time.



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### 3 Living independently

## 3.1 Living arrangements

Housing is more than just a physical space - it is a home and a place where we can feel safe and comfortable, a space to unwind, keep our possessions safe, and it's where we spend most of our time. There is a great deal of evidence that how we feel about where we live is associated with our overall well-being and mental and physical health (What Works for Wellbeing, 2017b). Finding the right place to live and good quality safe housing were important to care leavers who helped develop the *Your Life Beyond Care* survey. Housing is a key contributor to well-being during the transition to adulthood (Baker, 2017a).

We asked care leavers several questions about their homes. The questions covered where they were living and whether they felt safe and settled in their homes and their neighbourhoods.

Our respondents were broadly in line with overall national figures for care leavers' accommodation (DfE, 2019). For example, 39% of the care leavers lived in a home they rented or owned, compared with the national figure of 35% care leavers living independently. In our sample, 23% of the care leavers lived in supported accommodation, whereas nationally 21% of care leavers lived in a community home, semi-independent accommodation, or foyer<sup>6</sup> (Table 5 ).

Since 2014, care leavers have been able to remain with their former foster carers after they turn 18; this is called 'staying put'. In our survey, considering those aged 18 and over, 11% of care leavers reported that they were living with foster carers (in a staying put arrangement). This compares to 18% of 18 year olds nationally and 8% of 19 to 21 year olds (DfE, 2019).

In 2019, 50% of young people in the general population aged 18 to 23 years were still living at home with their parents, and 33% were still there at 25 years old (ONS, 2019d). In comparison, most care leavers were not living with an adult where they had an established relationship. 14% of care leavers were living with previous foster carers and 7% with relatives: a total of 21% were living with an adult with whom they had an established relationship. It is also possible that some of the young people in supported lodgings (6%) were living with hosts they had known for some time or were living with foster carers, as foster placements can be reclassified as supported lodgings under staying put arrangements.

<sup>6</sup>DfE (2019) data includes 9% of care leavers where accommodation is not known.

Table 5: Type of housing (all care leavers, aged 16 to 26)

| Living arrangements   | n            | %           |
|---|--------------|-------------|
| Rented flat/ house  | 494          | 38%         |
| Supported accommodation   | 293          | 22%         |
| With foster carers  | 179          | 14%         |
| With parents or other relatives   | 86           | 7%          |
| Supported lodgings  | 73           | 6%          |
| Other (e.g. caravan, shared house, with partner's family, secure unit, care home) | 60           | 4%          |
| College or university   | 51           | 4%          |
| Homeless  | 28           | 2%          |
| Short stay / temporary accommodation<br>e.g. B&B, Nightstop                       | 25           | 2%          |
| In custody  | 10           | 0.8%        |
| Home or flat owner ( mortgage)  | 8            | 0.6%        |
| <b>Total</b>  | <b>1,307</b> | <b>100%</b> |

Base: 1,307

Young men were more frequently living in supported accommodation or lodgings in comparison with young women:

- Among care leavers in supported accommodation, 59% were young men and 41% were young women.
- Among those in supported lodgings, 65% were young men and 35% were young women.

The difference can be partly explained by more young women living with a partner and/or caring for a child compared with young men. In our survey, more young women (compared with young men) reported that they were living in college or university accommodation (58% vs 42%).<sup>7</sup> This is similar to the split of men to women in the general population enrolling in higher education in England (57% vs 43%) (HESA, 2019). Although numbers were small, more young men were in custody or homeless compared with young women.<sup>8</sup>

<sup>7</sup>  $\chi^2$  (1, n=1,697)=0.815, p=0.367.

<sup>8</sup> Custody: 8 males, 1 female; Homeless: 18 males, 10 females



### 3.2 Feeling safe and settled

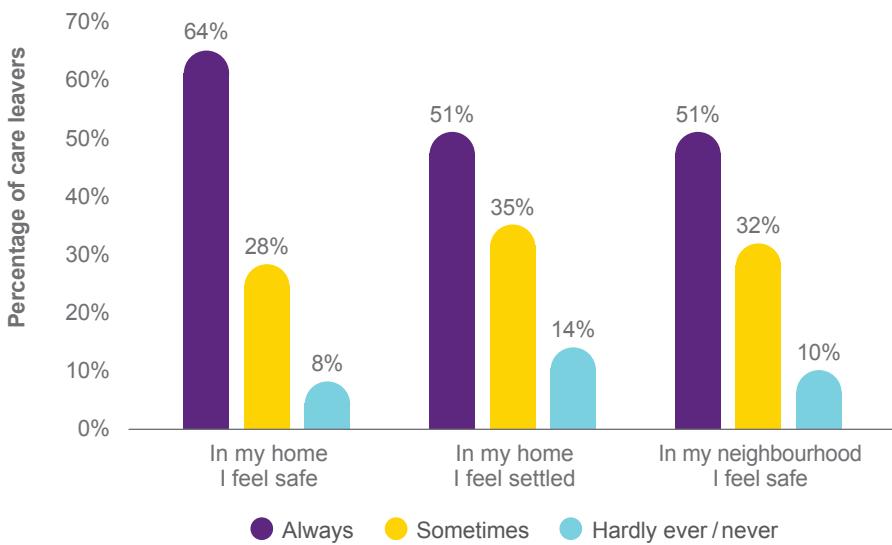
As part of pathway planning, an assessment of the quality of accommodation where the young person is living or any accommodation under consideration should be undertaken. The assessment should consider whether the accommodation meets the full range of the young person's needs and what steps might need to be taken to improve it (DfE, 2015). The safety of accommodation is one of the key matters to be considered in determining the suitability of accommodation according to The Care Leavers (England) Regulations 2010.<sup>9</sup>

“I have a right to enjoy where I live and feel safe.”

(Care leaver)

We asked care leavers if they felt settled and safe in their home and in the neighbourhood where they lived (Figure 8).

Figure 8: How care leavers felt about where they lived



“I feel comfortable and safe where I live because the people I live with look after me and would never let anything happen to me.”

(Care leaver)

“It's safe and quiet, I feel more independent and I like it.”

(Care leaver)

“I love the area where my home is. My home is near to the bus stop so I can get to college and go shopping and go to the gym. I feel very safe in my home.”

(Care leaver)

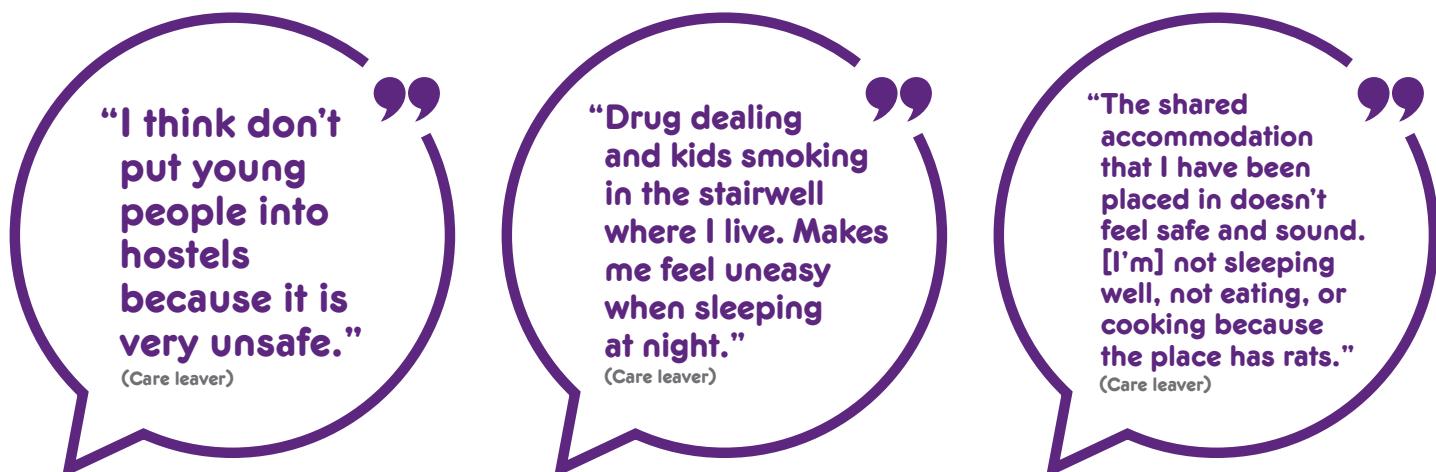
<sup>9</sup> Schedule 2, regulation 9, 1(c)

Fewer care leavers (64%) always felt safe in the home compared with 84% of young people in care aged 11 to 18

Most care leavers did feel safe in their homes, but more than a third (36%) did not. In comparison, 16% of young people in care (aged 11 to 18 years) did not 'always' feel safe in their placements (Selwyn et al. 2018) and only 9% of young people (16 to 24 years) in the general population felt 'a bit' or 'very unsafe' if they were home alone at night (ONS, 2016).



Feelings of safety in the home did not differ substantially or statistically significantly by the young person's gender or ethnicity although fears about personal safety were more frequently expressed by those aged 18 to 20 years.



Local authorities fell into three groups in respect of the percentage of their care leavers feeling 'always' safe at home. In two local authorities more than 77% of care leavers 'always' felt safe, in one only 52% felt safe, and the remaining 18 were similar with 60% to 75% feeling safe.

Care leavers provided many comments on their feelings about their homes. They wrote about feeling unsafe because of the behaviour of other residents or people in the community, their windows being smashed and front doors being insecure.

A concerning number of care leavers voiced how unsafe they felt in their current accommodation and wanted to live somewhere they felt safe. They commented on how vital secure housing and housing support were to their quality of life.

“[I want] wider opportunities re housing - somewhere suitable and safe to live.”  
(Care leaver)

“Make moving easier for us if we want to/ don't feel okay where we are.”  
(Care leaver)

“[I want] help with housing. My PA has done all he can, but that's not much. My Housing Officer can't move me until some incident happens which I live in fear of.”  
(Care leaver)

Around 6 out of 10 fewer care leavers (59%) ‘always’ felt safe in their neighbourhoods, ranging between 45% and 73% by local authority area. In the general population, 80% of 16 to 24 year olds reported feeling very or fairly safe walking alone after dark (ONS, 2020d).

“[I want] to have 0 worries that I never become homeless.”  
(Care leaver)

“Because I don't feel safe in the area I find it difficult to get out and about after dark as I am worried about the area I live in.”  
(Care leaver)

**Just over half of care leavers 'always' felt settled in their home.**

Just over half (51%) of young people reported they 'always' felt settled in their home. More of those living with foster carers (71%) 'always' felt settled in comparison with all other types of placement.<sup>10</sup> Again, there was a large variation in responses on feeling settled by local authority (38% to 70%).

Young people with a disability or long-term health problem more frequently felt unsafe in their homes and neighbourhoods and unsettled compared with care leavers who had not recorded a disability or long-term health problem (Table 6).<sup>11</sup>

Table 6: Feeling unsafe and unsettled

| Response  | Care leavers reporting a disability or long-term health problem<br>n=394 | All other care leavers<br>n=1,174 |
|---|--|-----------------------------------|
| Hardly ever/never feel safe in my home          | 12%  | 6%                                |
| Hardly ever/never feel safe in my neighbourhood | 16%  | 8%                                |
| Hardly ever/never feel settled in my home       | 19%  | 13%                               |

Base: 1,568

**"The only worry I have sometimes is that I will be moved from my home and I do not understand why I would have to move. This worries me a lot."**

(Care leaver)

### 3.3 Suitability of accommodation

**According to Government figures (DfE, 2019), 85% of care leavers (age 19 to 21 years) lived in suitable accommodation, but only 67% of 19 to 21 year olds in our survey felt that where they lived was right for them.**

The *Your Life Beyond Care* survey asked care leavers if where they lived was right for them. Around two-thirds (68%) of care leavers (all ages) felt that their home was right for them, but around a third (32%) did not.<sup>12</sup>

<sup>10</sup>  $\chi^2$  (20, n=1,284) =156.961 p=0.083.

<sup>11</sup> Settled: Under half (43%) of respondents with a disability or health problem always felt settled at home compared to 55% of other respondents.  $\chi^2$  (1, n=1,568)=16.931, p<0.001; safe in home: 52% compared to 69%,  $\chi^2$  (1, n=1,559)=36.939, p<0.001; safe in neighbourhood: 49% compared to 65%,  $\chi^2$  (1, n=1,537)=33.782, p<0.001.

<sup>12</sup> There were no statistically significant differences by gender, ethnicity or having a disability or long-term health problem.

**"I am feeling angry all the time because I don't like the house I live in."**

(Care leaver)



Table 7: Care leavers' satisfaction with accommodation by age

| Age in years            | Care leavers surveyed who felt where they live is right for them ('mainly yes')<br>n (%) | Care leavers in suitable accommodation reported by the Department for Education (2019)<br>n (%) |
|-------------------------|--|---|
| 16                      | 40 (69%)   | Not available   |
| 17                      | 99 (82%)   | 310 (64%)   |
| 18                      | 330 (67%)  | 9,589 (89%)   |
| 19                      | 361 (67%)  | 9,100 (88%)   |
| 20                      | 340 (65%)  | 8,390 (85%)   |
| 21                      | 244 (66%)  | 7,460 (82%)   |
| 22-26                   | 235 (70%)  | Not available   |
| <b>All care leavers</b> | <b>1,658 (68%)</b>   | <b>Not available</b>  |

Base: 1,658

There is a clear discrepancy between young people's and professional judgements about how suitable their accommodation is. Whilst 68% of care leavers in our survey were satisfied with their accommodation, 85% of care leaver are reported to be in unsuitable accommodation in national statistics (DFE, 2019) (Table 7). In the general population, 84% of young people aged 16 to 24 are satisfied with their accommodation (ONS, 2020d). Unsurprisingly, in our survey, those whose accommodation was least secure (e.g. short stay, homeless) were the least satisfied and those living with foster carers the most satisfied.

In written comments, several care leavers expressed a need for more housing options during the transition period of leaving care. Housing was needed that met their individual circumstances such as suitable accommodation for care leavers with children, those with mental health difficulties and young people who wanted to have or keep their pets.

“More supported housing for care leavers with mental health issues.”  
(Care leaver)

“Accommodation options when you have a dog are really difficult.”  
(Care leaver)

### 3.4 Employment, education, and training

We asked care leavers how they spent most of their time and they were able to select only one category (Figure 9). Just over a third (35%) of young people stated they were in education and 20% were in employment or training. Some care leavers reported that they spent their time in other ways, such as caring for children. Young people in the focus groups that underpinned the development of our survey thought that caring for their child or volunteering was 'work' and they did not see themselves as unemployed.

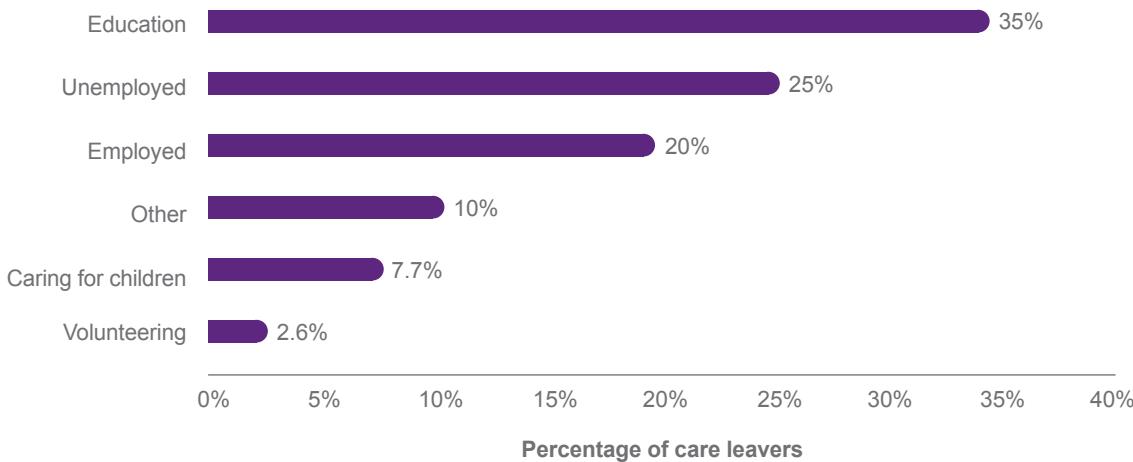
To make comparisons with national data we combined those who responded, 'caring for children', 'volunteering', 'other' and 'unemployed' producing a new category 'not in education, employment or training' (NEET). Comparing the responses of care leavers aged 19 to 21 years with national data on care leavers of the same age,

- 28% of care leavers aged 19 to 21 in our sample were in further or higher education compared with 30% of care leavers in this age group in England<sup>13</sup> (DfE, 2019)
- 50% of care leavers aged 19 to 21 were Not in Education, Training or Employment (NEET) compared to 42% of care leavers in this age group in England<sup>14</sup> (DfE, 2019). The higher percentage in the sample may be partly because young women were over-represented in the responses and a quarter of young women were caring for children.
- 27% of care leavers aged 19 to 21 described themselves as unemployed, similar to the 25% of all care leavers in this age group in England who are NEET for other reasons than disability and pregnancy or parenting (DfE, 2019).

Overall, 25% of care leavers aged 16 to 24 described themselves as unemployed compared to 11% of young people aged 16 to 24 who are unemployed in the general population (ONS, 2020d).<sup>15</sup>

Care leavers also provided comments with some stating they were looking for work, while others explained they were full-time mothers or that their mental health and disabilities made this difficult.

**Figure 9: The daily activity of care leavers aged 16 to 26 years**



<sup>13</sup> DfE data recalculated to exclude young people where activity was not known.

<sup>14</sup> Ibid.

<sup>15</sup> Labour Force Survey, April to June 2016, in ONS (2020d)

Comparing differences in types of activity by gender, 58% of young men were employed or in education compared with fewer young women (48%)<sup>16</sup> but 15% of young women spent most of their time caring for children, compared with less than 1% of young men.<sup>17</sup>

Care leavers with a disability or long-term health problem reported higher rates of unemployment (59%) compared with other care leavers (43%).<sup>18</sup>

Care leavers from White (55%) and 'Other' (53%) ethnic backgrounds also reported higher rates of unemployment compared with young people from Asian (28%), Black (34%) and Mixed (47%) ethnicity backgrounds.<sup>19</sup>

### 3.5 Coping financially

A theme in both our research review and the focus groups was the financial worry care leavers could experience. Having a very low income or experiencing economic deprivation is associated with low well-being (Moore & Rees, 2017). In the general population, being in arrears with rent or mortgage payments is the top housing factor associated with lower life satisfaction and higher anxiety (What Works Centre for Wellbeing, 2017).

We asked care leavers whether they were coping financially (Figure 10). The question replicated one that is asked of 16 to 24 year olds in the general population (ONS, 2017). Compared to young people in the general population, care leavers experienced greater financial pressures. They were twice as likely to report finding it 'quite' or 'very difficult' to cope financially.



<sup>16</sup>  $\chi^2$  (1, n=1,256) =11.022, p<0.001.

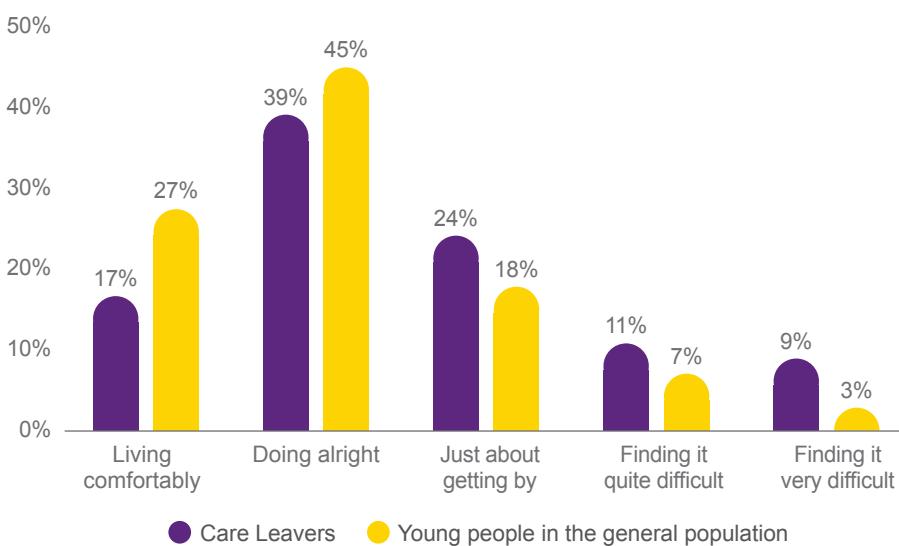
<sup>17</sup>  $\chi^2$  (1, n=1,254)=102.607, p<0.001.

<sup>18</sup>  $\chi^2$  (1, n=1,177)=24.028, p<0.001.

<sup>19</sup>  $\chi^2$  (1, n=1,224)=36.342, p<0.001.

