

Key findings and
recommendations

10,000 voices

the views
of children in
care on their
well-being

Introduction

Official statistics used to monitor the care system provide only a partial picture of the lives of children in care by focusing on objective measures and adult assessments of how children and young people are doing - e.g. stability of placement and educational attainment. These measures do not tell us what being in care is like for children and young people: do they feel happy, safe, and think they are doing well?

Between 2015 and 2021, the Bright Spots Programme sought to address this gap by collecting over 10,000 voices through our *Your Life, Your Care* surveys from children in care. These 'voices' give an unprecedented insight into children in care's subjective well-being.

The surveys were originally co-produced with care experienced children¹ to capture the elements that they felt made their lives good: these elements became the Bright Spots well-being indicators (Figure 1).

[I would like to] know that adults will listen to me, especially when I am worried and help me. 8-10yrs

The Bright Spots Programme helps local authorities to systematically listen to their children in care about the things that are important to them. In doing this it recognizes children's right to be heard in all matters that affect them.²

Subsequently, the *Your Life Beyond Care* survey was developed to explore the well-being of care leavers. Findings from that survey have been reported separately.³ We would encourage you to consider those findings alongside the findings in this report, as what happens in care can influence well-being into adulthood.

Each of the Bright Spots indicators represents a question in the *Your Life, Your Care* surveys. Each is important as they point services in the direction of issues to address to make children and young people's lives better.

¹ To read more about the development of the surveys see: Selwyn, J., Wood, M., & Newman, T. (2016). Looked after children and young people in England: Developing measures of subjective well-being. *Child Indicators Research*, 10(2), 363–380. <https://ora.ox.ac.uk/objects/uuid:b50ff6c8-b5b7-4b71-9c73-0d15a43929c6>

Wood M. & Selwyn J. (2017) Looked after children and young people's views on what matters to their subjective well-being. *Adoption & Fostering* Vol. 41(1) 20–34 <https://ora.ox.ac.uk/objects/uuid:7d9d9db9-8eb5-4ca4-a3fc-698d30fb4db4>

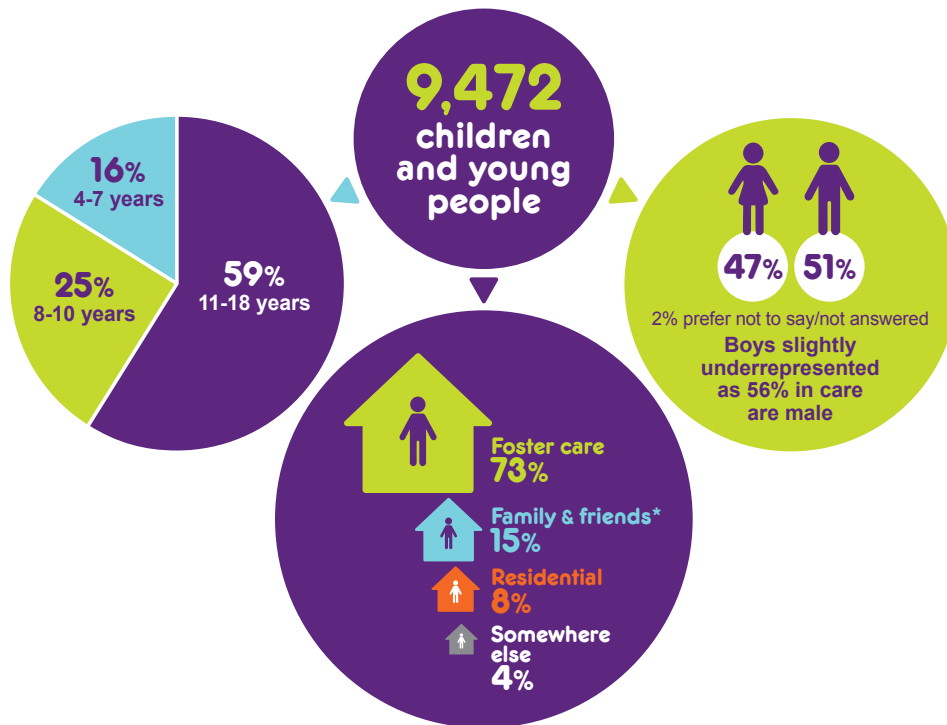
² Article 12, *UN Convention on the Rights of the Child* (1989) Adopted by General Assembly Resolution 44/25 of 20 November 1989 and signed by the UK government in 1991. Accessed at <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

³ Briheim-Crookall, L. et. al., (2020) *What Makes Life Good, Care leavers' Views on their Well-being*. <https://coramvoice.org.uk/wp-content/uploads/2020/11/1883-CV-What-Makes-Life-Good-Report-final.pdf>

Figure 1: Bright Spots well-being indicators



Who responded to the surveys?