Although 20% were struggling, the majority (56%) of care leavers felt they were coping financially. More young men (23%) were struggling with finances compared with young women (18%).<sup>20</sup> There was no statistically significant difference in the responses to this question by the young person's age, ethnicity, or local authority.<sup>21</sup> Given the much higher rates of unemployment for those with a disability or long-term health problem, it was unsurprising to find that over a quarter (29%) of these young people were struggling to manage compared with 18% of other young people.<sup>22</sup>

**Figure 10: Coping financially: care leavers in comparison with the general population**



Survey base: 1,693 (age 16 to 24). Source for general population comparison (age 16 to 24): ONS (2020d)

Financial security was an issue raised in written comments by care leavers and an issue for care leavers in most of the participating local authorities. Some care leavers were proud of the way they could manage money, were not in debt and were able to save.

“I get a college bursary, so I am also able to save a little money.”  
(Care leaver)

“When I get my PIP [Personal Independence Payment] and ESA [Employment and Support Allowance] moneys I pay my rent and bills straight away.”  
(Care leaver)

“I think I am better at budgeting now and staff support me with this.”  
(Care leaver)

<sup>20</sup> Gender  $\chi^2$  (1, n=1,678)=7.881, p<0.001.

<sup>21</sup> Age  $\chi^2$  (4, n=1,693 )=5.174, p=0.075; ethnicity  $\chi^2$  (1, n=1,643 )=.220, p=0.639 ; local authority  $\chi^2$  (20, n=1,751 )=26.207, p=0.159.

<sup>22</sup>  $\chi^2$  (1, n=1,549 )=21.088, p<0.001.

Others mentioned struggling with low incomes, issues with debt, and a lack of support to develop budgeting skills.

**"I have had problems with my benefits, which lead to me having no source of income for 6 months. This has led to me becoming in debt and unable to clear it."**

(Care leaver)

**"I am normally good at managing money, but I was not paid yesterday so this week will be difficult."**

(Care leaver)

**"Well I was never taught about budgeting and stuff so I feel like I was thrown in at the deep end a bit."**

(Care leaver)

Care leavers highlighted the urgent need for financial help that was consistent and reliable. Some described delayed payments of allowance from local authorities.

**"To work quicker in terms of allowance going in the accounts."**

(Care leaver)

**"Sometimes I don't receive subsistence from [local authority] for a month and I feel hungry, and after the month they never pay back that month allowance and I'm already in debt from my friends."**

(Care leaver)

**"It's hard when financial support stops - it's more needed when leaving care than when in care."**

(Care leaver)



### 3.6 Access to smartphones and the internet

Having and using a mobile phone was very important to care leavers in our focus groups – a phone was a way of keeping memories and photos, staying in touch with people, and finding information. It was especially important if living alone or feeling isolated. Research has shown that social media can be beneficial to young people in care. It can help young people maintain networks and reduce isolation, contribute to increased self-esteem and mental well-being, and give opportunities to network with support organisations (Hammond et al. 2018).

*Like young people in the general population, care leavers were very likely to have a smartphone or access to the internet at home.*

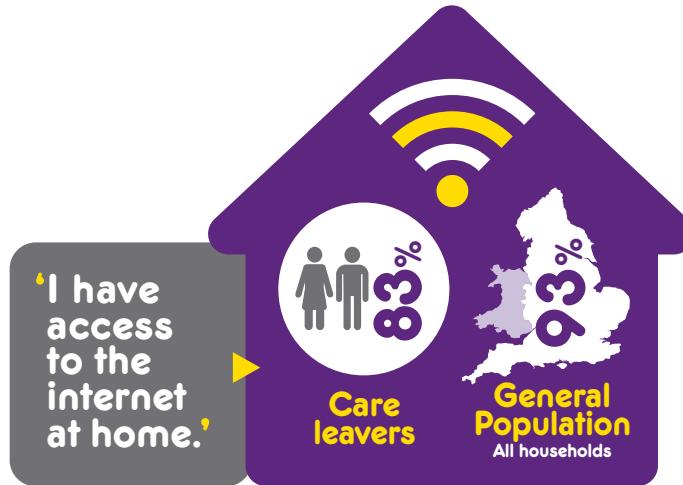
We asked care leavers about their use of the internet and whether they had a smartphone. Smartphone ownership and usage were high: almost all care leavers (91%) had a smartphone: a similar percentage as in the wider population (96%) (Statista, 2020). Most (76%) care leavers could also afford to pay their mobile phone bills, although almost a quarter could not.



**"My ex-carer helps me with my mobile phone bill, and that's good for me."**

(Care leaver)

Most (83%) care leavers could connect to the internet from their home: a lower percentage than the 93% of UK households who had internet access in 2019 (ONS, 2020b).



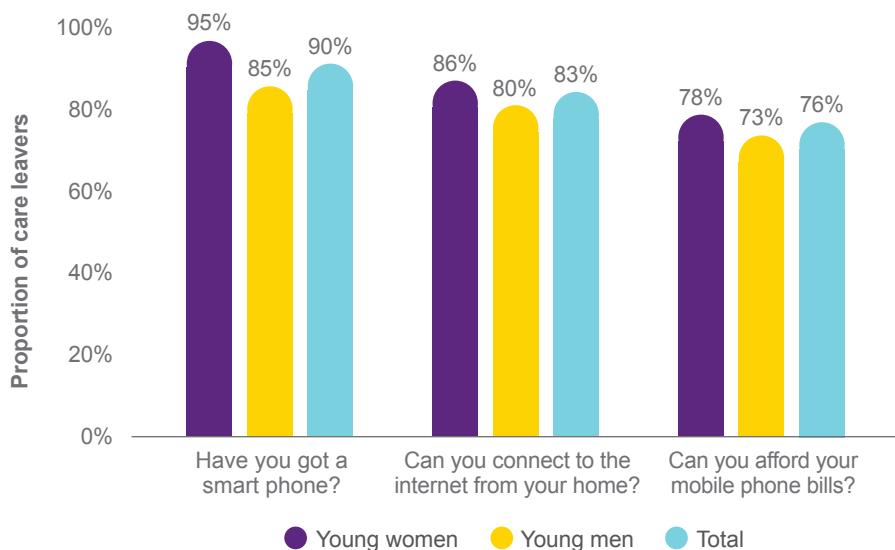
The majority of those with no internet connection were living in rented flats or supported accommodation. It was surprising that 5% of those living with foster carers had no access to the internet at home since ONS reports that 100% of households with children have internet access (ONS, 2020b).



There was also variation across local authorities. Smartphone ownership by local authority ranged between 80% and 97% but access to the internet at home varied more (69% to 91%). Care leaver's ability to pay their mobile phone bills also varied by local authority (62% to 90%).<sup>23</sup>

<sup>23</sup> Care leavers with a smartphone across local authorities:  $\chi^2$  (1, n=1,734)=35.698, p=0.022; care leavers who can connect to the internet at home across local authorities:  $\chi^2$  (1, n=1,741)=67.821, p<0.001; care leavers who can afford mobile phone bills across local authorities:  $\chi^2$  (1, n=1,710)=63.896, p<0.01.

Figure 11: Care leavers' use of smartphones and the internet



Base: 1,710 to 1,741

In response to all three questions, care leavers who were young women, in comparison with young men, more frequently reported that they: had a smartphone; were able to connect to the internet at home; and able to afford mobile phone bills.<sup>24</sup> The gender difference may be related to internet access and getting mobile phone contracts being more difficult to get in supported or temporary accommodation, which had a higher prevalence of young men.

### 3.7 Spare time

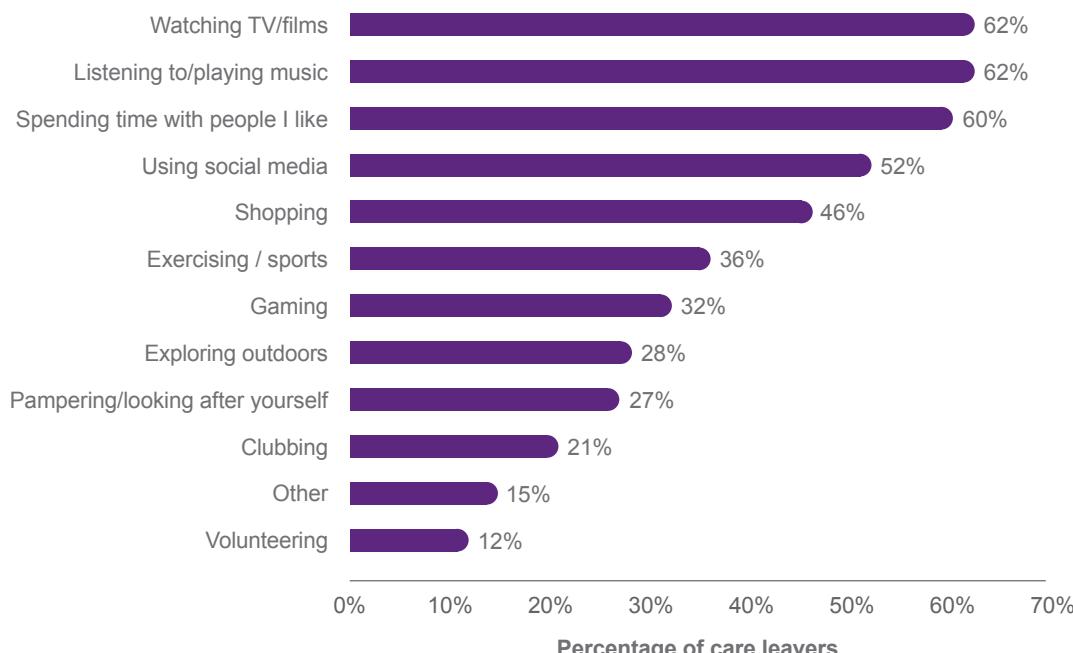
In our focus groups when care leavers talked about 'What makes a good life', they were keen to emphasise that doing enjoyable things and having fun was very important. However, young people were very aware that there were barriers to having fun, such as not having enough money or when their mental health difficulties prevented socialising.

We asked care leavers what they enjoyed doing in their spare time. They could select multiple activities. The majority (62%) of young people enjoyed watching TV or films, listening to or playing music (62%) and spending time (60%) with people they liked (Figure 12). Over half (52%) spent their spare time using social media and 46% reported going shopping as something they liked doing.

<sup>24</sup> Smartphone:  $\chi^2$  (1, n=1,695)=45.649, p<0.001; internet at home:  $\chi^2$  (1, n=1,683)=10.554, p<0.001; afford mobile phone bills:  $\chi^2$  (1, n=1,653)=5.075, p=0.024.



Figure 12: What care leavers enjoyed doing in their spare time



Base: 1,804

Young people had the opportunity to comment on what they enjoyed and any barriers to having fun.

“I have received funding to help me buy equipment for my music production (I also attend a music college) and I am very grateful for this.”  
(Care leaver)

“I have lots of fun things such as holidays, festivals, the gym, football.”  
(Care leaver)

“[I enjoy] spending time with my boyfriend and my foster family.”  
(Care leaver)

“My boyfriend and I help out on a pancake stall at music festivals, we are doing [name] festival in the summer - we get in for free and spend our time watching the bands, half working. It's great.”  
(Care leaver)

In addition to the available options, 15% of young people provided other examples of what they liked doing in their spare time. This included going for walks, reading, singing, drawing, and looking after children. Among the additional things that care leavers enjoyed and wanted to do more of was going to the gym, horse riding, swimming, football and going on holiday/travelling.

Some young people commented on barriers to fun. Often young people identified lack of money, a lack of friends, difficulties getting childcare, transport problems or health issues (such as depression or anxiety).

**"Anxiety stops me and having no friends, also I live in a small town with no opportunities."**

(Care leaver)

**"Yes, I like swimming but I can't afford it and I have no-one to go with."**

(Care leaver)

**"I wish I could go on days out more. Transport isn't that great where I live."**

(Care leaver)

**"Cooking and baking. I can't do this because I have no cooking facilities where I live."**

(Care leaver)

**"I wish I could start doing drumming lessons and guitar lessons again as I really enjoyed it, but I don't have the money to fund it, so unfortunately, it is not possible 😞."**

(Care leaver)

**"[I would like to] be able to go to watch a film with my friends, eat out and socialise more. It costs too much money, so I stay in coz I don't like to say, 'I don't have any money'."**

(Care leaver)

**"Depression. I can barely drag myself to work. It's hard to enjoy yourself when you're in debt and the flat is a nightmare. I'd love to go to the gym, but the free membership has all but disappeared."**

(Care leaver)

A few care leavers asked for funding to meet the costs of their hobbies, more frequent outings, and opportunities to socialise with other young people.

“To be more involved in activities provided by the Pathways.”

(Care leaver)

“Would be nice if there was more activities done for the young adults.”

(Care leaver)

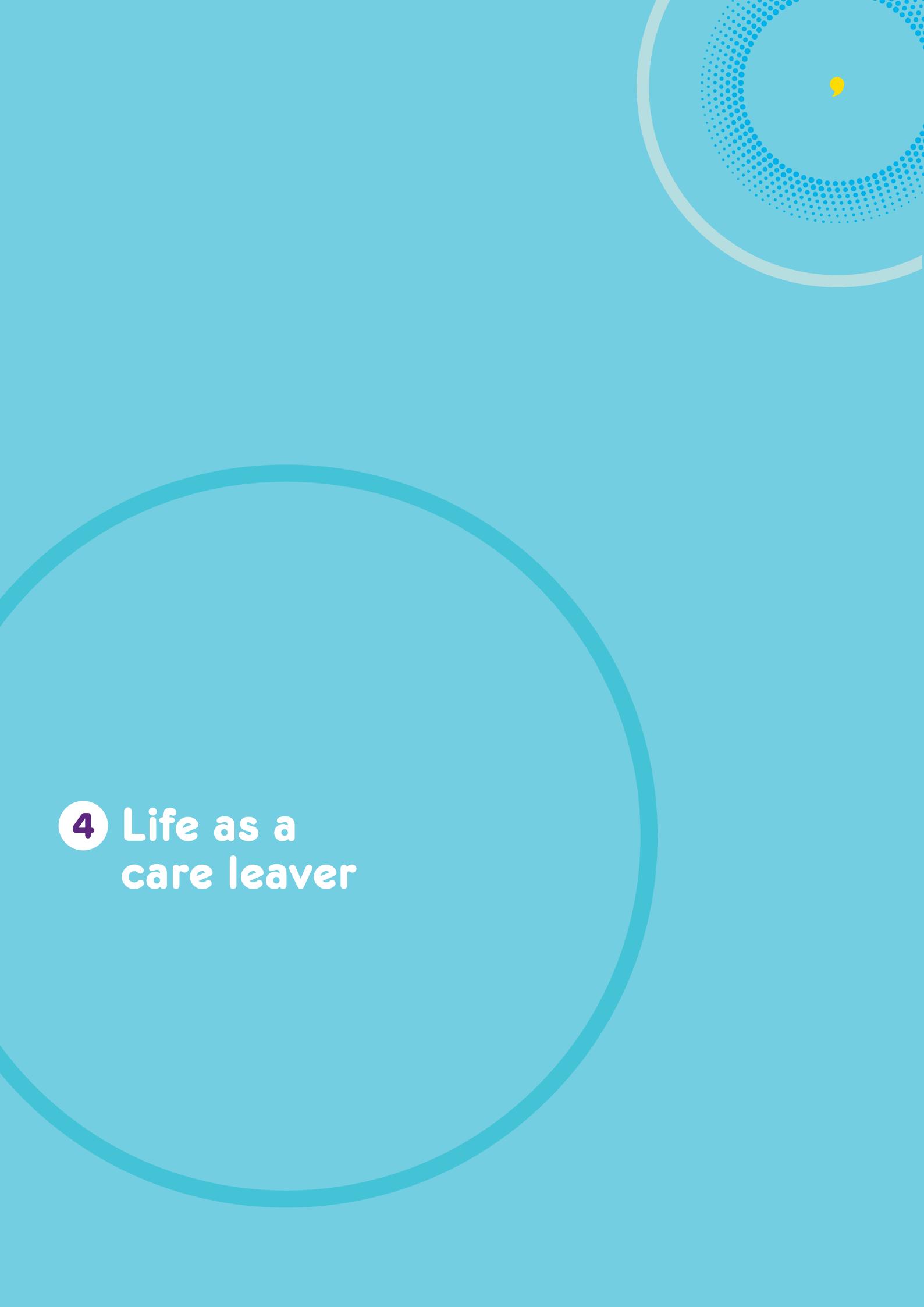
“A gym pass will help a lot. When you need it more, it was cut. A gym pass will make a difference. Especially to my mental health.”

(Care leaver)

### 3.8 Summary

In this chapter we have highlighted how unsafe some young people felt in their homes and neighbourhoods, the high levels of unemployment and the struggles care leavers had to manage their finances. However, some young people were doing well. They were in work or in education and were proud of their capacity to manage their budgets and save. Many described activities they enjoyed, although some also highlighted how lack of money, lack of friends or transport and mental health problems stopped them from having fun.

In the next chapter, we will consider life as a care leaver and some of the issues they face that are different from those faced by most other young people.



## 4 Life as a care leaver

## 4.1 Relationships with leaving care workers/personal advisers

A distinctive experience for care leavers compared with their peers is that they legally leave care at 18. At this time, many changes often take place including leaving placements and the end of support from social workers. Instead, Personal Advisers coordinate their support. Care leavers are entitled to a leaving care worker (also known as a Personal Adviser or PA) provided by their local authority until they are 25 years old. A PA is there to provide advice and support and co-ordinate services for the care leavers they work with. According to government statutory guidance, "all care leavers should be aware of who their PA is and how to contact them so that throughout their transition to adulthood they are able to rely on consistent support from their own key professional" (DfE, 2015). Previous research tells us that care leavers value workers who are responsive, consistent, and reliable (Baker, 2017a).

The good news story in our findings is how positive many care leavers were about their leaving care workers / Personal Advisers (PAs).

***Care leavers reported higher levels of trust and greater stability of workers compared with children in care.***

The majority of comments made about workers were positive.

“Both are amazing. They get stuff done. I am not used to workers doing stuff. My workers have achieved more than my social worker ever did.”  
(Care leaver)

“The leaving care service I received was really good and I had what I needed to get on with my life.”  
(Care leaver)

“The Pathway Team have done everything right in helping me.”  
(Care leaver)

## Knowing your leaving care worker/personal adviser

**93% of care leavers knew who their leaving care worker was.**

Our surveys of children in care revealed that most 11 to 18 year olds (94%) did know who their social worker was (Briheim-Crookall et al. 2018). A similar percentage (93%) of care leavers knew the identity of their worker. There were no statistically significant associations between gender, disability or long-term health problem, ethnicity, and care leavers knowing who their leaving care worker was now.<sup>25</sup>

However, there was variation across the 21 local authorities (Figure 13). In one local authority every single care leaver reported that they knew who their leaving care worker was, but in another authority about one in six (17%) did not know their worker.

**"I don't know who is meant to be looking after me, who my worker is. I haven't had contact since I turned 18."**

(Care leaver)

**"Leaving care was a big step for me and it's a big time-yet-to-come awaiting me. I wish I knew who my leaving care worker was."**

(Care leaver)

**Figure 13: Care leavers who knew who their leaving care worker is now, by local authority**



<sup>25</sup> Gender:  $\chi^2$  (1, n=1,682)=429, p=0.513; disability or long-term health problem:  $\chi^2$  (1, n=1,582)=.479, p=0.489; ethnicity:  $\chi^2$  (1, n=1,648)=.2.289, p=0.130.

## Stability of leaving care worker/personal adviser

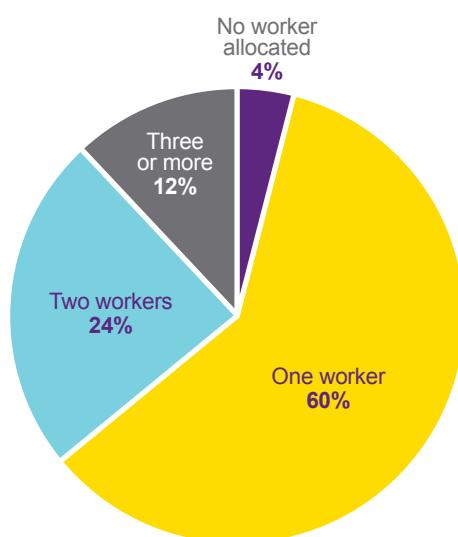
We asked care leavers how many workers they had had in the previous 12 months.

**Care leavers experienced greater worker stability compared with young people in care.**

Most care leavers (60%) had one worker in the previous year compared with just over a third (34%) of young people in care (aged 11 to 18) who had had only one social worker in the year.



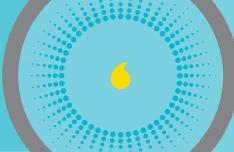
Figure 14: The number of leaving care workers/PAs in the previous 12 months



Base: 1,634

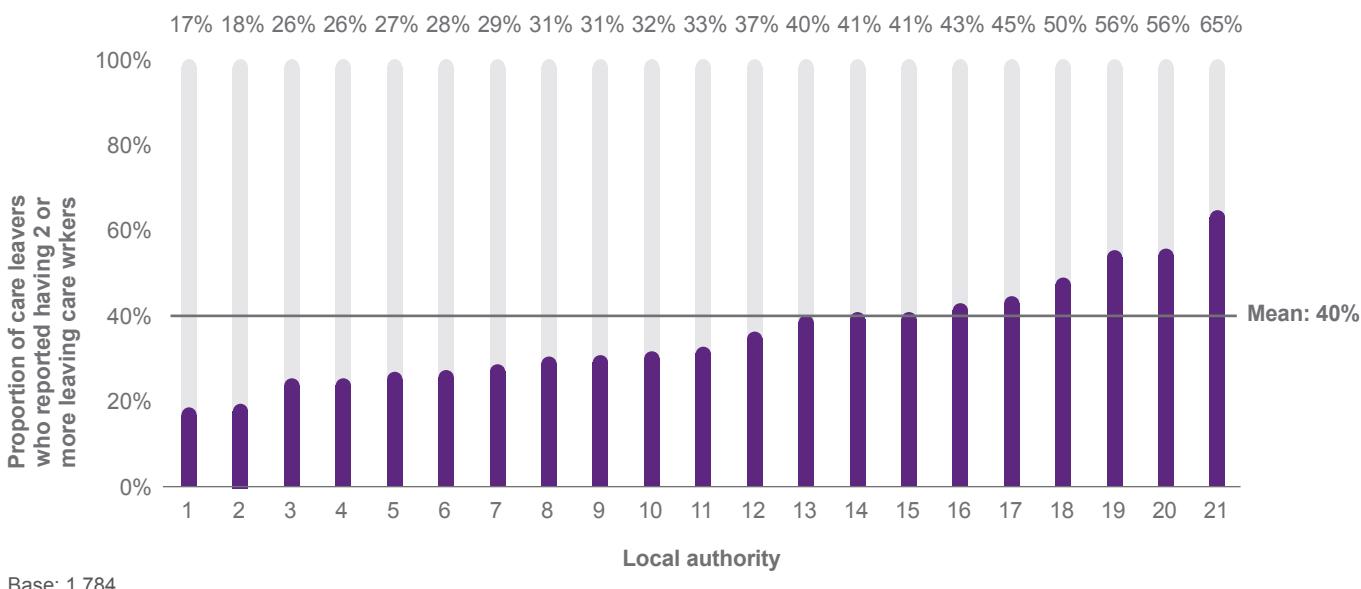
**“She has been with me since I was 16 nearly 17, over 7 years.”**  
(Care leaver)

**“Leaving care would be better if they did not use so many different agency workers. It works better when you have a permanent worker. After some time, I was very lucky to get the best PA ever.”**  
(Care leaver)



A larger percentage of young people who reported a disability or long-term health problem had two or more leaving care workers in the previous 12 months compared with other care leavers (44% compared with 35%).<sup>26</sup> The average percentage of care leavers reporting two or more leaving care workers in the previous year was 38%, with wide variation across local authorities from 17% to 65% (Figure 15)

**Figure 15: Care leavers who had two or more leaving care workers in the previous year by local authority**



Base: 1,784

Although care leavers generally experienced a lower turnover of workers compared with children in care, there were still care leavers who felt their leaving care workers changed too often. Care leavers commented on how these changes made it difficult to build rapport, trust, and relationships with their leaving care workers. These young people called for fewer changes of workers to improve the experience of leaving care.

There was no statistically significant relationship between feeling that finances were under control and having two or more workers in the year.<sup>27</sup> A third of care leavers who had more than one worker during the year described their financial situation as 'living comfortably' compared with 67% of those who had kept the same worker.<sup>28</sup> Personal advisers can have an important role in supporting care leavers to manage their finances, changes in workers may have meant that care leavers missed out on financial support and advice, such as assistance to complete benefit applications.

**"I don't think that care workers should be changed... it affects people mentally a lot, as you get trust and support from one person and finally feel happy to talk to them. Then you find out they're leaving. How can I trust another person when you constantly change them?"**  
(Care leaver)

<sup>26</sup>  $\chi^2$  (1, n=1,520)=9.497, p=0.002.

<sup>27</sup>  $\chi^2$  (1, n=1,674) =2.223, p=0.136.

<sup>28</sup>  $\chi^2$  (4, n=1,674)=8.742, p=0.04.

## Getting in touch with leaving care workers/Personal Advisers

7 out of 10 care leavers felt they could easily contact their leaving care worker 'All or most of the time'.



Depending on where they lived, care leavers reported differences in the ease of getting in touch with their leaving care worker.<sup>29</sup> At best, among those living with foster carers, 82% found it easy 'all or most of the time', whereas those at college or university (66%), in supported lodgings (64%), in custody (63%) or supported accommodation (61%) were below the overall average (71%) for care leavers reporting workers were easy to contact.

About a quarter (26%) recorded that they could only 'sometimes' get in touch with their worker when they needed to. In their comments, although many care leavers wrote about positive communications with workers, some care leavers wanted their leaving care workers to get in touch with them more often or be more responsive when they tried to contact them. Many recognised how workloads affected workers' ability to be responsive and keep in touch.

Getting in touch with leaving care workers was very difficult for a small minority (4%) of care leavers. There were some noticeable differences between different groups of care leavers:

- Care leavers who reported a disability or long-term health problem (66%) were less likely to report it was easy to get in touch with their leaving care worker 'all or most of the time' than other care leavers (74%).<sup>30</sup>
- Care leavers who had spent over a year in care were more likely to record that it was easy to get in touch compared with those who had been in care for less than a year (72% vs 59%).<sup>31</sup>

"My leaving care worker is very supportive and helpful. I can get in touch with her easily and she always does her best to help me when I need it."  
(Care leaver)

"He will call me regularly to check in with me and make sure I am ok which makes me feel very secure."  
(Care leaver)

"Social workers and care leaver workers need to have less people allocated to them. They clearly do not have enough time for all the people that are allocated to them..."  
(Care leaver)

"I would like for my worker to ring me more often than the standard three months."  
(Care leaver)

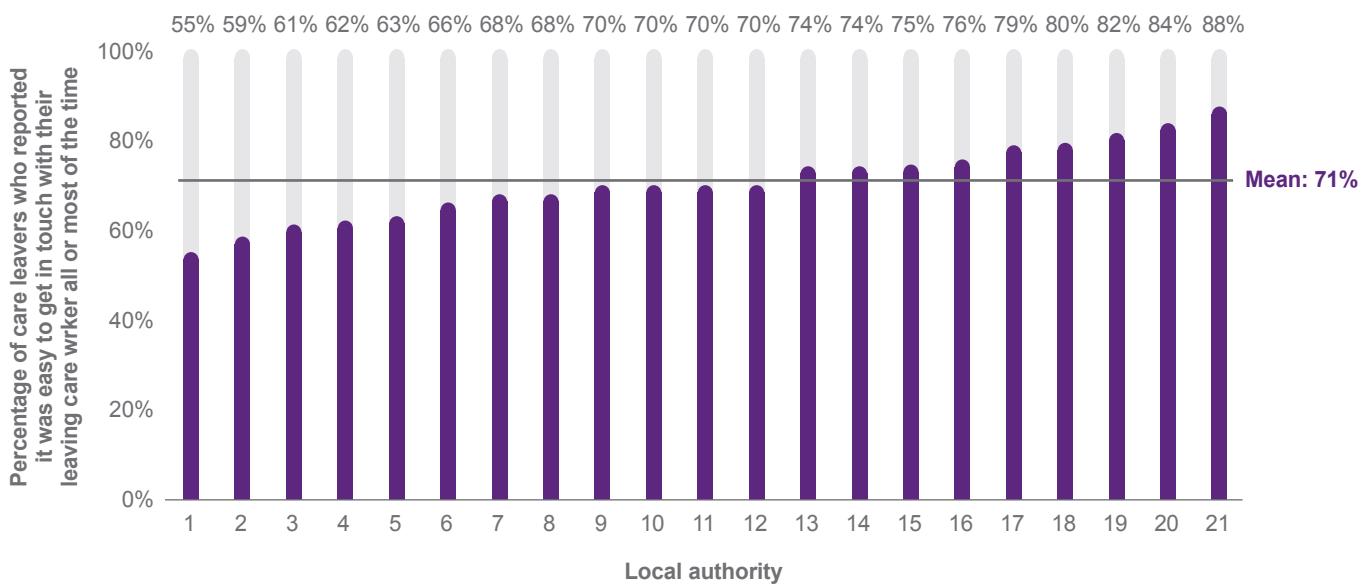
<sup>29</sup>  $\chi^2$  (1, n=1,458)=32.821, p=0.035.

<sup>30</sup>  $\chi^2$  (20, n=1,202)=8.742, p=0.003.

<sup>31</sup>  $\chi^2$  (1, n=1,646)=9.452, p=.009.

The variation between local authorities on ease of communication ranged from 55% to 88% (Figure 16).

**Figure 16: Percentage of care leavers who reported it is easy to get in touch with their leaving care worker all or most of the time**



Base: 1,653

### Trust in leaving care workers/personal advisers

Central to effective support is the relationships workers have with care leavers. Being able to trust workers was one of the most important things identified by young people who helped develop the survey. An absence of trust, inconsistency, high workloads and irregular visits have been found to inhibit relationships and limit support provided (Baker, 2017b).

***Most care leavers trust their workers and we found higher levels of trust where workers did not change and were easy to contact.***

**“She’s there when I need her, always looks out for me. I trust her and I will never want to lose contact with her ❤.”**

(Care leaver)

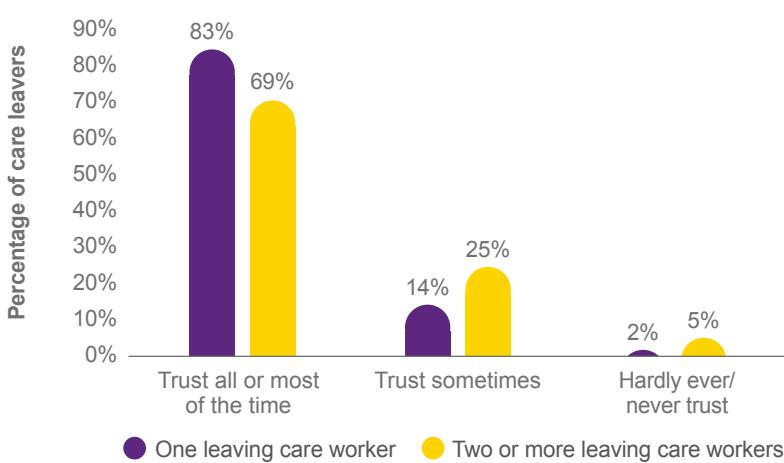
Over three-quarters of care leavers (78%) trusted their leaving care worker 'all or most of the time', 18% trusted them 'sometimes', and 4% reported that they 'hardly ever' or 'never' trusted their leaving care worker.



The percentage of care leavers who trusted their leaving care worker 'all or most of the time' or 'sometimes' was 96%: a larger percentage than the 88% of young people in care (11 to 18 years) who reported they trust their social worker 'all or most of the time' or 'sometimes' (Briheim-Crookall et al. 2018).

There was no statistically significant relationship between trust in one's leaving care worker and gender, ethnicity, or disability or long-term health problem status.<sup>32</sup> It takes time to build trust. Levels of trust were higher among care leavers (83%) who reported they had had only one leaving care worker in the previous 12 months, compared with care leavers (69%) who reported two or more workers (Figure 17).<sup>33</sup> Unsurprisingly there was a strong positive association between care leavers who found it easy to contact their worker and high levels of trust.<sup>34</sup>

**Figure 17: Care leavers' trust in their worker by number of leaving care workers in the previous 12 months**



Base: 1,609

<sup>32</sup> Gender:  $\chi^2$  (1, n=1,540)=0.676, p=0.713; ethnicity (ethnic minority respondents compared to White respondents):  $\chi^2$  (1, n=1,540)=2.810, p=0.245; disability or long-term health problem status:  $\chi^2$  (1, n=1,442)=3.107, p=0.212. The percentage of care leavers who trusted their leaving care worker all or most of the time varied from 69% to 80% by ethnic group (Other 69%; Mixed 72%; Black 77%; prefer not to say 78%; Asian 79%; White 80%).

<sup>33</sup>  $\chi^2$  (1, n=1,609)=44.081, p<0.001.

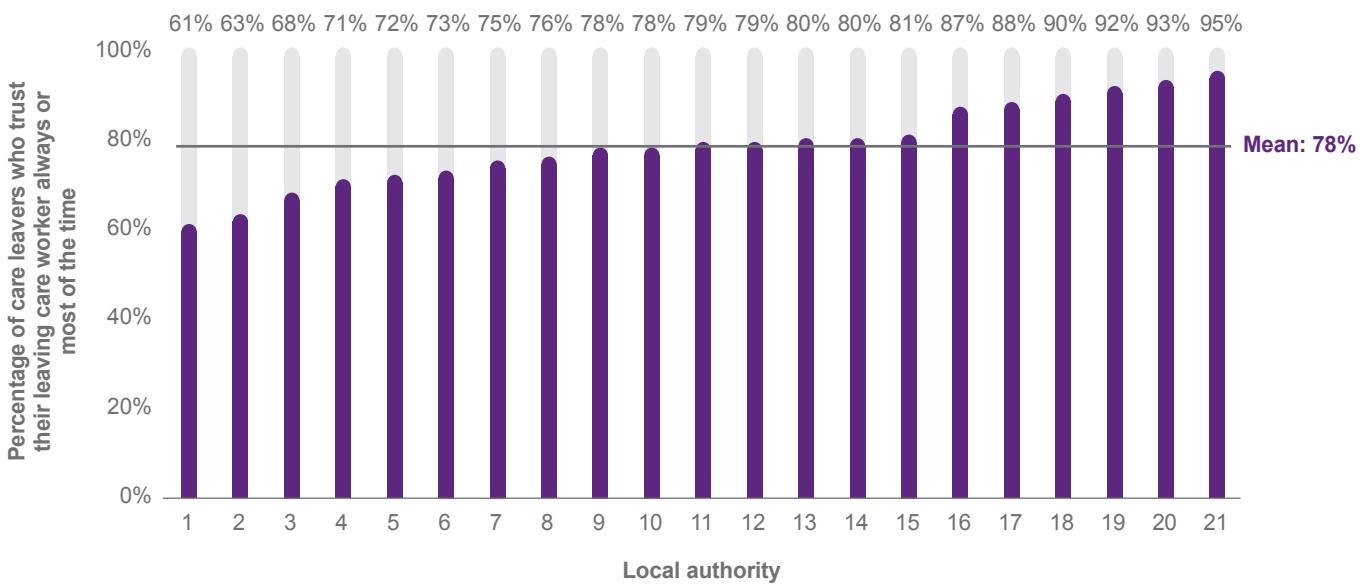
<sup>34</sup>  $t_b = .490$

**"Having too many social workers, not being told on many times that they have left, then having to build a new relationship as they don't know you; this has happened to me at least 5 times and I hated it... I feel we need to be more involved and told about matters like this."**  
(Care leaver)

**"I trusted my old PA. I do not know my new PA well enough."**  
(Care leaver)

There was variation by local authority in the percentage of young people who trusted their leaving care worker 'all or most of the time' (range 61% to 95%: Figure 18).

**Figure 18: Care leavers who reported they always or most of the time trust their leaving care worker, by local authority**



Base: 1,276

## 4.2 Pathway planning

Research on well-being and mental health suggests that 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 (Masten, 2014).

### What is Pathway Planning?

Legally, all care leavers should have a Pathway Plan. The plan involves a local authority worker and the young person setting goals and outlining the support needed to reach those goals once they have left care (DfE, 2015). The needs assessment that leads to the creation of the Pathway Plan should be completed by the time a young person is 16 years and 3 months, and the Pathway Plan provided to the young person soon after. At a minimum Pathway Plans should be reviewed at least every six months, or when requested by the young person.

However, research shows care leavers have mixed experiences of pathway planning; some care leavers reported the process as helpful, but others found it stressful and irrelevant (Dixon and Lee, 2015).

**"It's been really important for me to have someone who listens and understands my past and supports me with what I want to do in the future."**  
(Care leaver)



## Involvement in pathway planning

Across local authorities, 87% of care leavers felt involved in pathway planning at least sometimes, however, this varied by local authority from 79% to 98%.



**"To make other people's experience positive, always listen and don't presume you know how we feel."**

(Care leaver)

The majority (62%) of care leavers who completed the survey felt involved in their pathway planning 'all or most of the time'. A quarter (25%) 'sometimes' felt involved, and a small number (6%) reported they were 'hardly ever or never' involved.

It was concerning to find that some care leavers responded that they either did not have a pathway plan (4%) or did not know what pathway planning was (3%).

A larger percentage (67%) of older care leavers (21 years or older) reported being involved in their pathway planning 'all or most of the time' compared with 52% of 16 and 17 year olds.<sup>35</sup> Nearly one in ten (9%) of younger care leavers (16 and 17 years) did not know what pathway planning was. This finding may reflect the practice in some local authorities of not explicitly incorporating pathway planning into care planning until young people are aged 18.

Fewer care leavers with a disability or long-term health problem felt involved in their pathway planning 'all or most of the time' compared with young people without a disability or long-term health problem (57% compared to 64%).<sup>36</sup>

**"I knew my pathway plan at 18, but I left care 5 years ago, I probably have been through it with my leaving care worker, but I don't remember."**

(Care leaver)

**"I would like to be more involved and for him to be available more."**

(Care leaver)

**"'My' pathway plan is wrong. Even when I say it is wrong or question why, the social worker has written something I haven't said. Pathway seems childish, sick of been asked the same questions."**

(Care leaver)

<sup>35</sup>  $\chi^2$  (8, n=1,686) =35.107, p<0.001.

<sup>36</sup>  $\chi^2$  (4, n=1,577) =11.010, p<0.026.

## Involvement in pathway planning

Many of those with positive experiences valued being listened to and giving person-centred support.

**“She is very thoughtful, listens to me always and focuses on how to make things easier for me.”**

(Care leaver)

**“She is always on time for every visit. She's polite, friendly, easy to talk to, good listener. Has helped with housing, finances, keeping myself safe, family, relationships and support through difficult times.”**

(Care leaver)

**“Very helpful, always there when needed, does everything she can to get me to where I want to be in life and gives me hope.”**

(Care leaver)

Conversely, those who had poorer experiences wrote about how they wanted their workers to prioritise and take their opinions and views more into account. Some did not feel like they were being listened to by professionals and called for practice that recognised, valued, and treated care leavers as unique individuals.

**“The main problem I have had with care leaving service is that they judge me based on other people's actions. They do not look at us as individuals but as collectives.”**

(Care leaver)

**“If my PA workers supported me in the right way. If the support I had was stronger and valued my thoughts and opinions with how I felt.”**

(Care leaver)

**“Listen to and respect us more.”**

(Care leaver)

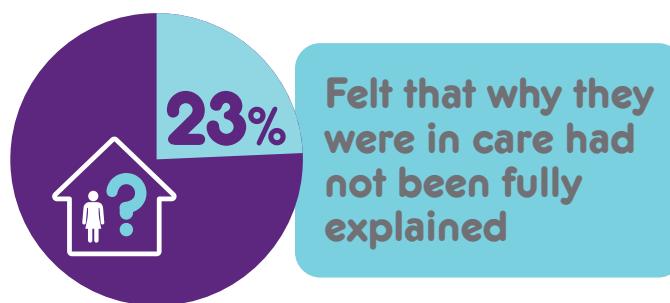


## 4.3 Understanding the reasons for being in care

Every child and young person who comes into care should know why and have opportunities to discuss the reasons this happened whenever they feel unclear. Coming to an understanding about this life-changing event is the right of every child or young person and fundamental to their development, identity and emotional well-being (Adshead, 2012; Adler, 2012; NICE, 2013; Bright Spots team, 2019). When this does not happen, it can lead young people to feel insecure, unwanted, and responsible for being in care - factors that can have a severe negative impact on their self-worth and well-being (Staines and Selwyn, 2019).

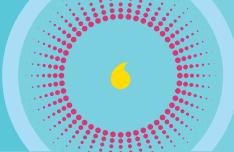
**Almost a quarter of care leavers (23%) did not know why they were in care or wanted to know more.**

Most young people (77%) felt that someone had given them sufficient explanation of why they had been looked after, 18% wanted to know more, and 5% thought that no-one had explained the circumstances. This suggests a need to focus more on answering care leavers' questions and giving young people time to discuss issues relating to why they were looked after.



The percentage of care leavers who felt they knew all they wanted to know about why they were in care varied by local authority; the range was 61% to 96% (average 78%). The variation suggests that efforts to help care leavers understand why they were in care may be more effective in some areas than in others (Figure 19).