*Family and friends include children living with parents. From 2018, a new response option 'With parents' was added to the survey. Before 2018, those living with parents were included in the category living with family or friends.

Life is improving

Since we started the surveys back in 2015, we have consistently found that many children and young people write positively about their experiences of being in care.

Everything is better, I have lots of friends and my best friends are [name] and [name]. 8-10yrs

I feel healthy, safe, and supported. From what my life was like 3 years ago it is now much, much better. 11-18yrs

The vast majority thought that their lives were improving.



Measuring overall well-being

To identify young people with 'very high' and concerning 'low' well-being we chose to use four core questions that are highlighted in the centre of Figure 1. Three of the questions are also reported by the Office for National Statistics (ONS)⁴ on the well-being of young people (10-15yrs) in the general population and used by the Children's Society in their Good Childhood Reports for ages 10-17yrs. Each question uses a 0-10 scale with 0 representing low. The questions ask young people to rate their:

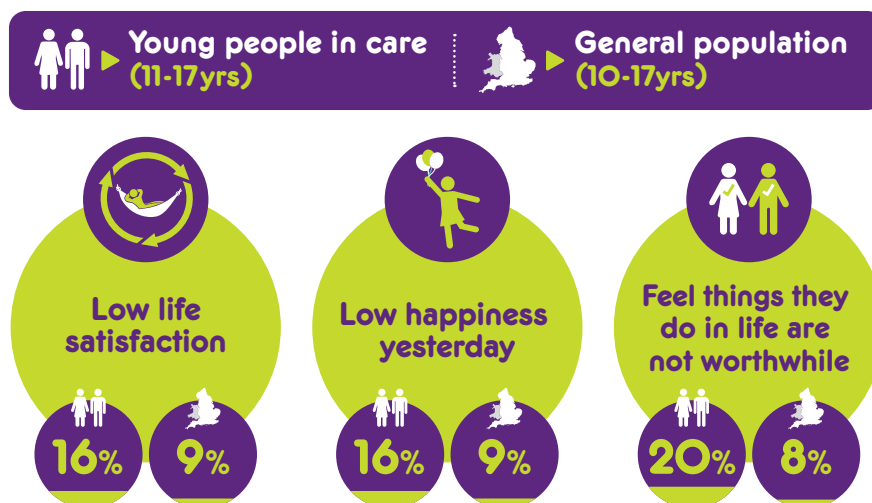
1. Overall life satisfaction
2. Happiness yesterday, and
3. Feeling that the things done in their life are worthwhile.

In addition, a fourth question asked young people whether they were:

4. Positive about their futures

Scores of 0-4 were categorised as **low**, 5-6 moderate, 7-8 high and 9-10 very high.

A larger percentage of young people (11-17yrs) rated themselves 'low' compared with young people (10-17yrs) in the general population.⁵



To identify those who appeared to be struggling and those who were doing very well, young people (11-18yrs) were categorised as having 'low' well-being if they rated themselves as 0-4 on two or more of the four well-being scales and 'very high' well-being if they rated themselves as 9 or 10 on two or more of any of the four well-being scales.