**"I have asked why I was put into care, no one will tell me!!! I only have bad memories and therefore am left being very scared of my biological family and yet no one will/can help me."**  
(Care leaver)

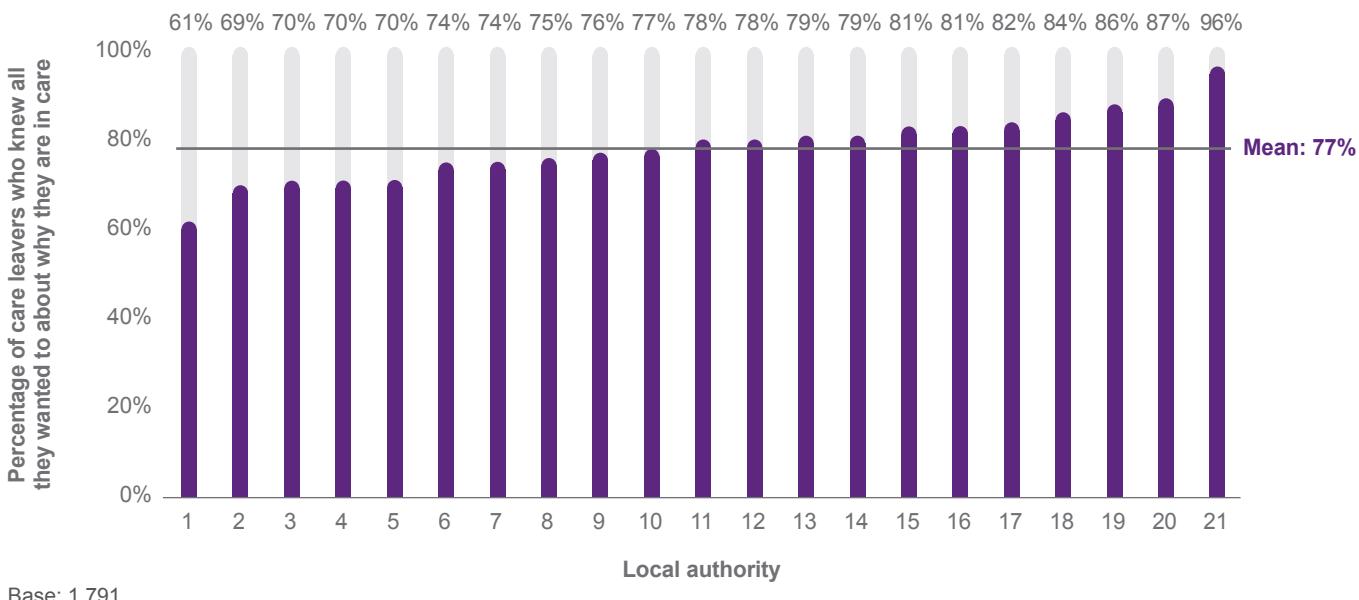


We have seen similar findings for children in care where 20% of 11 to 18 year olds reported that they had not had a full explanation (Selwyn et al. 2018). The finding also suggests that a greater emphasis must be placed on explaining to young people while they are in care why this has happened, as well as giving young people opportunities to ask questions and learn more as they get older, such as supporting access to records.

“[I'm] now 20 and haven't had much info. Although I did have a difficult time and me and [...] decided it was best to not see the files. Felt I could have seen some sooner.”  
(Care leaver)

“[Make] access to files easier. I've been waiting almost 3 years!”  
(Care leaver)

Figure 19: The percentage of care leavers who felt they knew why they were in care by local authority



## 4.4 Treatment of care leavers

Children in care and care leavers report experiencing stigma and worrying about being labelled or judged if their care background is known to others (Selwyn et al. 2015; Baker, 2017a). Many care leavers feel they are treated differently or negatively because of their care experience (Coram Voice, 2020).

### As a care leaver, I feel treated...

**Nearly one in five care leavers felt they were treated worse than other young people.**

We asked care leavers if they felt they were treated better, the same, or worse than young people of the same age. The majority (65%) felt they were treated the same, 18% worse and 17% better compared with peers.<sup>37</sup> There was a statistically significant association between how care leavers perceive they are treated, and whether the care leaver reported they had a disability or long-term health problem. A quarter of young people with a disability or long-term health problem (25%) felt they were treated worse than other young people, compared to 16% of young people without.<sup>38</sup> As with other experiences, 75% to 92% of care leavers reported the same or better treatment depending on the local authority who supported them.

"I do believe that there are benefits that young people in care get that others do not. I understand the council isn't able to do everything for a young person and that sometimes certain things just can't be done. I do think however that there are a few things which could be changed or added to further help young people in care. Especially financially."  
(Care leaver)

<sup>37</sup> In the pilot version of the survey this question was worded differently: we asked care leavers if they felt they are treated positively by others (45%), treated the same as any other young person (41%), or treated negatively by others (14%) (n= 423).

<sup>38</sup>  $\chi^2 (1, n=1,019)=11.350, p=0.003.$

## Comments on the stigma associated with being a care leaver

Some care leavers wrote about how they continue to face discrimination and negative stereotypes associated with being care-experienced. The stereotyping, bias and discrimination they had experienced occurred both inside and outside of the care system. These young people were adamant that more needed to be done to ensure that care leavers were viewed and treated with fairness.

“Care was very hard and battling through the stereotypes and proving that I can make something of myself has been challenging... luckily through my own hard work and determination, I have proven that just because I was in care doesn't mean that defines me.”  
(Care leaver)

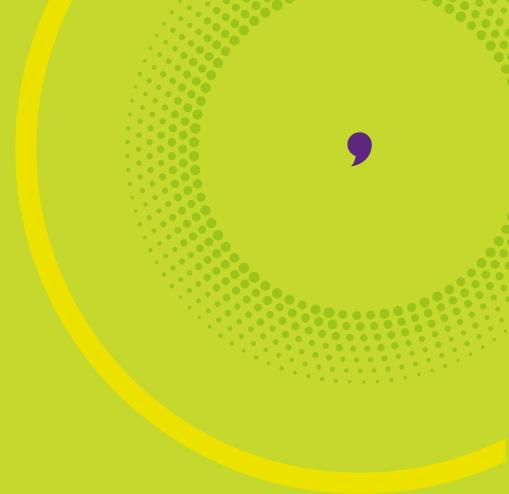
“The system needs reviewing for certain people. The system needs to look at you and your achievements and don't judge you on the vulnerable person who came into care.”  
(Care leaver)

“Don't judge me by my background.”  
(Care leaver)

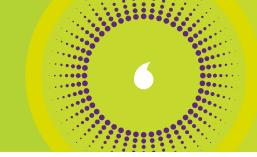
## 4.5 Summary

Overall, the majority of care leavers trusted their leaving care worker, found them easy to contact and were involved in their pathway planning. Three of the 21 local authorities had particularly negative responses from care leavers on each of these indicators. Poorer relationships and a lack of meaningful contact with leaving care workers were also reported by a larger percentage of care leavers with a disability or long-term health problem. As adults, 23% of care leavers still did not fully understand the reasons why they had been looked after and about 18% were conscious of the stigma of having been in care, as it continued to affect their adult lives.

The next chapter discusses young people's relationships with the important people in their lives.



## **5 Relationships: the important people in care leavers' lives**



Good and supportive relationships are important for our well-being and quality of life. Care leavers have identified supportive networks of people as vital as they move from care. Research has found that the number of friends is positively correlated with subjective well-being even after controlling for income, demographic variables, and personality differences (Helliwell and Huang, 2013). The Your Life Beyond Care survey asked care leavers about their relationships and the available emotional support.

## 5.1 Friends, partners, and pets

### Friends

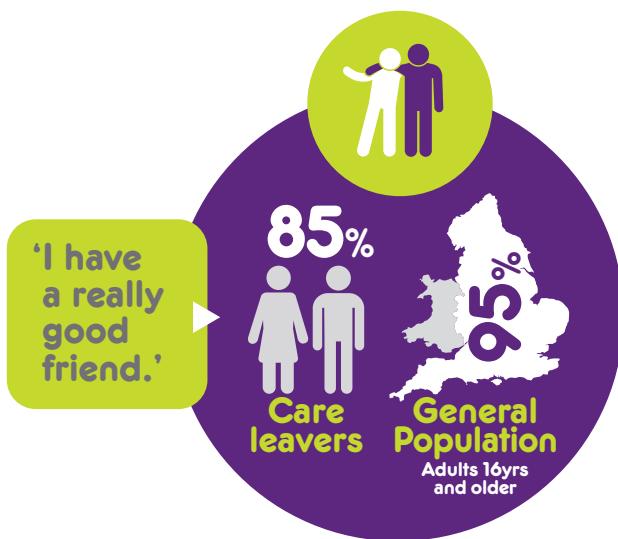
Young people in the focus groups that helped develop the survey identified good friends as very important to them. Our research review also found that care leavers thought that their friends could be an important source of support and help reduce social isolation (Baker, 2017a). A lack of friendships is associated with loneliness, anxiety, and a range of adverse physical, psychological, social, and mental health outcomes (Hawley et al. 2010; Criss et al. 2002).

“Sometimes I get depressed but not as much as I used to, engaging with others has helped.”  
(Care leaver)

***More care leavers feel that they do not have a really good friend than children in care and young people in the general population.***

We asked care leavers if they had a really good friend. Most care leavers (85%) felt they did have a 'really good friend' but 15% did not. This is a larger percentage than the 5% of adults without a friend in the general population (ONS, 2015). Among children in care aged 11 to 18, one in ten (10%) report that they do not have a really good friend (Selwyn et al. 2018).

“My best friend is an outstanding young man who through all the stuff he has on his plate he manages to still carry some of my life without complaining or hesitating. Whenever I am down or just need something to bring me up he is always there.”  
(Care leaver)



There were some groups more at risk of being friendless than others:

- One in five care leavers who reported a disability or long-term health problem did not have a good friend compared with 12% of other care leavers (Table 8).
- Of the 28 care leavers who were homeless, 9 (32%) did not have a good friend.

There was also a statistically significant association between having friends and young people who did not know how long they had been in care (40% of whom were without a friend) and those who did not fully understand the reasons for having been in care (21% of whom were without a friend).<sup>39</sup> Perhaps, the lack of certainty reflected an unease and identity concerns that would make friendships more difficult to maintain.

There were also statistically significant associations between being friendless and struggling financially<sup>40</sup> and not feeling settled<sup>41</sup> at home. This may be because the lack of money makes it more difficult to engage with activities with friends or participating in clubs and sports where friendships are likely to be made.

**“Sometimes I get depressed but not as much as I used to, engaging with others has helped.”**  
(Care leaver)

**Table 8: Percentage reporting having at least one really good friend, by disability or long-term health problem status**

|   | At least one really good friend | Does not have one really good friend |
|---|---------------------------------|--------------------------------------|
| Care leavers without a disability or long-term health problem | 88%                             | 12%                                  |
| Care leavers with a disability or long-term health problem    | 79%                             | 21%                                  |

Base: 1,577

<sup>39</sup> Fisher's exact test =.003

<sup>40</sup> Among care leavers who were finding it quite/very difficult to manage financially, 23% did not have a really good friend  $\chi^2$  (1, n=1,734)=26.93, p<0.001.

<sup>41</sup> Among care leavers who were unsettled at home, 26% did not have a really good friend  $\chi^2$  (1, n=1,724)=30.77, p<0.001.

## Partners

Less than half (42%) of the care leavers reported they had a partner with more young women (50%) having a partner than young men (33%).<sup>42</sup> The majority (60%) of those who were a parent or were expecting children had a partner.

## Pets

During the focus groups that informed the development of the *Your Life Beyond Care* survey, young people stressed how their pets made their lives better and highlighted how they gave them opportunities to take responsibility. Pets had also been very important to the children in care who helped develop the *Your Life, Your Care* survey. Children in care described pets as non-judgmental and always pleased to see you.

Far fewer care leavers (28%) had a pet compared with young people in care (59%) (Selwyn et al. 2018). The survey does not tell us why this is, but it may be because of restrictions imposed by landlords, affordability of pet ownership, and/or being in full-time employment or education. A larger percentage (36%) of care leavers with a disability or long-term health problem had a pet in comparison with other care leavers.<sup>43</sup>

Some care leavers wrote that they wished for a pet. Others described the importance of pets in their life, including the emotional support they gave, and how they liked to spend time with them and take them for walks.

“Accommodation options when you have a dog are really difficult.”  
(Care leaver)

“No one will let me have a pet 😠.”  
(Care leaver)

“My dog is most important to me, listens to me and trusts me.”  
(Care leaver)

<sup>42</sup>  $\chi^2$  (1, n=1,678) =48.700, p<0.001.

<sup>43</sup>  $\chi^2$  (1, n=1,580)=13.903, p<0.001

## 5.2 Emotional support

Previous research has found that young people's emotional needs are often unsupported in the care system, or were unsupported after they left care (Rahilly and Hendry, 2014). Research has found that some care leavers reported that the availability of emotional support diminished after they had left care (Dixon and Baker, 2016).

***Friends were the most common source of emotional support for care leavers, followed by a family member or leaving care workers.***

We asked care leavers who gave them emotional support. They could choose as many of the ten categories as they wished (Figure 20). The categories were: friends(s); leaving care worker; partner; brother(s) or sister(s); mum; foster carer(s); other relative; dad; pet(s); counsellor/mental health professional; residential home staff; other care leaver(s); your own children; other; or 'I don't have anyone'.

Most care leavers identified at least two different categories of people providing support, 20% identified only one category and a small number (6%) reported 'I don't have anyone'. Of the 91 care leavers who reported having no-one, 34 (37%) were women and 57 (63%) were young men.<sup>44</sup> Young people were able to tell us about other sources of emotional support. These people included college and university staff, work colleagues, their partner's family, and other care leaver service professionals, such as workers in supported lodgings.

### Partners

Most (72%) of the care leavers with a partner felt that their partner gave them emotional support. Support from partners was more frequently reported by young women with a partner (77%) than young men with a partner (63%).

**"I have a lot of support from my partner and his family as well as my own."**  
(Care leaver)

**"My girlfriend is my support."**  
(Care leaver)

<sup>44</sup>  $\chi^2$  (1, n=1,697)= 8.157, p=0.004.

## Friends

The top source of emotional support, excluding partners, were friends (58%), with again young women more frequently reporting support from friends in comparison with men.

**“I have some best friends who are very close to me and support me when I need.”**

(Care leaver)

**“The friends I do have can't support me 100% because I can't explain the bad things I went through in care because it won't make sense.”**

(Care leaver)

**“My friends are my family, and I don't know what I would do without them.”**

(Care leaver)

## Professional support

Leaving care workers were a source of support for 45% of care leavers, which reflects the positive experience of workers described in the previous chapter. While the comments from young people presented a very positive view of their relationships with workers, it is also concerning that nearly one in ten young people had no-one else in their lives providing support but their worker.

**“Haven't many people in my life. [I] have casual friends here and there but my main source of emotional support is from my placement and leaving care and support workers.”**

(Care leaver)

**“PAs are like mummies. They are who I think of when I need support, they listen and do all the things my family don't.”**

(Care leaver)

Young people with a disability or long-term health problem more frequently reported that a counsellor or mental health professional gave them support: 20% compared with 7% of others.<sup>45</sup>

<sup>45</sup>  $\chi^2$  (1, n=1,455)=53.509, p<0.001.

## Foster carers

About a quarter of young people (434: 24%) selected foster carers as a source of continuing emotional support: 129 of whom were still living with their foster carer. The number of young people aged 18 and above who still lived with foster carers and reported that they provided emotional support suggests that when staying put arrangements are working well they provide important ongoing emotional support. A few responses also suggested that care leavers had made their own arrangements with carers to continue living with carers much the same way that other young people often remain with their own families well into their twenties.

**"My foster carer [name] has stood by me all my life and has always been someone I can go to, who helps me and guides me. He has agreed to continue to support me under a private arrangement beyond my 21st birthday."**  
(Care leaver)

**"My foster carers are the only people who have stuck by me and fought for my rights."**  
(Care leaver)

**"My ex foster carer – my next step, has been absolutely brilliant. I moved in with them recently to help with finances."**  
(Care leaver)

## Family support

Nearly a third (31%) of young people felt they got emotional support from their mother, father or both. Of the 1,241 care leavers who felt they lacked emotional support from their parents, 265 did get support from either a sibling or another relative. A total of 828 care leavers (46% of the sample) felt they received emotional support from a member of their family. Very few care leavers (n=86) were living with a parent or relative. They were split fairly evenly between those who felt they got support from the family (49%) and those who did not (51%).

**"I can always speak to my mum, she is always there for me."**

(Care leaver)

**"My brother is my best friend and the only person in my family. Love him more than myself."**

(Care leaver)

**"My seven year old step sister who I have only just met, loves me dearly."**

(Care leaver)

**"My mum and dad are dead, but I have a strong bond with my nana."**

(Care leaver)

**"I've heard mom is your best friend but my mom is my best enemy... 😔"**

(Care leaver)

**"I am currently undergoing family therapy with my mother to rebuild our relationship. I have a relationship with my father but it is not emotionally supportive. I don't feel I could ask him for help."**

(Care leaver)

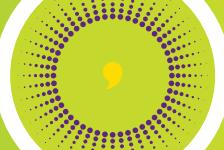
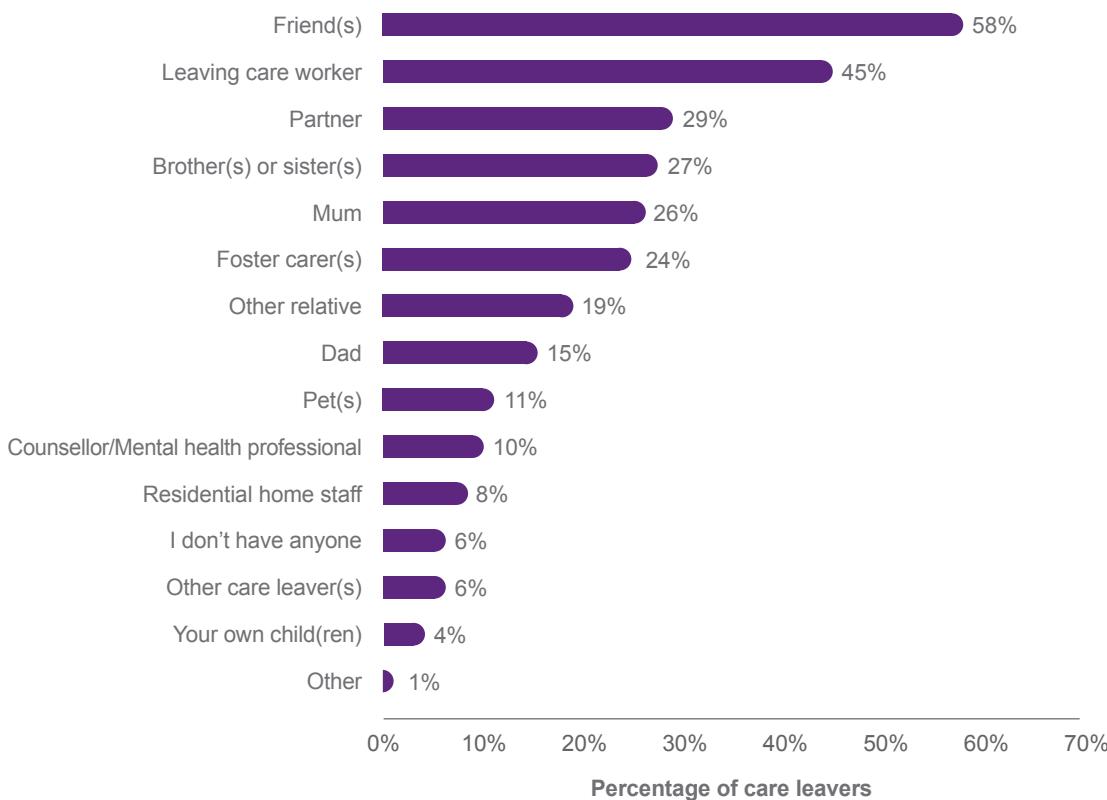


Figure 20: Sources of emotional support for care leavers



Base: 1,804

## 5.3 Resilience and trust

Trust is really important for children in care. Research on resilience shows that having a trusting relationship with one key adult is strongly associated with healthy development and recovery after experiencing adversity (Masten, 2014). The availability of at least one key adult has been shown to be the turning point in many looked after young people's lives (Gilligan, 2009). In our research review (Baker, 2017a) young people leaving care reported that coping with transitions from care was easier when they had a key person to rely on.

**Fewer care leavers reported that they had someone in their lives who they could trust compared with children in care.**

We asked care leavers if they had a person who they trusted, helped them and stuck by them, no matter what. Most care leavers (86%) responded 'yes' they did have someone in their lives like that.

In comparison, 92% of children in care, aged 11 to 18, reported that they had a trusted person in their lives (Selwyn et al. 2018) and 96% of young people aged 16 to 24 in the general population agreed that they had someone who would be there for them if they needed help (ONS, 2020d).<sup>46</sup>

“I have friends I can trust, I can talk to my grandparents and other people without getting judged.”  
(Care leaver)

‘I have someone I can trust, who helps me and sticks by me no matter what.’



“I really trust one of my keyworkers who cares for me (I love her to the point of saying 'I love you' to her.)”  
(Care leaver)

In our sample, slightly more young women (88%) than young men (84%) reported they had someone to trust. Similarly, in the general population of those aged 16 to 24 a higher percentage of women (74%) definitely agree they have people who would be there for them if they needed help than men (67%) (ONS, 2020d). Slightly more young people who described their ethnic background as White (88%) compared with those of minority ethnicity (83%) felt they had a trusted person in their lives.<sup>47</sup> Variation by local authority was also evident (between 77% and 100% of care leavers had a trusted person).

<sup>46</sup> In the Department for Digital, Culture, Media & Sport's Community Life Survey 2016-2019, respondents were asked to what extent they agreed or disagreed that if they needed help, there are people who would be there for them, with answers ranging from "Definitely agree" to "Definitely disagree". The 96% includes 'definitely agree' (72%) and 'tend to agree' (24%) (ONS, 2020d).

<sup>47</sup> Ethnicity:  $\chi^2$  (1, n=1,631) =10.288, p<0.001.