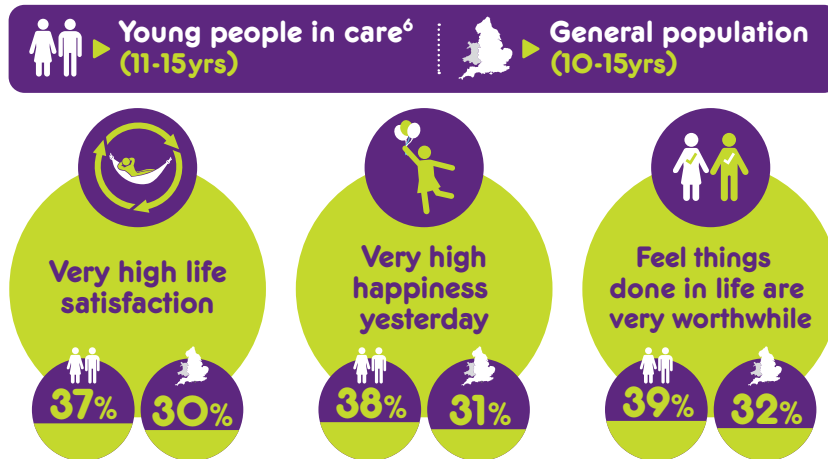
The younger children (4-10yrs) were not asked to complete scales. To identify those who seemed to have 'low' well-being, all the responses of children who recorded that they were unhappy the previous day were examined to identify those whose responses were consistently negative.

⁴ ONS (2018) *Children's Well-being measures* <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/childrenswellbeingmeasures>

⁵ The Children's Society (2020) *The Good Childhood Report 2020* <https://www.childrenssociety.org.uk/sites/default/files/2020-11/Good-Childhood-Report-2020.pdf>

'Very high' well-being

About a third of young people in care were doing very well (rating themselves 9 or 10 on the 0-10 scale) and they wrote about how being in care had made a positive impact on their lives.



Just under a third of young people (11-18yrs) reported 'very high' well-being.

Being in care has changed the opinions I have on the world. I am a complete new person and I have changed for the better, extremely. I don't know what I would do if I wasn't in care because right now if I wasn't in care I would be talking to my friends about what the latest post on Instagram was or the newest TV program. But instead, I am talking about all my options for my life and what I want to be when I am older. 11-18yrs

The odds of having 'very high' well-being increased for those young people who felt settled, liked school, had trusting and supportive relationships, felt included in decision making and didn't worry about their feelings or behaviour. The odds of having high well-being was higher for boys compared with girls and those who had been in care for longer.

Low well-being

Another group of children and young people were struggling in a range of areas and provided negative responses to many questions.



1 in 30 children (4-7yrs) gave responses that suggested they had 'low' well-being.

⁶ YLYC n=1,668-1,696; ONS n=2127-2297, year 2017-2018 ONS (2018) *Children's well-being and social relationships*, UK: 2018 <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/march2018>

I want to see mummy more. I want to play in the park more. I want to be happy because I am not happy in foster care. 4-7yrs

1 in 20 children (8-10yrs) gave responses that suggested they had 'low' well-being.

I would like to get a better relationship with my carer so I feel safer where I live. I would like someone who can understand my thoughts and feelings. I would prefer to live closer to my school, my friends and my family because I feel safer. 8-10yrs

1 in 6 young people (11-18yrs) gave responses that suggested they had 'low' well-being.

I hate being in care and if I say something that is worrying me, it gets blown out of proportion. 11-18yrs

Our research found that although all the indicators were statistically associated with well-being, some appeared particularly important. For the younger children (4-10yrs) we assessed the frequency of negative responses, whereas for older young people (11-18yrs) we used statistical analysis (logistic regression) to find out what was most strongly associated with 'very high' and 'low' well-being (Figure 2).