## Resilience

We used questions from the 'community connection' subscale of the Student Resilience Survey (Lereya et al. 2016) to ask care leavers if:

- a) they had a person who listened to them;
- b) a person who told them when they had done well; and
- c) a person who believed they would be a success.



All the questions have been associated with protective factors and the availability of a trusted person to buffer the impact of stressful life events. As with other analyses on relationships, a larger percentage of young women had a person in their lives who provided this kind of buffer in comparison with young men.

We found variation in positive responses by local authority (79% to 97%) and by ethnicity (fewer minority ethnic young people had a person who supported them) (Table 9).

**Table 9: Percentage of young people with people who support them by gender and ethnicity**

| I have someone who...                | Black and minority ethnic young women | Black and minority ethnic young men | White young women | White young men | All care leavers |
|--------------------------------------|---------------------------------------|-------------------------------------|-------------------|-----------------|------------------|
| Listens to me (% yes)                | 90%                                   | 86%                                 | 95%               | 94%             | 92%              |
| Tells me when I've done well (% yes) | 86%                                   | 83%                                 | 90%               | 88%             | 87%              |
| Believes I will be a success (% yes) | 85%                                   | 84%                                 | 90%               | 87%             | 87%              |

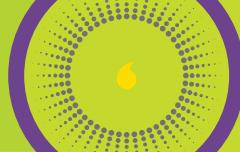
Base: 1,572-1,610

**"My partner has been amazing and really understands the struggles that I have been through in my life including being in care."**

(Care leaver)

**"Living life is hard in a new country... I make new family by joining local community and helping disabled and Down syndrome people."**

(Care leaver)



Care leavers with a disability or long-term health problem gave similar responses as all care leavers, except fewer responded 'yes' to feeling they had a person who listened to them: 89% compared with 93% of other care leavers.<sup>48</sup>

Table 10: Protective factors in supporting resilience

| Responding 'Yes' to the statements                        | Female<br>% (n) | Male<br>% (n) | All care<br>leavers<br>% (n) |
|---|-----------------|---------------|------------------------------|
| Do have a person who listens to you?                      | 94% (814)       | 90% (719)     | 92% (1,533)                  |
| Do you have a person who tells you when you've done well? | 89% (763)       | 86% (672)     | 87% (1,435)                  |
| Do you have a person who believes you'll be a success?    | 89% (757)       | 85% (661)     | 87% (1,418)                  |

Base: 1,627 to 1,666

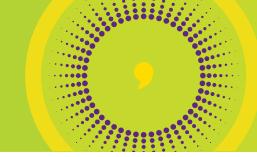
“I lost my confidence. I don't say nothing because no one does, not concerned about me.”  
(Care leaver)

“[Name] is the only person I can talk to all the time and who believes in me and tells me if I am being stupid and kicks me up the ass if I need it.”  
(Care leaver)

“My foster carer she has been with me since I came in here and she is loving and caring and she is the type of mum that I always wanted to have. She is there for me when I need her and always listens to me when I need her as well. I am grateful to her.”  
(Care leaver)

“My foster family (parents and siblings) are there for me. I am lucky I had a long-term placement and never had to move. They always believed in me.”  
(Care leaver)

<sup>48</sup> Person who listens to you:  $\chi^2$  (1, n=1,568) =6.826, p=0.009; person who tells you when you've done well:  $\chi^2$  (1, n=1,549) =1.562, p=0.211; person who believes you'll be a success:  $\chi^2$  (1, n=1,536) =3.748, p=0.053.



Looking at all the statements, 82% of care leavers answered yes to all three statements, 7% replied positively on two statements, 6% on one statement, and 5% gave no positive responses at all. Unsurprisingly care leavers who felt they had a supportive partner or had a trusted person in their lives or were receiving emotional support from two or more different categories of people responded positively to all three statements.<sup>49</sup>

**"I have a really supportive partner who encourages me every day to be the best I can be."**

(Care leaver)

## 5.4 Summary

In this chapter, we have shown that partners, for those that have them, were a major source of support and 85% of care leavers had at least one good friend. Those who felt unsafe in their home, or were struggling financially, had a disability or long-term health problem, or who were homeless more frequently reported being without a friend. Having a friend was very important, as friends were also a common source of emotional support.

Most care leavers could identify someone who gave them emotional support, but their support networks were small: about 6% had no support from any of the categories of people who might provide support and 20% from only one category of person. Although most care leavers were not living with a family member, 46% received emotional support from a relative and a similar percentage (45%) received emotional support from their leaving care worker.

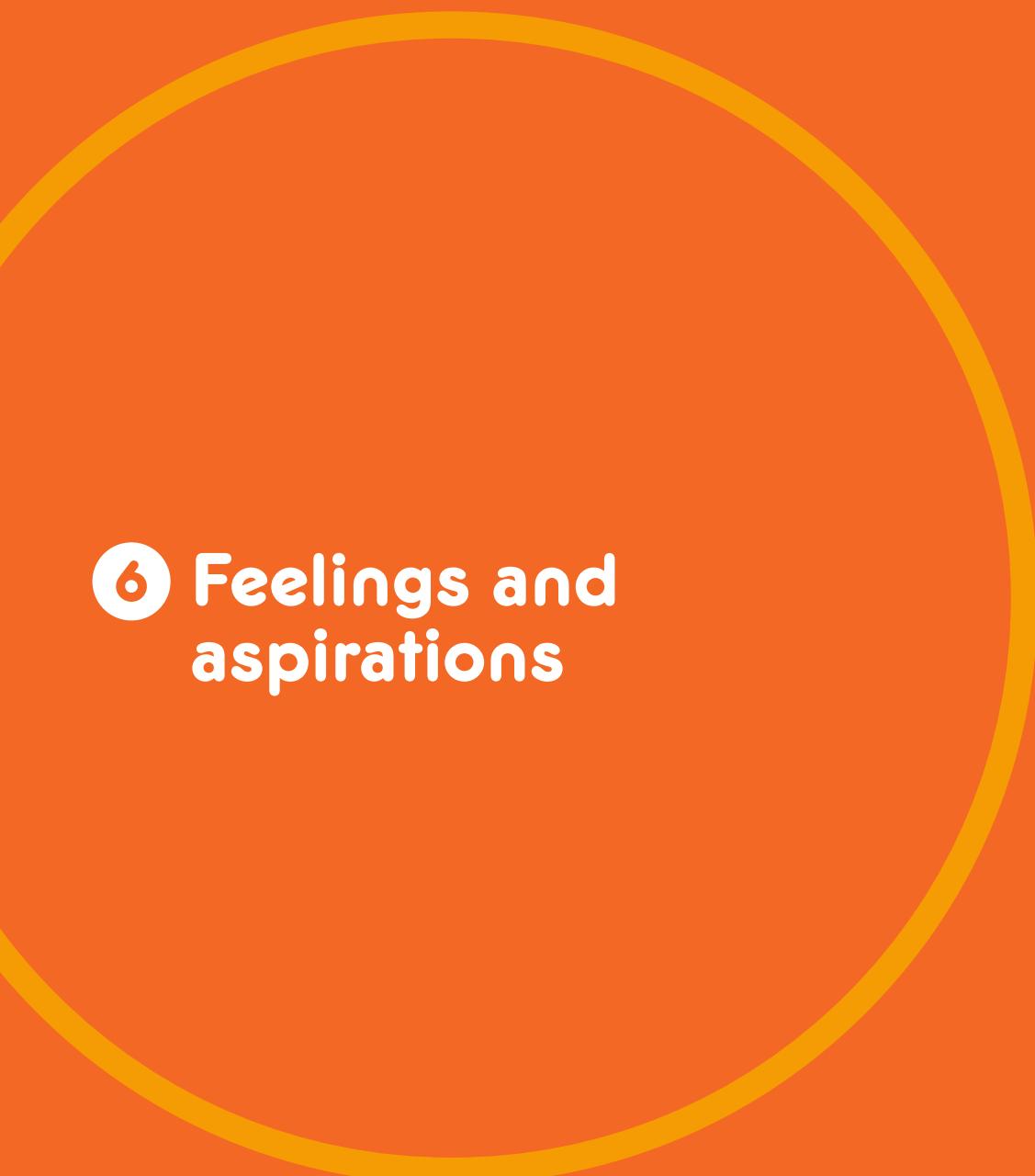
Pets are important in many people's lives and more than a quarter of care leavers had a pet, especially those who had a disability or long-term health problem.

The majority of care leavers could also identify someone who listened, praised, and believed they would do well in life. Care leavers who were from an ethnic minority or those with small support networks more frequently reported that they lacked a supportive person in their lives.

Repeating findings in other chapters there was significant variation in care leaver's responses to the questions on emotional support and relationships by the local authority that was providing support.

The next chapter examines young people's feelings and aspirations for the future.

<sup>49</sup> A score was calculated (ranging from 0-3) by summing the responses to; "I have a person who listens, praises, and thinks I'll be a success".



## 6 Feelings and aspirations

,



## 6.1 Happiness with appearance

Poor body image is associated with poorer quality of life, psychological distress, and a higher risk of unhealthy eating behaviours or eating disorders. Conversely, overall well-being has been linked to body satisfaction and appreciation (Mental Health Foundation, 2019). Care leavers in our focus groups discussed how they thought that the way that young people felt about their appearance was closely linked to self-confidence and identity.

*More than a third of young women and one in five young men felt unhappy with how they looked.*

We asked care leavers on a scale of 0 to 10: 'How happy are you with the way you look?' The majority of young people reported medium (scores of 5 to 6) to high (scores of 7 to 8) or very high (scores of 9 to 10) level of happiness with their appearance (Figure 21).<sup>50</sup>

Over a quarter (28%) of young people reported feeling unhappy (scores of 0 to 4) with the way they looked. In the general population the Mental Health Foundation (2019) found that just over a third (34%) of adults felt down or low because of their body image.

“I’m not happy with my clothes.”  
(Care leaver)

“I think I’m my own barrier. My appearance stops me from wanting to go outside a lot of the time.”  
(Care leaver)

“I’m going to change the way I look, I will be starting swimming and gym.”  
(Care leaver)

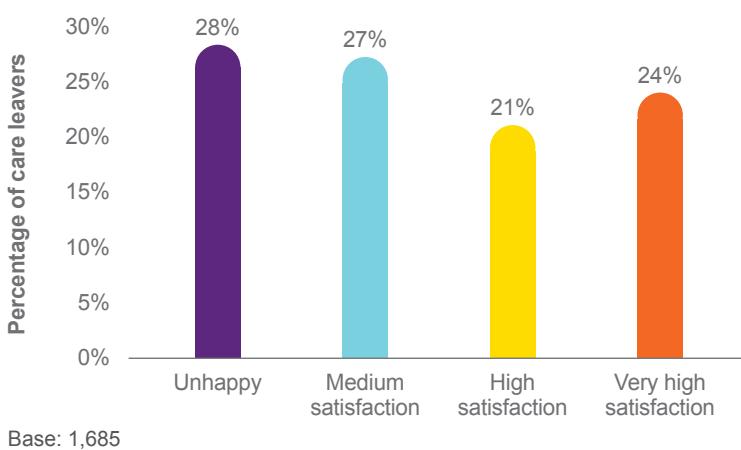
“At the moment I am gaining more weight constantly and sometimes I feel [like] staying at home because of my looks. I know I am not a lazy person just lack of time is causing this.”  
(Care leaver)

<sup>50</sup> We asked young people to rate how happy they are with the way they look on a scale of 0 to 10, where 0 was not at all happy and 10 completely happy. The mean score for care leavers was 5.9.

Our previous work with children in care found that looked-after girls were more likely to have a lower opinion of their appearance compared with boys (Selwyn and Briheim-Crookall, 2017). This trend continued for care leavers, as women more frequently reported feeling unhappy with their appearance in comparison with men (35% of young women were unhappy compared with 19% of young men).<sup>51</sup> Gender differences have also been reported in the general population (Children's Society, 2020; Mental Health Foundation, 2019).

Nearly double the percentage of young people with a disability or long-term health problem (41%) reported unhappiness with their appearance compared with other care leavers (22%).<sup>52</sup>

**Figure 21: Levels of happiness with appearance**



“I hate myself, but nobody even understands and my leaving care worker doesn't even know how much I starve.”<sup>52</sup>  
(Care leaver)<sup>50</sup>

“Things will get better soon, once I get accepted and get my first appointment with my gender clinic so I can start male hormones. Then everything will be all good.”  
(Care leaver)

## 6.2 Stress

Leaving care and gaining independence can bring both freedom and stress, as young people are required to increasingly take responsibility for their lives on their own. The survey included the 4 item Perceived Stress Scale (Cohen et al. 1983) measured on a five-point scale. We chose the scale because it does not focus on identifying specific stressful events but on an individual's perceptions of how well they are coping. Individual total scores can range from 0 to 16 with higher scores indicating high stress.<sup>54</sup>

**Care leavers reported higher levels of stress than their peers in the general population.**

<sup>51</sup>  $\chi^2$  (1, n=1,644)=59.273, p<0.001.

<sup>52</sup> A senior manager within the local authority was alerted to safeguarding concerns

<sup>53</sup>  $\chi^2$  (1, n=1,547)=50.524, p<0.001.

<sup>54</sup> Reliability of the scale:Cronbach alpha coefficient = .753

The average stress score for the whole sample was 7.4 in comparison with 6.7 for the same age group in the British population (Warttig et al. 2013).

Unlike the general population, stress scores did not decrease with age but increased. Those aged 25 years old had an average score of 8.2. Those with a disability or long-term health problem more frequently had high stress scores (mean score 8.5) as did those who felt unhappy with their appearance (mean stress score 9.1).

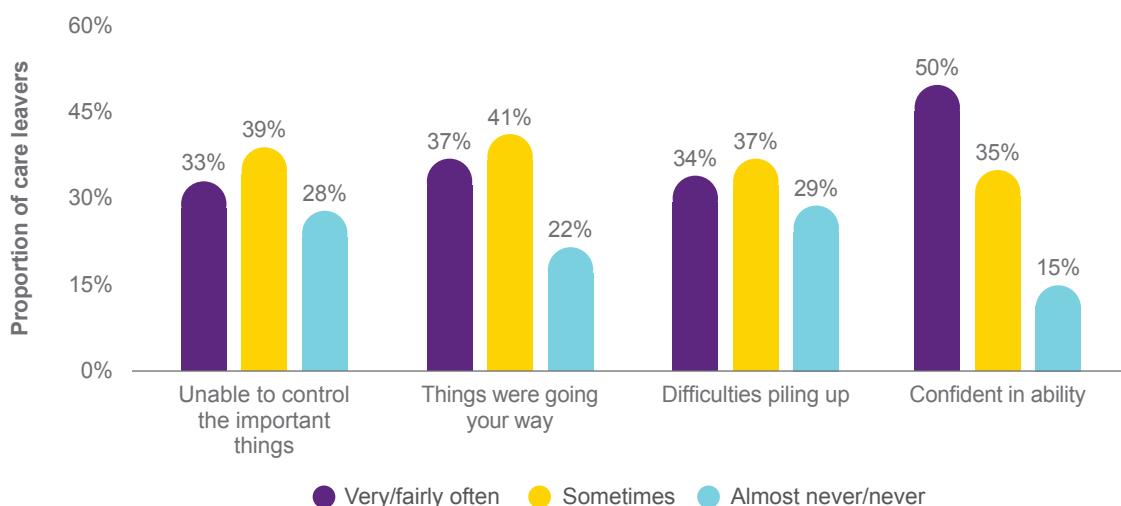
**Table 11: The perceived stress scale: average (means) on each item (scale 0 low to 4 high)**

| In the last month how often:  |             |
|---|-------------|
| Have you felt difficulties were piling up so high that you could not overcome them? | 2.08        |
| Have you felt that you were unable to control the important things in your life?    | 2.06        |
| Have you felt that things were going your way?                                      | 1.80        |
| Have you felt confident about your ability to handle your personal problems?        | 1.49        |
| <b>Total</b>  | <b>7.43</b> |

Base: 1,665

Overall, although half of care leavers often felt confident about their ability to handle personal problems, around a third reported being unable to control the important things in life, and the same percentage reported that it often felt like difficulties were piling up higher than they could solve them (Figure 22).

**Figure 22: Measures of stress and how frequent they were in the last month**



Base: 1,710 to 1,741

“I have just lost my dad, I'm pregnant, I have an 11 month old, I have just moved, I am feeling stressed.”  
(Care leaver)

“I feel really angry that there are certain things in my life that I can't control. Certain choices made for me as a child that are affecting my personal life now as an adult that I can't control and it's not fair.”  
(Care leaver)

“A little financial help when it is needed could make a difference. The money I receive and the bills I have to pay, can be quite stressful sometimes.”  
(Care leaver)

## 6.3 Emotions and feelings

Young people who worked on the development of the survey were keen to emphasise that leaving care could evoke a whole range of feelings, both positive and negative. Over the last decade, studies have tried to understand the nature of 'affect'. Affect refers to emotions, feelings, and moods that affect decisions. For example, the feelings that involve some kind of evaluation, such as liking or disliking something, or feeling good or feeling low. Most studies separate affect into positive (e.g. excited) and negative (e.g. scared).

Research has shown that low levels of positive affect are linked with and predict depression, while higher positivity is related to better well-being. Low negative affect is linked with feeling calm and high negativity with anxiety. The most commonly used measure to consider positive and negative affect has 20 questions – far too many for our survey (Watson et al. 1988). Instead, we selected three positive and three negative emotions that care leavers felt were the most salient.

### Positive and negative feelings

We drew on and adapted some of the wording in the Positive and Negative Affect Schedule (PANAS) and care leavers in our focus groups helped us narrow down the emotions to ask about.<sup>55</sup> We asked care leavers 'In the past few weeks how often have you felt' excited, angry, lonely, strong, afraid, and proud on a five-point scale, with 1 being 'never' and 5 'always/very often'.<sup>56</sup>

We summed the positive and negative items (range 3 to 15) to create a positive and negative affect score (Table 12).

***Women had lower mean scores for positivity and higher mean scores for negativity compared with men.<sup>57</sup>***

We created percentiles from standardised scores and used the same arbitrary cut off,<sup>58</sup> as in Norlander and colleagues (2002), to distinguish four affective profiles. More than a quarter (28%) of care leavers had a high positivity and low negativity profile, a profile that has been most closely associated with high well-being (Table 12).

<sup>55</sup> see <https://positivepsychology.com/positive-and-negative-affect-schedule-panas/>

<sup>56</sup> Reliability: scales had reasonable internal consistency: positive (Cronbach's alpha .770) negative (Cronbach's alpha .719).

<sup>57</sup> Independent samples test: gender and positive scale t (1,186) = -3.243 p=.001; Welch t-test gender and negative scale t (1,192) = 3.004 p=.003.

<sup>58</sup> 53.2% for positive affect and 48.9% for negative affect.

**Table 12: Profiles of affect**

| Profile                                       | Percentage |
|---|------------|
| High positive affect and low negative affect  | 28%        |
| Low positive affect and low negative affect   | 14%        |
| High positive affect and high negative affect | 22%        |
| Low positive affect and high negative affect  | 36%        |

Base: 1,233 to 1,265

Research (e.g. Sanmartin et al. 2018) has found that among adolescents in other countries, those with high positivity and low negativity affect profiles were the most satisfied with life and were more optimistic and happier compared with other profiles. Young people with the fourth profile (low positivity and high negativity) had the worst results and were more often depressed. It is concerning that care leavers with that profile made up more than a third (36%) of the sample, the largest group. Sanmartin reports that in the general population studies, low positivity and high negativity profiles make up the smallest percentage and only about 17% of the total sample. We were interested in examining in more depth the feelings of being afraid and loneliness, as our research review (Baker, 2017a) found that care leavers often expressed these negative emotions.

### Feeling afraid

About half (51%) of young people reported that in the previous few weeks, they had felt 'hardly ever' or 'never' afraid, 40% felt afraid 'occasionally' and 9% care leavers were 'always' afraid. Young people who felt afraid 'always/often' were less likely than others to report feeling settled and safe in their neighbourhood and home.<sup>59</sup> Most strikingly, 63% of these young people did not always feel safe at home.

We were also interested in examining in more depth the loneliness responses, as so many care leavers have reported feelings of loneliness.

<sup>59</sup> Variable split: hardly ever or never settled/safe, versus always or sometimes settled/safe. Settled:  $\chi^2 (1, n=1,229)=25.445$ , p<0.001; Safe at home:  $\chi^2 (1, n=1,227)=37.998$ , p<0.01; Safe in neighbourhood:  $\chi^2 (1, n=1,210)=29.487$ , p<0.01.

## 6.4 Loneliness

A key determinant of well-being is having positive social connections (ONS, 2017). In the UK general population, 10% of young people (16 to 24 years) report feeling lonely 'always or often' and loneliness is reported more frequently by women. Loneliness can affect most people but chronic loneliness ('always' feeling lonely) has been linked with poor physical and mental health and low well-being (ONS, 2018). Our research review (Baker, 2017a) found that care leavers in many studies described feeling very lonely and socially isolated after leaving care.

An analysis of the characteristics and circumstances associated with loneliness in England using the 2016-17 Community Life Survey found that those who were renting, those who felt little trust of others, and those who did not have a sense of belonging in their neighbourhoods were more at risk of loneliness (ONS, 2018b).