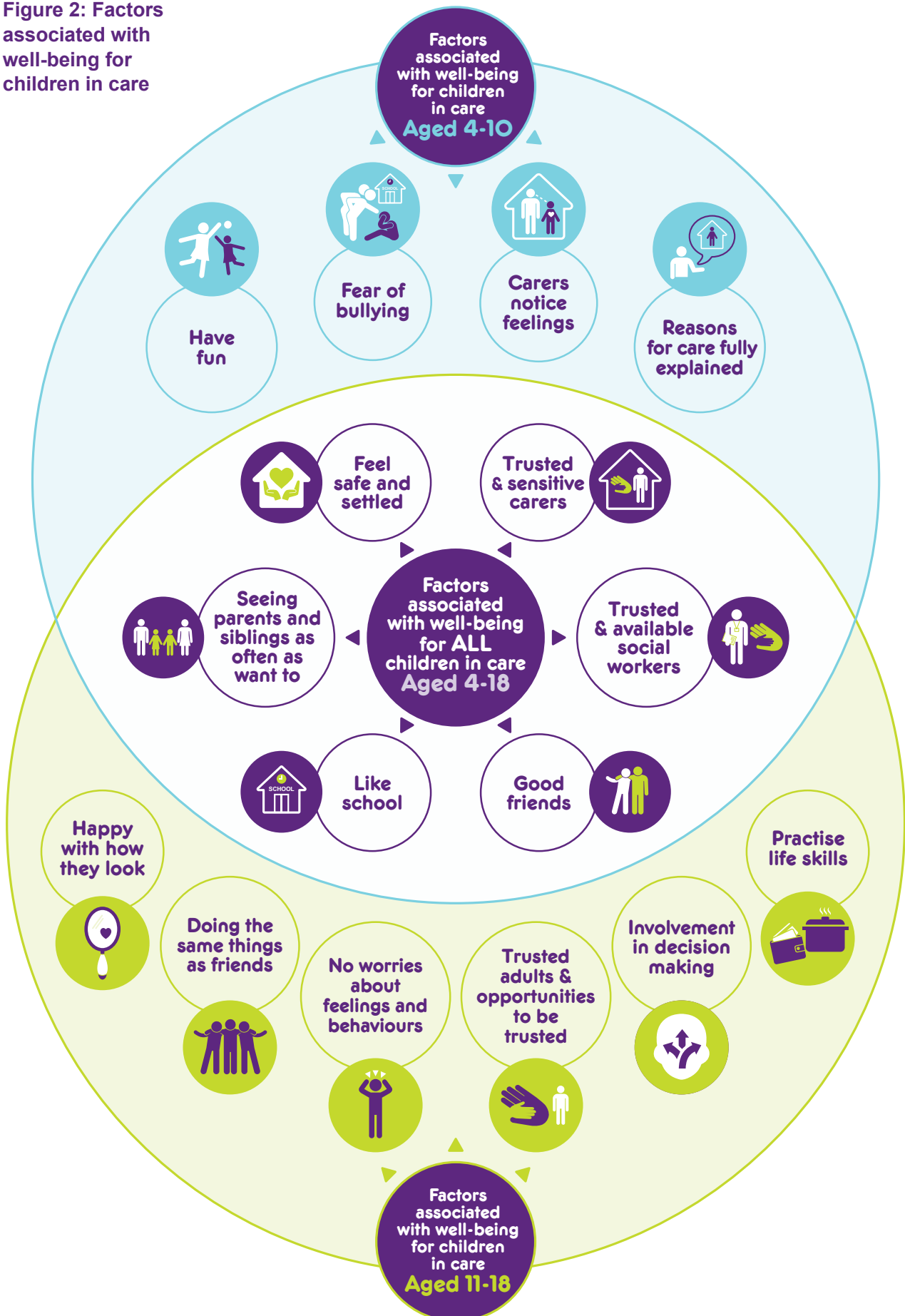
What all age groups had in common:

- ▶ For all children and young people having **good friends** and **trusting and supportive relationships** were really important. This included **trusting carers and social workers**.
- ▶ **Liking school** influenced well-being for all age groups.
- ▶ Feeling **safe where they lived and settled** was also important for children in care whether they were aged 4 or 17.
- ▶ **Seeing mothers, fathers, brothers and sisters** as often as children and young people wanted was highlighted by all age groups.

Differences in the questions that were asked and age differences showed that:

- ▶ The youngest children (4-10yrs) wanted to have trusting relationship with carers who **noticed their feelings** and did not shout. For the oldest age group, having **trusted adults**, as well as being given **opportunities to be trusted** was associated with well-being.
- ▶ While relationships with carers was also very important for the older young people, the support gained from friends was also key to their wellbeing, especially being able to **do the same things as peers**. Younger children were asked a different question and for them **having fun at the weekend** mattered.
- ▶ A larger percentage of younger children felt **afraid to go to school because of bullying** compared with 11-16 year-olds. Teenagers with low well-being often struggled with **worries about feelings and behaviour** and girls in particular were **unhappy with how they looked**.
- ▶ Nearly half of the youngest children (4-7yrs) did not feel that the **reasons they were in care had been fully explained**, whereas being **involved in decision making** and **practising life skills** was associated with well-being for older young people in care.