***In our survey two-thirds (67%) of care leavers reported feeling lonely at some point in the last few weeks; of these 22% recorded they had 'always/often' felt lonely - twice the number of young people aged 16 to 24 in the general population who report this (10%).***

Care leavers with a disability or long-term health problem were more likely than others to report 'always/often' feeling lonely (35% compared with 16%).<sup>60</sup> However, unlike in the general population, there was a non-statistically significant association between feeling 'always/often' lonely and gender.<sup>61</sup> There were some differences by living arrangement, with those renting more likely to feel always or often lonely, and those living with foster carers or in supported accommodation or lodgings less likely.<sup>62</sup> There was also no statistically significant association with ethnicity.<sup>63</sup>

Age was associated with 'always' feeling lonely. Unlike in the general population where loneliness decreases with age (ONS, 2018), it increased with age for care leavers. Loneliness jumped from 20% for those aged 21 years to 34% at age 22 years and 32% at 23 years old. We have already outlined how stress scores increased with age and how dependent some care leavers were on their leaving care workers for emotional support. The increase in chronic loneliness could be partly due to support services often ending when care leavers reach 21, though our older respondents were those with whom their local authority were in touch.

<sup>60</sup>  $\chi^2$  (1, n=1,150)=46.820, p<0.001.

<sup>61</sup> 21% of young women and 22% of young men were always or often lonely in the past few weeks.  $\chi^2$  (1, n=1,216)=.223, p=0.637.

<sup>62</sup> Foster carers 13%, college or university 16%, supported accommodation or supported lodgings 19%, living with parents or other relatives 21%, rent or own a flat or house 25%, other 30%.  $\chi^2$  (5, n=1,238)=18.147, p=0.003.

<sup>63</sup> From lowest to highest, 17% of Mixed respondents were always/often lonely in the past few weeks, 20% of Black, 21% of White, 24% of Asian, 27% of other, and 36% of those who preferred not to say.  $\chi^2$  (5, n=1,231)=7.882, p=0.163.

**"I feel lonely and sometimes I think there's no-one to give me emotional support and stand by me, like a good partner."**

(Care leaver)

**"When I was in care all I wanted to do was leave but when that happened I had nothing - less support, less friends, less people I could trust. And I feel even lonelier."**

(Care leaver)

We have already described the importance of supportive relationships in young people's lives. The presence of such relationships can clearly be seen in how they protect against loneliness and how their absence increases the risk of loneliness (Table 13 and Table 14).

**Table 13: Absence of positive relationships and loneliness in the last few weeks**

| Relationships  | Loneliness    |                                  |                      |
|--|---------------|----------------------------------|----------------------|
| Young people who <u>do not</u> have a person who...        | Always/ often | Some of the time or Occasionally | Hardly ever or Never |
| Listens to you?  | 53%           | 31%                              | 16%                  |
| Believes you'll be a success?                              | 39%           | 44%                              | 17%                  |
| Tells you when you've done well?                           | 45%           | 41%                              | 14%                  |
| You trust, who helps you and sticks by you no matter what? | 51%           | 39%                              | 11%                  |

Base: 1,215-1,236

**Table 14: Presence of positive relationships and loneliness in the last few weeks**

| Relationships  | Loneliness    |                                  |                      |
|--|---------------|----------------------------------|----------------------|
| Young people who <u>do</u> have a person who...            | Always/ often | Some of the time or Occasionally | Hardly ever or Never |
| Listens to you?  | 19%           | 46%                              | 35%                  |
| Believes you'll be a success?                              | 19%           | 46%                              | 35%                  |
| Tells you when you've done well?                           | 18%           | 46%                              | 36%                  |
| You trust, who helps you and sticks by you no matter what? | 16%           | 47%                              | 37%                  |

Base: 1,215-1,236

Young people who recorded they had 'always' felt lonely in recent weeks more frequently reported that: they lacked a trusted person (33%), or emotional support (12% only had one or two different types of people in their lives), had higher stress scores, and their affect profiles were more negative. A higher percentage of these young people also did not have someone in their lives who listened to them, told them when they had done well and believed they would be a success.

Young people who reported always feeling lonely more frequently reported having a counsellor or health professional, as a source of emotional support.<sup>64</sup>

“My dad is abroad, I don't know where my real mum is, my step mum doesn't want me living with her. I don't have friends that I could hang out with and do fun stuff, that's why I feel very lonely.”  
(Care leaver)

“It's nice to talk with people but barely ever get the chance to and people just rarely bother listening.”  
(Care leaver)

<sup>64</sup>  $\chi^2$  (1, n=1,250)=10.00, p=.002.

## 6.5 Plans for the future

Previous research has found that for many care leavers moving towards more independent living did not live up to their expectations and care leavers felt stressed about the future (Baker, 2017a).

We asked care leavers if they had goals and plan for the future. The majority (87%) of care leavers did have goals, especially those who were parents, pregnant, or whose partner was pregnant (91%). But a fifth (20%) of young people with a disability or long-term health problem did not have any goals or plans.<sup>65</sup> Also associated with not having goals were those who were unemployed or not in education, struggling with coping financially, and who 'always/often' felt lonely.<sup>66</sup>

Young people (90%), who had someone who believed they would be a success more frequently stated that they had goals and plans for the future compared with young people (66%) who did not have someone.<sup>67</sup> This speaks to the importance of encouraging and celebrating the success of young people as part of support to care leavers.

“I want to train to be a mechanic, my social worker is helping me.”  
(Care leaver)

“I have goals in my future, but feel like I do not have the money or time to do anything about getting a different job or a career.”  
(Care leaver)

## 6.6 Positivity about the future

Optimism is linked with mental and physical health, well-being, and lower levels of depression (Bouchard et al. 2018). It is also associated with being confident that personal goals can be achieved. Optimistic people are more likely to persist in trying to reach their goals even when facing adversity.

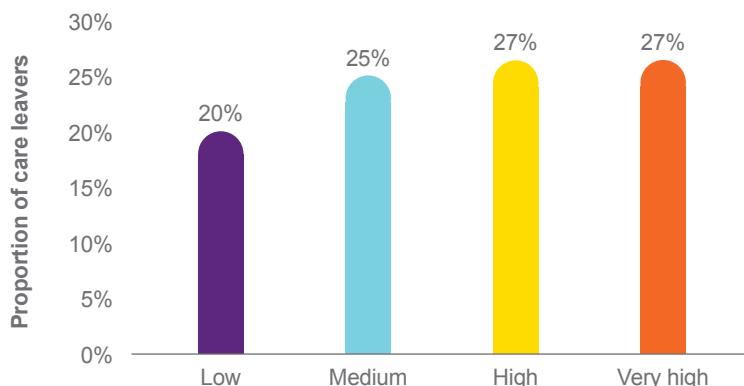
We asked care leavers how positive they felt about the future. The majority (80%) of care leavers reported high to moderate levels of positivity about the future (Figure 23). One in five (20%) reported low positivity, answering 0 to 4 on a scale where 0 was 'not at all positive' and 10 was 'completely positive'.

<sup>65</sup>  $\chi^2$  (1, n=1,557)= 17.439, p<.001.

<sup>66</sup> Labour market status (NEET 17% compared to others 9%):  $\chi^2$  (1, n=1,253)= 16.735, p<.001; finding it quite or very difficult financially (22% compared to 11% among those doing alright, living comfortably or getting by):  $\chi^2$  (1, n=1,680)= 29.822, p<.001; loneliness (always/often 26% compared to less often lonely 10%):  $\chi^2$  (1, n=1,230)= 46.838, p<.001.

<sup>67</sup>  $\chi^2$  (1, n=1,639)= 85.76, p<.001.

Figure 23: Levels of positivity about the future



Base: 1,694. Scale where 0 is 'not at all positive' and 10 is 'completely positive'. Low is 0 to 4, medium is 5 to 6, high is 7 to 8, and very high is 9 to 10.

The percentage of young people feeling positive about the future varied between 68% and 93% by local authority. There were moderate correlations between positivity about the future and the total stress scores<sup>68</sup> and the affect profiles.<sup>69</sup> Young people not in work, education or training were more likely to report low levels of positivity about the future (25%) compared with young people in work or education (17%).<sup>70</sup>

## 6.7 Summary

In this chapter, we have described how young people's positive and negative feelings were associated with their levels of stress. Most care leavers felt happy with their appearance but 41% of those with a disability or long-term health problem, 35% of young women, and 19% of young men felt unhappy with how they looked. Feeling unhappy with one's appearance or having a disability or long-term health problem were both associated with higher levels of stress. Compared with young people in the general population, care leavers reported higher levels of stress and chronic loneliness. These rose with age, in contrast to young people in the general population, for whom both stress and feelings of loneliness decrease with age. More than a quarter of care leavers recorded very positive and low negative emotions, a profile that has been associated with high well-being. However, more than a third recorded very negative emotions and low positivity, a profile that has been associated with depression and poor outcomes. Care leavers with this concerning profile had higher levels of stress, were less positive about their future, and expressed loneliness more frequently than other care leavers.

In the next chapter, we will further develop our understanding of care leaver's subjective well-being, as we focus on how they responded to the four personal well-being questions that are also used in annual general population surveys.

<sup>68</sup>  $r_{pb} = -0.539$ ,  $p < .001$

<sup>69</sup>  $r_{pb} = -0.476$ ,  $p < .001$

<sup>70</sup>  $U = 21448$ ,  $z = 3.26$ ,  $p < .001$



## 7 Subjective well-being

The subjective well-being of care leavers is all about how young people feel about their lives; whether they feel they are struggling or thriving. A particular strength of *Your Life Beyond Care* is how it comprehensively measures different aspects of well-being. This systematic measurement allows us to understand how care leavers are doing compared to other young people.

## 7.1 The well-being questions

We asked care leavers the same four core questions that the Office for National Statistics (ONS) uses to report on the personal well-being of the general population (ONS, 2020d). The four questions use 0 to 10 scales and ask:

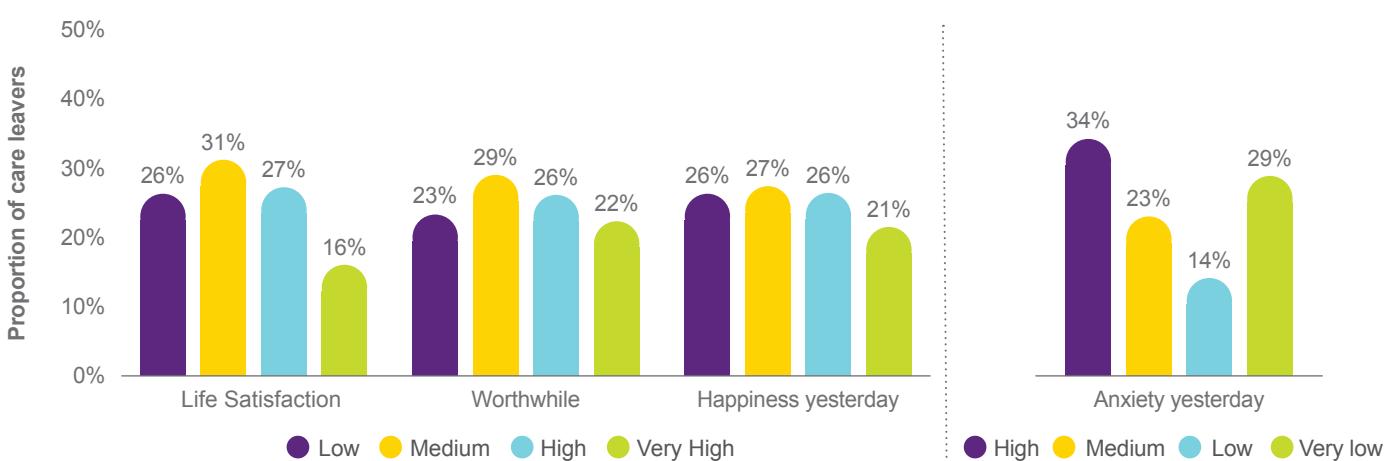
- e) Overall, how satisfied are you with your life nowadays?
- f) Overall, to what extent do you feel the things you do in your life are worthwhile?
- g) How happy did you feel yesterday?
- h) How anxious did you feel yesterday?

Zero represents 'not at all' and a score of 10 represents 'completely'. The scales are a harmonised standard for measuring well-being and are currently used in many different national surveys (ONS, 2018c).

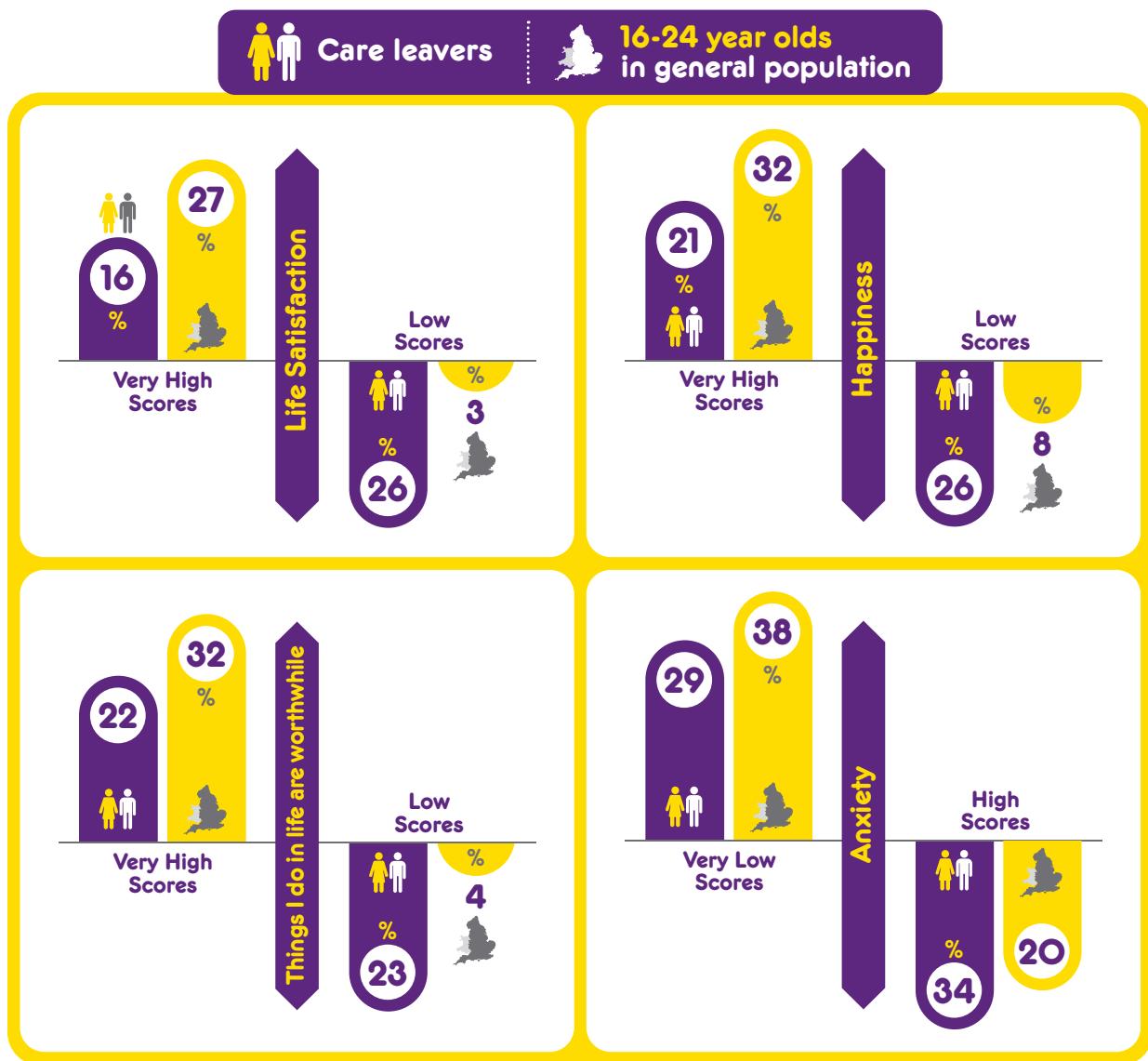
Using the ONS categories (ONS, 2017) we rated the scores as low (0 to 4), medium (5 to 6), high (7 to 8), or very high (9 to 10). For the question on anxiety, we rated very low as scores of 0 to 1, low as 2 to 3, moderate as 4 to 5, and high anxiety as 6 to 10.

Most young people reported that they had medium to high life satisfaction, felt the things they did in their life were worthwhile, and felt happy the previous day (Figure 24). However, most (57%) care leavers reported medium or high anxiety yesterday.

**Figure 24: Care leavers' ratings of their well-being**



Base: 1,271 to 1,698.



Although many care leavers felt they had moderate to high levels of well-being, in the general population the percentage with good levels of well-being is much higher. The comparisons are stark; for example, just over a quarter of care leavers reported low life satisfaction compared to only 3% of the general population (Table 15). In response to each of the four questions, a larger percentage of care leavers reported low well-being in comparison with young people aged 16 to 24 in the general population.

We also ask children in care (11 to 18 years) the same questions about life satisfaction, happiness, and whether the things you do in life are worthwhile as part of the *Your Life, Your Care* survey. Care leavers reported lower levels of well-being compared with looked-after children aged 11 to 18 (Briheim-Crookall et al. 2018; Baker et al. 2019). The lower level is in keeping with previous research (ONS, 2014), which has shown well-being decreases with age until middle age. However, the decline in well-being from childhood to early adulthood was much steeper for care leavers than it is for young people in the general population (ONS, 2019c; ONS, 2018c). For example, the percentage of young adults who reported very high life satisfaction was 4% lower than the well-being of children in the general population (11 to 15 years) but for care leavers the difference with children in care (11 to 18 years) was 15%.



Table 15: Comparison of subjective well-being of care leavers (16 to 25 years), young people in the general population (16 to 24 years) and looked after children (11 to 18 years)

|                     |  | Data source              | Mean                       | Low scores (0 to 4)<br>%      | Very high scores (9 to 10)<br>% |
|---------------------|--|--------------------------|----------------------------|-------------------------------|---------------------------------|
| Life satisfaction   | Overall, how satisfied are you with your life nowadays?                            | Your Life Beyond Care    | 5.8                        | 26%                           | 16%                             |
|                     |  | Annual Population Survey | 7.7                        | 3%                            | 27%                             |
|                     |  | Your Life, Your Care     | 6.9                        | 17%                           | 31%                             |
| Things worthwhile   | Overall, to what extent do you feel the things you do in your life are worthwhile? | Your Life Beyond Care    | 6.2                        | 23%                           | 22%                             |
|                     |  | Annual Population Survey | 7.7                        | 4%                            | 32%                             |
|                     |  | Your Life, Your Care     | 7.4                        | 14%                           | 44%                             |
| Happiness yesterday | How happy did you feel yesterday?  | Your Life Beyond Care    | 6.0                        | 26%                           | 21%                             |
|                     |  | Annual Population Survey | 7.5                        | 8%                            | 32%                             |
|                     |  | Your Life, Your Care     | 6.7                        | 22%                           | 34%                             |
|                     |  | Mean                     | High scores (6 to 10)<br>% | Very low scores (0 to 1)<br>% |                                 |
| Anxiety yesterday   | How anxious did you feel yesterday?  | Your Life Beyond Care    | 4.2                        | 34%                           | 29%                             |
|                     |  | Annual Population Survey | 3.0                        | 20%                           | 38%                             |

Base: 1,271-1,698, Sources of comparison data: Annual Population Survey published by Office for National Statistics (ONS, 2019c); Your Life Your Care survey of looked-after children (Selwyn et al. 2018)

## 7.2 Low well-being

We combined all four personal well-being measures, to get a sense of overall well-being. We classed care leavers who had rated themselves as low (i.e. 4 or less) on two or more of the first three scales, and high or very high (i.e. 6 to 10) on the anxiety scale, as having low well-being. We defined 'low well-being' like this to ensure that a low rating on one scale did not unduly influence the percentage we then categorised as having 'low well-being'.

*Using our overall measure, just under a third (30%) of care leavers had low levels of well-being, and over two-thirds (70%) had moderate or high levels.*



A larger percentage of care leavers who recorded their ethnicity as Asian (34%) or Other (37%) had low well-being compared with those who recorded their ethnicity as Black (23%), Mixed (27%) or White (30%).<sup>71</sup> There was no statistically significant association between having low well-being and gender, ethnicity, or the number of leaving care workers reported by the young person.<sup>72</sup>

As reported in previous chapters, more young people with a disability or long-term health problem (42%) had low well-being in comparison with other care leavers (24%).<sup>73</sup>

The variation by local authority in the well-being of their care leavers was very marked; 14% to 44% had low well-being (Figure 25).

<sup>71</sup> Prefer not to say, 3%.

<sup>72</sup> Gender (31% of young women and 28% of young men had low well-being):  $\chi^2$  (1, n=1,464)=1.167, p=0.280; ethnicity:  $\chi^2$  (5, n=1,482)=8.442, p=0.133; number of leaving care workers in last 12 months (one compared to two or more)  $\chi^2$  (1, n=1,429)=0.320, p=0.572.

<sup>73</sup>  $\chi^2$  (1, n=1,386)=43.567, p<0.001.

**Figure 25: Percentage of care leavers with low well-being by local authority**



Base: 1,493

Where care leavers were living was also associated with how they answered questions about well-being.<sup>74</sup> Unsurprisingly, 18 (75%) of the 24 young people who were homeless and all of the ten young people in custody had low well-being. Most (77%) of those living either with a foster carer or in University or college accommodation had moderate to high well-being.

### Understanding factors associated with low well-being

To hone in on the factors which best predicted low well-being, we began by examining whether the responses to individual questions were associated with low well-being.

The following questions were not statistically significantly associated with low well-being:

- having a pet,
- the number of leaving workers in the past year,
- knowing who the leaving care worker is,
- having a partner,
- the young persons' age,
- the length of time in care, and
- gender.<sup>75</sup>

<sup>74</sup>  $\chi^2 (10, n=1,213)=53.489$  p<0.001.

<sup>75</sup> Have a pet:  $\chi^2 (1, n=1,484)=.004$  p=0.950; number of leaving care workers:  $\chi^2 (1, n=1,429)=.320$  p=0.558; have a partner:  $\chi^2 (1, n=1,478)=1.891$  p=0.184; knowing who one's leaving care worker is:  $\chi^2 (1, n=1,485)=.192$  p=0.662; gender:  $\chi^2 (1, n=1,213)=1.167$  p=0.302; length of time in care:  $\chi^2 (4, n=1,218)=2.950$  p=0.569; age: U 216004 z=-146 p=0.145.

All the other questions were statistically associated. This is unsurprising as the questions were selected by care leavers as what mattered to them. We selected those questions where the association with low well-being had a p-value of 0.05 or lower and there was a medium to strong effect size (phi = .300 or higher).<sup>76</sup> Low well-being was statistically significantly associated with not feeling settled, positive and negative feelings, and inability to cope financially.

Among care leavers who had low well-being:

- 72% felt afraid always or often
- 64% felt angry always or often
- 63% felt lonely always or often
- 63% hardly ever or never felt strong, proud, or excited
- 56% did not always feel settled where they were living
- 53% found it very difficult to cope financially

To understand more about how the different responses were associated with low well-being we built a series of statistical models called logistic regression models. Into the models went variables that showed a moderate to strong effect on well-being. We included resilience scores (see chapter 5.3) and scores on the stress scale. Most care leavers with low well-being had high stress scores but 38% did not: high levels of stress and low well-being were not interchangeable. The final model explained 59% (Nagelkerke  $R^2$ ) of the variance in well-being and correctly classified 71% of those with low well-being and 91% of those with moderate or high well-being (for full results see Appendix 2). Our model's ability to discriminate between those with and those without low well-being (the sensitivity of the model) was excellent.

We found that the following indicators put young people at risk of low well-being:

- Young people with low positivity and high negativity profiles were 27% more likely to have low well-being. It was only the specific combination of low positivity with high negativity that was statistically significantly associated with low well-being and not negativity on its own. Previous research indicates that this group is likely to be suffering from depression and/or anxiety (Clark and Watson 1991).
- Those without a good friend were 20% more likely to have low well-being compared with those with a friend.
- Care leavers were also 20% more likely to have low well-being if they were finding it very difficult to manage financially.
- As stress scores increased so did low well-being. For each point increase, on the 0 to 16 scale, young people were 1.1 times more likely to have low well-being.
- Similarly, as positivity about the future declined, so the likelihood of having low well-being increased.
- Care leavers who did not have a person who listened to them, praised them, or believed they would be a success were also more likely to have low well-being.
- Care leavers who felt unhappy about their appearance were also at greater risk of low well-being.

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<sup>76</sup> See additional tables in Appendix 2.



## 7.3 Very high well-being

Using a similar method, we categorised young people as having 'very high well-being' if they rated their well-being as very high (scores of 9 to 10) on two or more of the well-being scales (life satisfaction, things you do are worthwhile and happiness yesterday) and very low (scores of 0 to 1) on the anxiety scale.

**Just under a quarter (24%) of care leavers rated their well-being as very high.**

High well-being did not vary substantially in line with the young person's ethnicity, gender, or number of years in care.<sup>77</sup> Young people without a disability or long-term health problem reported very high well-being (29%) more frequently compared with those with a disability or long-term health condition (12%).<sup>78</sup>

The pattern of responses tended to be the opposite of those reporting low well-being. They had lower stress scores: an average of 4.7 while those with low well-being had an average score of 9.9. They felt very positive about the future and recorded positive emotions and low negativity. For example, in the very high well-being group of care leavers:

- 87% felt strong always or often
- 83% felt proud always or often
- 79% felt settled 'always' where they lived
- 77% never/hardly ever felt afraid
- 53% were moderately or very happy with their appearance (scoring 5-10 on the 0-10 scale)

There was also a similar wide variation by local authority in the percentage of care leavers with very high well-being, ranging from 14% to 41%.

However, there were also some differences in the group of care leavers with very high well-being compared with the other care leavers. Care leavers were:

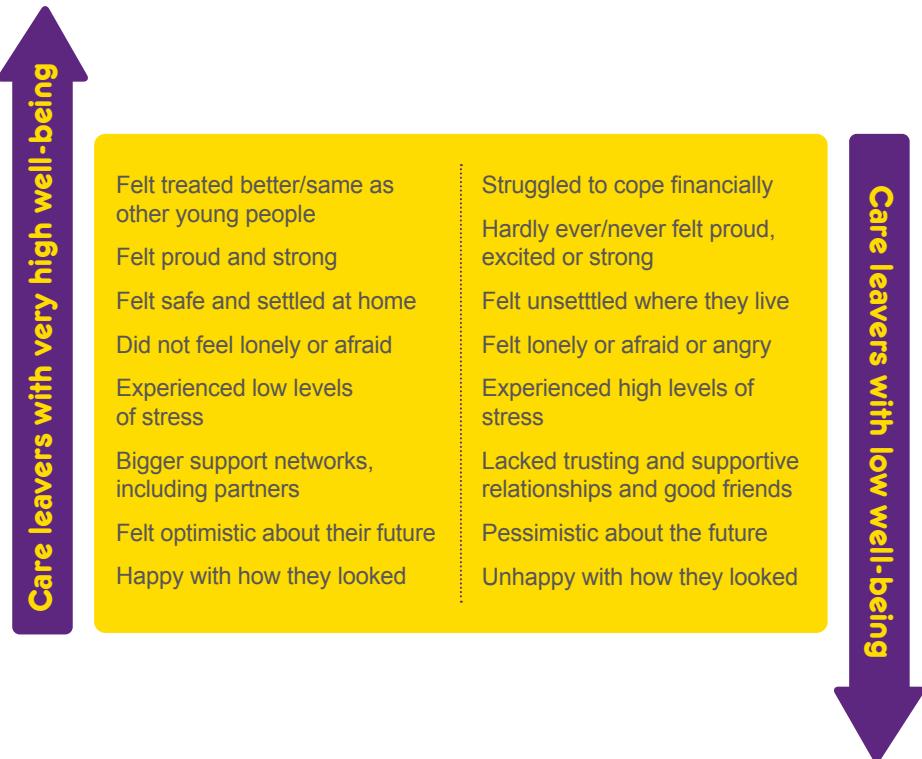
- 3 times more likely to have very high well-being if they felt they were treated better, and 1.3 times more likely if they felt they were treated the same, compared with other young people
- 2.6 times more likely to have very high well-being if they did not feel lonely always or often
- 1.5 times more likely to have very high wellbeing if they always felt safe in their homes
- 1.2 times more likely to have very high well-being if they had a partner.

Those with very high well-being were much more connected than care leavers who had low or moderate or high well-being. They had more different types of people in their lives: 69% of those with very high well-being had three or more different people giving them emotional support compared with 50% of other care leavers.<sup>79</sup>

<sup>77</sup> Very high well-being compared to high, medium and low well-being. Ethnicity:  $\chi^2$  (4, n=1,439)=2.981, p=0.561; gender:  $\chi^2$  (1, n=1,464)=2.336, p=0.126; number of years in care:  $\chi^2$  (4, n=1,218)=6.210, p=0.184.

<sup>78</sup>  $\chi^2$  (1, n=1,386)=40.385, p<0.001.

<sup>79</sup>  $\chi^2$  (1, n=1,493)=35.449, p<0.001.



## 7.4 Summary

The majority of care leavers had moderate to high well-being but 30% had low well-being. The percentage who had low well-being was much higher than the general population on all well-being measures. There was also a steep decline in well-being compared to children in care. There was very wide variation by local authority in the percentage of care leavers with low and high well-being.

Young people with low well-being were more likely than other care leavers to be lonely, struggle with finances, feel unhappy about their appearance, feel unsettled where they lived, experience higher levels of stress and feel very negative emotions and few positive ones. They had few supportive people in their lives. Those who did not have a person who listened to them, praised them, or believed they would be a success were more likely to have low well-being.

Young people with very high well-being felt safe and settled where they were living, and were less lonely, with more people in their lives providing emotional support, including partners. They felt they were treated the same or better than other young people, were positive about the future and experienced positive feelings and emotions.

## What makes life good for care leavers? Issues most strongly associated with high or low well-being



To understand how individual care leavers are doing and better support their well-being, it may be important for workers to explore their emotions as part of the pathway planning process. Exploring how they feel, what makes them feel better or worse, and how they think they could be better supported in these areas, may be an important step towards addressing individual care leavers' well-being. Where care leavers report more negative than positive emotions, it may also indicate that help is needed from adult mental health services for depression and/or anxiety.

In the final section, we outline some of the specific support that care leavers highlighted in their responses to the survey.



## **8** Comments on improving leaving care support



Over 900 care leavers chose to write additional comments in response to '*What would make your experience better?*' Of these, around one in six offered positive examples and experiences of the support they had received. These young people felt they had been given the right level of support for them. The sources of support care leavers described varied, though a common theme was praise for the help they received from their leaving care workers and the leaving care team. The care leavers who stressed the need for additional support wanted clarity on what they were entitled to and help with learning independent living skills, careers and education, financial, emotional and mental health support. In response to specific questions about finances, accommodation, having fun and leaving care workers, there were also further comments, but these have been discussed in other sections of this report so are not analysed here.

## 8.1 Learning independent living skills

When young people feel well-prepared and have life skills, they are more likely to do well in their post-care accommodation and to report a positive sense of well-being (Dixon, 2006). However, echoing our previous research review (Baker, 2017a) some young people reported deficits in preparation and support and called for improved resources, training, and guidance to develop their independent living skills. Young people's suggestions ranged from help to manage finances, and household tasks, to cooking lessons and 'training flats'. Training' or 'tester flats' are provided by some local authorities, where young people are given the opportunity to try living alone and with less support for a short time before leaving care.

**"Give people an idea of what moving out feels like. Such as giving talks or demonstrating how to manage money or how to cook."**

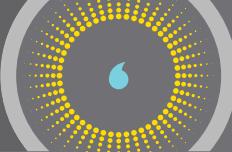
**"I think they should have their own training flats for care leavers to live in to gain skills they need to live independently."**

## 8.2 Careers advice and support for education

In written comments, care leavers discussed their future aspirations to pursue specific careers or educational paths, e.g. "*Getting into Royal Marines or Army/Navy*".

Care leavers' comments demonstrated the need for career and educational support that was specific and relevant to each young person. For example, one young person stressed the urgency of making sure childcare support was available for care leavers who were parents.

**"Help us more with childcare. Those of us that are working or studying full-time and are trying to achieve something with children under 2 have little to nothing offered to us to help with childcare. This has been a big problem for me."**



Other care leavers commented more broadly on the need for employment opportunities and training.

**"Having 9 to 5 job opportunities for young people who have left care."**  
(Care leaver)

**"I'm afraid what I'm going to do after leaving care. The future is very uncertain for me and I'm lost. No hope at all. No job and no stability."**  
(Care leaver)

**"Finding employment career."**  
(Care leaver)

### 8.3 Entitlements of care leavers

Some young people felt that they had not been given enough information on their entitlements, rights, and options as a care leaver.

**"If I was more informed about all of my options after care it could have made it a little bit easier, especially when transitioning from a child in care to the staying put programme."**  
(Care leaver)

**"To explain everything in a better way about leaving care and how the system works so we all understand."**  
(Care leaver)

**"I think options for leaving care should be talked about much sooner than they are."**  
(Care leaver)

**"I think that social workers could help a bit more with independence support i.e. benefits, budgeting, forms, credit and debit, grants, funds etc."**  
(Care leaver)

**"I wish it was planned better before I turned 18, I was anxious and I wasn't told until the very last minute what my options were. Nobody knew what benefits I would be entitled to or how I could claim them."**  
(Care leaver)

## 8.4 Emotional support

Reviews of care leaver research (Baker, 2017a) report that services focus mostly on the development of care leavers' practical skills, but young people felt too little attention was given to preparing them emotionally for leaving care. Moving towards independence did not always live up to young people's hopes and plans. For some young people, leaving care brought up feelings of loneliness and mistrust. In our survey care leavers reflected on how transformative for their well-being, it would have been to have emotional support networks available

**"More support. I felt alone as soon as I left care."**

(Care leaver)

**"Dealing with emotional situations better, supporting and understanding the young person better."**

(Care leaver)

**"The financial support is great, but I really struggled with loneliness and stress/panic/anxiety and if some sort of counselling service was available, I think it might have helped."**

(Care leaver)

## 8.5 Mental health support

Some care leavers wrote about their experience with mental health issues. These young people reported feeling unsupported by adult mental health services and described a lack of access to adult services. They discussed the urgent need for effective mental health support and resources to navigate issues such as depression, isolation, and anxiety especially at the time of the transition to independence.

**"I think mental health is a huge factor for care leavers and I do not feel there is a lot of support around this. A lot of care leavers don't transition into adult services as well as they should."**

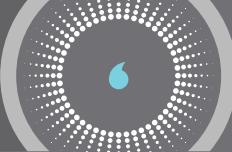
(Care leaver)

**"I suffer with depression and anxiety... I have tried seeking help but they all come back saying they can't help... I think there should be more support around mental health for care leavers because we didn't ask to have the childhood we had."**

(Care leaver)

**"Counselling was requested but this has taken 8 months to happen."**

(Care leaver)



## 8.6 Support linked to immigration status

We did not ask respondents about their nationality or immigration status,<sup>80</sup> but a small number of care leavers who appeared to have uncertain or unresolved immigration status called for further support tailored to their particular circumstances in written comments. Other issues raised by these care leavers were difficulties accessing services because of language barriers and lack of awareness from workers of the vulnerabilities faced by migrant care leavers.

“Help me with my immigration”  
(Care leaver)

“Leaving care has helped me I just want the Home Office to complete my case.”  
(Care leaver)

“Yes – [I would like] an English passport as I’m not allowed to work.”  
(Care leaver)

“I’m trying my best to live good and I would like to have people who can help me some times when I’m stuck. Because as you know my knowledge about the United Kingdom is not the best as well as my English.”  
(Care leaver)

“Recognise the stress someone goes through when the local authority are responsible for sorting out their immigration status. The long delays makes a person feel like they are no-one and they are not cared about.”  
(Care leaver)

“I don’t want any future plan I don’t have my status I am scared every day and making future plan which will never happen really hurt me.”  
(Care leaver)

## 8.7 Summary

The written comments in the survey give a rich insight into care leavers' experiences. Some of the care leavers who responded to the survey described positive experiences in their comments, but many called for additional support. Their comments reflected a desire for both practical and emotional support for care leavers, which is clearly a message throughout the report.

Specific recommendations for improving provision for care leavers are outlined in the Key findings and recommendations section on pages 7 to 19.

<sup>80</sup> We did not ask respondents about their nationality or immigration status as the children in care who helped design the *Your Life Your Care* survey (for children 4 to 18 years) had worried about which agencies would be able to access the information and that deterred them from completing the survey (Selwyn et al. 2018).



## **9 Appendix 1 - Methodology**

This appendix describes how the survey was developed, how it is distributed by local authorities to care leavers, and the methodology used.

## 9.1 Development of the Your Life Beyond Care survey

The development of the *Your Life Beyond Care* survey, like the development of the *Your Life, Your Care* survey, was influenced by Seligman (2011) and Huppert and So's (2013) work on subjective well-being. We found Seligman's (2011) notion of flourishing and his overarching PERMA model (positive emotion, engagement, relationships, meaning and accomplishments) useful: positive emotion, engagement, relationships, meaning and accomplishments. The care system should provide safety but also much more, enabling children and young people to recover and flourish. Our survey development was also guided by our children's rights perspective: we believe that to understand subjective well-being, we need to understand the meaning children and young people give to their own lives and solicit their opinions and attitudes on what matters to them.

We define subjective well-being in our surveys, as feeling good and functioning well at an individual and interpersonal level (Zhang and Selwyn, 2020) and view well-being as a multi-dimensional construct that goes beyond happiness.

Work to develop a survey specifically for care leavers began in 2017. The work included a literature review of care leavers' views on their transition from care (Baker, 2017a); seminars with professionals working with care leavers to cross-check emerging themes; and a search for suitable measures and data that would enable comparison with peers in the general population. Alongside this, we held workshops with 31 care leavers to enable the co-production of the survey.

To establish the workshops, we began by recruiting two groups of care leavers from two local authorities: one large metropolitan area and one smaller more rural area. Over a year, four workshops were held in each local authority facilitated by the Bright Spots team.

- Workshop 1 explored young people's views on, 'what makes a good life?' – this produced a 'long list' of ideas on what care leavers considered important for their well-being.
- Workshop 2 focused on selecting, drafting, and critiquing survey questions related to the things young people had identified as associated with positive well-being
- Workshop 3 focused on the best ways to distribute and encourage care leavers to complete the survey.
- Workshop 4 was held after the pilot survey was conducted in the two authorities to discuss draft findings and young people's ideas on what their local authority should do next with the results.

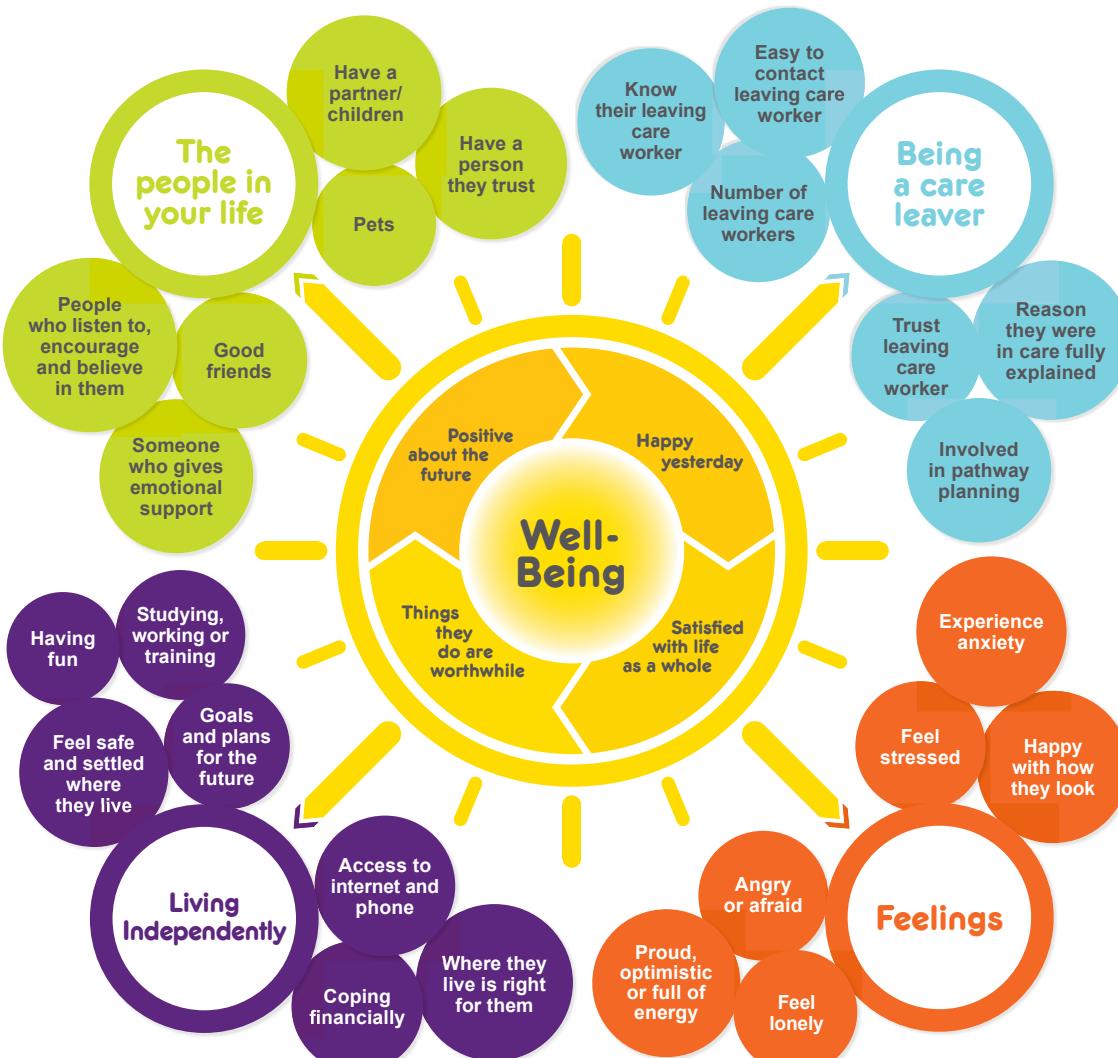
The working groups of care leavers identified four key domains (relationships, life as a care leaver, day-to-day life and feelings and aspirations) each containing different elements (Figure 26). Thirteen of the questions from the *Your Life, Your Care* survey (age 11 to 18) were selected, as they were still relevant for care leavers and provided an opportunity to compare the responses of care leavers with looked-after children in the local authority. To these, we added questions that would provide comparative data on young people in the general population.

We chose four well-being scales which are used in annual population surveys and published by the Office for National Statistics (ONS, 2020d) and the short form of the Perceived Stress Scale (PSS-4; Cohen et al. 1983). We also selected some of the questions from the Student Resilience Scale (Leyera et al. 2016) because the questions reflected what care leavers had said was important and contain some of the key resilience factors. Finally, we added some questions on positive and negative emotions and some open text boxes for comments. The presence of positive emotions has been identified as a key factor in many well-being frameworks (Huppert, 2013).

We piloted the draft survey in the two local authorities and carried out 16 cognitive interviews with care leavers who had completed the survey. The aim of the interviews was to further understand how care leavers were understanding, processing, and responding to the survey questions. The pilot resulted in further changes to the survey.

The current version of the *Your Life Beyond Care* survey is based on the well-being domains and indicators shown in Figure 26. It contains 40 questions. Most questions have pre-set answer options ('closed' questions) and all are optional. There are also questions that enable care leavers to provide written comments if they wish.

**Figure 26: Bright Spots Your Life Beyond Care well-being indicators**



## 9.2 The Bright Spots programme

The programme offers local authorities the opportunity to conduct the *Your Life*, *Your Care* survey with looked-after children and the *Your Life Beyond Care* surveys with care leavers. The data in this report were gathered through this programme. Local authorities who choose to use the *Your Life Beyond Care* survey are supported by Coram Voice to distribute the survey to their care leavers aged 16 to 25. An initial working group meeting with key staff (and in some cases young people) is held to establish: how communications with young people and professionals about the survey will be managed and how lesser heard voices (e.g. young people out of area, seeking asylum, in custody, or with disabilities) will be included.

Professionals are encouraged to support young people who need help to complete the survey, but local authorities are also instructed to avoid using leaving care workers, to avoid biasing responses, as there are questions about the young person's worker in the survey.

*Your Life Beyond Care* is available primarily as an online survey (though paper surveys are also available and used where no internet is available, or when the young person prefers this method). Twice weekly response rates are shared with the local authority to keep them on track and make them aware of how effectively the survey is being distributed.

Young people complete the survey anonymously: individual identifiers such as names and locations are not collected. Once the survey has closed and results analysed each local authority is provided with a bespoke report covering their local cohort. Follow up meetings to disseminate the findings and explore how they can inform services are held.

## 9.3 Data used in the report (n=1,804)

Local authorities (n=21) who took part in the programme distributed the survey to the care leavers they were in touch with: on average 89% of care leavers remain in contact with local authorities (DfE, 2019). Staff were asked to ensure that all care leavers had the opportunity to complete the survey including using translators to help those who did not speak English. The only criteria for exclusion was if a young person's disability or neurological disorders (such as severe autism) would prevent them from understanding the questions. In practice, only a few care leavers were judged as being unable to complete the survey. In the local authorities who participated 4,625 care leavers had the opportunity to complete the survey, and 1,804 responded, an overall response rate of 39%. Some local authorities were more successful than others in engaging with care leavers: the response rate ranged from 13% to 74%. As we aimed to reach all care leavers in each local authority, the survey did not employ sampling and can be viewed as a census.

During the pilot, 470 care leavers completed the survey in 6 local authorities during 2017 and a further 1,334 young people from 15 local authorities returned the survey in 2018-2019. Six of the local authorities were in London, 5 in the South East, 4 in the South West, 2 in Yorkshire, and 1 each in the North East, North West, West Midlands and the East of England.

Young women and those who were of minority ethnicity were over-represented among young people who completed the survey. There was a good representation of care leavers living in different types of accommodation and in terms of their daily activity (Table 16). The survey was also completed by some of the hardest-to-reach young people; those who were homeless, in short stay accommodation or in custody.

We compared our sample to the DfE (2019) statistics on care leavers who local authorities are in touch with ( $n=27,210$ ). To make a fair comparison we selected only respondents aged 19 to 21 for this (Table 16). Elsewhere in this report we use the whole sample (16 to 26 years) unless stated otherwise.

**Table 16: Representativeness of the sample**

|               |   | National statistics<br>Care leavers aged<br>19 to 21 years<br>$n=27,210$ to $29,930$ | Your Life Beyond<br>Care<br>Care leavers aged<br>19 to 21 years<br>$n=952$ |
|---------------|---|--|--|
| Gender        | Female  | 40%  | 49%  |
|               | Male  | 60%  | 51%  |
| Activity      | In education                                    | 30%  | 28%  |
|               | In training or<br>employment                    | 25%  | 23%  |
|               | Not in education,<br>training and<br>employment | 42%  | 50%  |
| Accommodation | Parents or relatives                            | 12%  | 7.8%   |
|               | Independent living                              | 39%  | 41.8%  |
|               | Semi independent                                | 15%  | 21%  |
|               | With former foster<br>carers                    | 9%   | 9.8%   |
|               | Supported lodgings                              | 5%   | 5%   |
|               | In custody                                      | 4%   | 0.8%   |
|               | Homeless  | 1%   | 2.2%   |
|               | Short stay/<br>emergency/B&B                    | 1%   | 2%   |

Base: 952. Comparative data from DfE, 2019.

Where we make comparisons in this report with looked-after children's responses, we use our most recent published data gathered from children (age 11 to 18 years) through the *Your Life Your Care* survey. The 2017 data included 1,305 children (age 11 to 18 years) from 16 local authorities (Selwyn et al. 2018) and the 2018 data covers 1,631 children from 17 local authorities (Briheim-Crookall et al. 2018).

As described in section 4.1. some survey questions were refined following the pilot and cognitive testing. This report contains findings of analysis of both the pilot and the final survey, where possible.



## 9.4 The Bright Spots programme

We used the domains shown in Figure 1 as a framework for reporting our findings.

### Missing data analysis

We carried out an analysis of the missing data in the *Your Life Beyond Care* survey. This analysis was descriptive and the findings below are indicative; no statistical testing was performed. The mean proportion of missing data per variable was 4.7%.

The proportion of respondents not providing an answer generally increased over the course of the survey. Young women were a little less likely to leave questions unanswered compared with men, with the mean and median proportion of missing responses around 1 percentage point higher for female respondents.

There was little difference between respondents with and without a disability or long-term health problem, though missing data was high (6.7%) on the question itself ('Do you have a long-term health problem or disability that limits your day-to-day activities'). The proportion of missing answers was similar across age groups. Asian respondents and care leavers who described their ethnicity as 'Other' had slightly higher average non-response rates than other ethnic groups.

Throughout the report, we report valid percentages, meaning we did not carry out any imputation of missing data, but analyse only data from young people who responded to particular questions.

### Data cleaning

To make the most of the data, we back coded responses. For example, if the person answering the survey wrote in the 'other' option that they 'lived in a hostel', we coded this text to the predefined answer option that was most relevant i.e. 'supported accommodation'. This work was checked by a second team member.

### Quantitative analysis

Throughout this report, percentages may not sum to 100%, due to rounding. We carried out quantitative analysis using SPSS v 26 software. We started with a descriptive analysis examining frequencies across the whole dataset. We report variation between local authorities using numbers to maintain anonymity. The numbering of local authorities (1 to 21) in each bar chart reflects their ordering from lowest to highest for each variable. This means that a local authority may be represented by different numbers in different bar charts. We carried out a number of statistical tests to explore associations between variables. Chi-square tests of association or independence were used to explore associations between nominal and ordinal variables, and Mann-Whitney *U*, and point-biserial correlations to examine linear relationships. Adjusted standardized residuals were examined for larger cross-tabulation tables. In line with standard practice we adopted 0.05 as our level of statistical significance. We indicate throughout the report where associations between variables, or findings for different groups of care leavers, are statistically significant or not at this level. However, the presence or absence of statistical significance reflects sample sizes and should not be conflated with the scale of a relationship or substantive importance of a finding.

## Details of our logistic regression models

We used logistic regression models to examine the probability of care leavers being in a low well-being or very high well-being category based on their responses to the questions. Details of our final model are shown in Appendix 2. We transformed scale variables using natural log transformations to check assumptions of linearity. We assessed the linearity of the continuous variables with respect to the logit of the dependent variable using the Box-Tidwell procedure. A Bonferroni correction was applied using all the 12 terms in the initial model resulting in statistical significance being accepted when  $p=0.0041$ . Based on this assessment, we found that all continuous independent variables were linearly related to the logit of the dependent variable. Regression models and odds ratios are difficult to understand and are often misunderstood (see for example Zhang, 1998). Therefore, we followed good practice recommendations and converted the log odds to relative risk. We did this using the formula of relative risk=odds ratio/(1- $p_0+(p_0 \times \text{odds ratio})$ ) where  $p$  is the baseline risk.

## Written comments from young people

Each section of the survey contained an option for young people to add additional comments in relation to the people in their lives, leaving care workers, where they lived, managing money, having fun and their feelings. We selected quotes from these questions to illuminate the quantitative findings throughout the report.

At the end of the survey, care leavers were also given the opportunity to share their thoughts about leaving care and what could make it better. We carried out a qualitative thematic analysis of these comments ( $n=931$ ) using Microsoft Excel. The main themes are described throughout the report and summarised in Chapter 8. We read care leavers' comments and then categorised them according to each question ('What would you like to say or tell us about being in care?' and 'What would make your experiences better?'). We assigned codes and sub-codes to young people's comments.



## **10 Appendix 2 - Additional tables**



This appendix contains tables giving additional information on our analysis.

### Chapter 6: Descriptive statistics for each of the positive and negative feelings on a 1 to 5 scale

| In the last few weeks how often have you felt | Feelings | Female n=610<br>Mean (SD) | Male n=552<br>Mean (SD) | Total n=1162<br>Mean (SD) |
|---|----------|---------------------------|-------------------------|---------------------------|
| Positive feelings                             | Strong   | 3.5 (1.16)                | 3.7 (1.17)              | 3.6 (1.17)                |
|   | Excited  | 3.3 (1.16)                | 3.3 (1.21)              | 3.3 (1.19)                |
|   | Proud    | 3.2 (1.26)                | 3.5 (1.22)              | 3.3 (1.25)                |
| Negative feelings                             | Afraid   | 2.7 (1.27)                | 2.5 (1.34)              | 2.6 (1.31)                |
|   | Lonely   | 3.3 (1.35)                | 3.1 (1.44)              | 3.2 (1.39)                |
|   | Angry    | 3.3 (1.15)                | 3.1 (1.22)              | 3.2 (1.19)                |

Base: 1,162-1265. 1 is 'often/always', 5 is 'never'.

### Chapter 6: Mean scores and standard deviations on the positive and negative affect scales by gender

|                 | Female n=610<br>Mean (SD) | Male n=552<br>Mean (SD) | Total sample<br>Mean (SD) |
|-----------------|---------------------------|-------------------------|---------------------------|
| Positive affect | 10 (3.0)                  | 11 (2.9)                | 10.2 (3.0)                |
| Negative affect | 9 (2.9)                   | 8 (3.2)                 | 8.9 (3.0)                 |

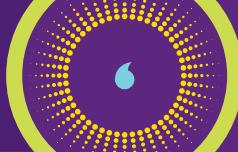
Base: 1,162-1265. Positive affect total is the sum of scores for strong, excited and proud. Negative affect total is the sum of scores for afraid, lonely, and angry. The minimum for positive and negative affect is 5 and the maximum is 15.

### Chapter 7: Characteristics of those with low and very high well-being

| Percentage of care leavers with particular characteristics and low well-being |                       |                               |
|---|-----------------------|-------------------------------|
| Care leaver characteristic  | % with low well-being | Phi coefficient <sup>81</sup> |
| Feeling lonely (always)   | 63%                   | .353                          |
| Unhappy with appearance   | 58%                   | .397                          |
| Do not have a really good friend  | 56%                   | .236                          |
| Do not always feel settled where live   | 56%                   | .230                          |
| Do not have a person they trust   | 54%                   | .217                          |
| Finding it difficult to cope financially                                      | 53%                   | .262                          |
| Do not always feel safe at home   | 46%                   | .267                          |

Base: 1,203

<sup>81</sup> Phi coefficients measure the strength of the relationship between 2 variables (0.10 is a small effect; .30 a medium effect and .50 a large effect)



## Chapter 7: Characteristics of those with low and very high well-being

| Percentage of care leavers with particular characteristics and very high well-being |                             |                               |
|---|-----------------------------|-------------------------------|
| Care leaver characteristic  | % with very high well-being | Phi coefficient <sup>82</sup> |
| Always/often feel strong  | 87%                         | .406                          |
| Feeling settled always  | 79%                         | .305                          |
| Feel afraid never/hardly ever   | 79%                         | .334                          |
| Never/hardly ever feel lonely   | 68%                         | .443                          |
| Always/often excited  | 58%                         | .429                          |
| Never/hardly ever feel angry  | 55%                         | .324                          |
| Happy with appearance   | 53%                         | .380                          |
| Always/often feel proud   | 52%                         | .437                          |

Base: 1,203

## Chapter 7 Details of logistic regression model predicting the likelihood of low well-being (n=1048)

|   | B     | Odds ratio | Confidence intervals for odds ratio |
|---|-------|------------|-------------------------------------|
| <b>High positivity and low negativity (Ref)</b>                       |       |            |                                     |
| Low positivity and low negativity                                     | -.050 | .951       | .456-1.981                          |
| High positivity and high negativity                                   | .427  | 1.532      | .792-2.965                          |
| Low positivity and high negativity                                    | 1.106 | 3.022**    | 1.618-5.642                         |
| Happy with the way you look scale 0 (low) 10 (very high happiness)    | -120  | .887**     | .830-.947                           |
| Stress scale 0 (low) - 16 (high stress)                               | .344  | 1.396**    | 1.274-1.530                         |
| Friendships (Ref= has a good friend)                                  | -.578 | .561*      | .340-.925                           |
| Finances (Ref= getting by/living comfortably)                         | -514  | .598*      | .387-.923                           |
| Feelings about the future<br>(scale 0 (pessimistic) -10 (optimistic)) | -312  | .732**     | .673-.796                           |
| Resilience scale  | -281  | .755*      | .592-.962                           |
| Constant  | .040  | 1.041      |                                     |

Resilience scale is an addition of Yes/No responses to, 'Do you have a person who listens or praises or and tells you that you will be a success?'

\* p<.02 \*\* p< .001

<sup>82</sup> Phi coefficients measure the strength of the relationship between 2 variables (0.10 is a small effect; .30 a medium effect and .50 a large effect)



All of the following factors were predictive of low well-being: higher scores on the stress scale, lower scores on pessimism about the future, unhappiness with appearance, having financial difficulties, low positive and high negative affect, not having a good friend, and factors associated with resilience (not having a person who listens, praises, tells you that you'll be a success).

**Details of logistic regression model predicting the likelihood of very high well-being (n=1009)**

|   | B     | Odds ratio | Confidence intervals for the odds ratio |
|---|-------|------------|---|
| Partner (Ref =No)                           | .312  | 1.367*     | .997-1.873                              |
| Safe at home (Ref =Always)                  | 1.211 | 3.358**    | 2.239-5.036                             |
| Loneliness (Ref =Hardly ever/never)         | 1.883 | 6.572**    | 3.144-13.738                            |
| As a care leaver feels treated (Ref= worse) |       |            |   |
| Better than other young people              | 1.631 | 5.110**    | 2.618-9.976                             |
| Same as others                              | 1.117 | 3.055**    | 1.657-5.632                             |

\* p<.05 \*\*p<.001

In contrast, those with very high well-being were more likely to have a partner, to always feel safe at home, to not report feeling lonely 'always/often', and to feel treated as a care leaver better or the same as other young people.



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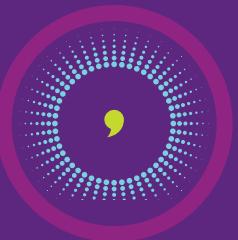
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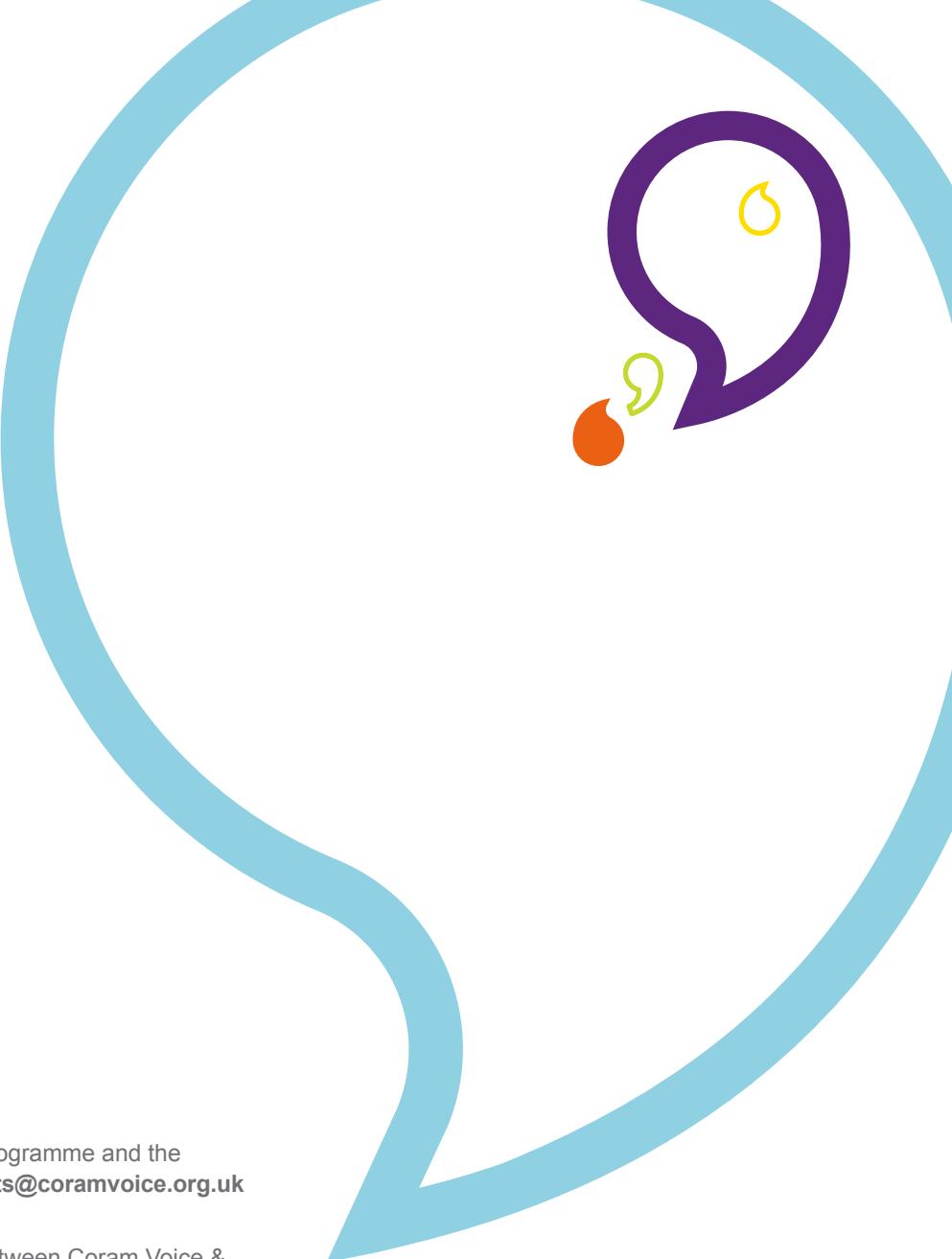
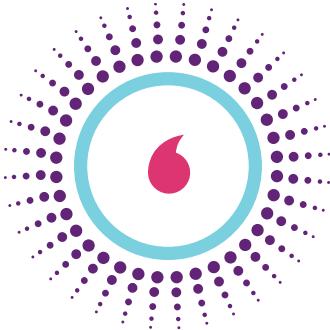
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## Further information

For further information about the Bright Spots programme and the *Your Life Beyond Care* survey contact [brightspots@coramvoice.org.uk](mailto:brightspots@coramvoice.org.uk) or go to [www.coramvoice.org.uk/brightspots](http://www.coramvoice.org.uk/brightspots)

The Bright Spots programme is a partnership between Coram Voice & the Rees Centre at the University of Oxford, funded by the Hadley Trust.



Coram is the UK's oldest children's charity and has been supporting vulnerable children for 280 years. Coram today is a group of specialist organisations helping more than a million children, young people professionals and families every year



Coram Voice is a leading children's rights organisation, championing the rights of children in care, care leavers and others who depend upon the help of the state. We get young voices heard in decisions that matter to them and work to improve their lives.



The Rees Centre aims to improve the education, wellbeing and life outcomes of those who are, or have been supported by children's social care services, with a focus on children in need (including those in care), adoptive and special guardianship families and care experienced adults.