Figure 2: Factors associated with well-being for children in care



Positive experiences compared with general population

As we have reported in previous reports, a larger percentage of children in care reported more positively on several indicators when compared with the responses given by children in the general population:

Compared with the general population, a larger percentage of children in care felt safe where they lived, liked school and felt the adults they lived with took an interest in their education. Unlike many other indicators, feeling that carers were interested in their education did not decline during the teenage years.

I actually feel so safe now and that means I don't get hit by mum or dad and don't have to hear them swear and hear them arguing. My foster parents are so kind, loving, and so funny! 8-10yrs



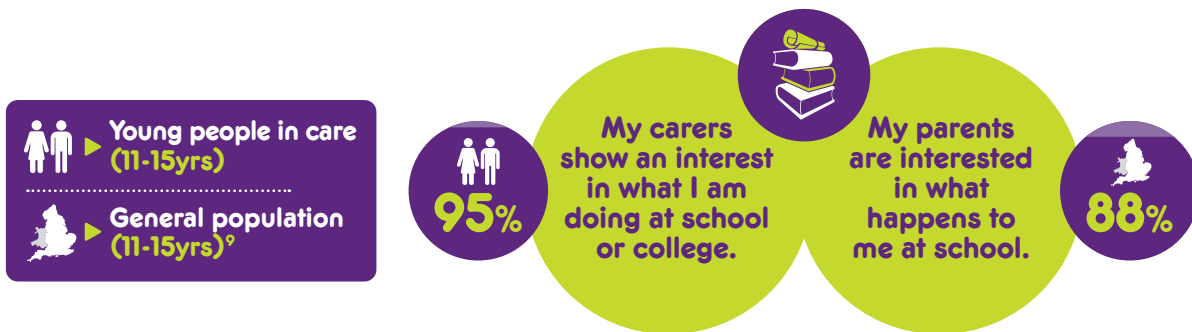
I am perfectly happy at school and at home and there is nothing I want [social services] to change. 8-10yrs



I love my family... I always get help with my homework. 8-10yrs

⁷ Rees G and Bradshaw J (2020) *Children's Worlds National Report England*
<https://iscweb.org/wp-content/uploads/2020/08/England-National-Report-Wave-3.pdf>

⁸ Brooks, F. et. al (2020), *Health Behaviour in School-aged Children (HBSC): World Health Organization Collaborative Cross National Study: Findings from the 2018 HBSC study for England*. vol. MCC0544/DS/01-20, University of Hertfordshire, Hatfield.
<http://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>



However, in all these areas there were still children who described struggling:

Sometimes I get sad at school because I am tired. My school is far away. 4-7yrs

I just keep being moved around. I have moved I think 7 times in the last 6 months. This makes me confused and scared. It has been dark and scary when I move, and I am told where, as we drive. I never meet the people beforehand and my things take time to catch up with me. 8-10yrs

Being in care is a struggle because you can get bullied or picked on for being special. This can bring my mood down and others too, which means this also impacts on their lives because they might be scared to go to school/college and be afraid that they will get singled out from all the others, because they are in care and are different from everyone else. 11-18yrs

Greater challenges than the general population

In other areas children in care reported more negative experiences than their peers.

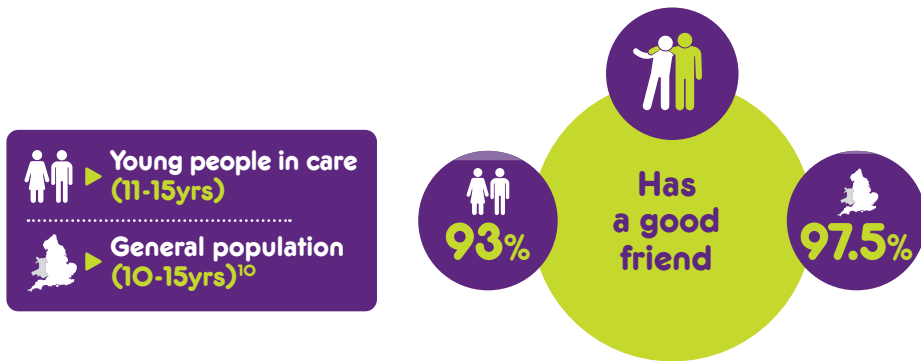
Good friends

Keeping and maintaining friendships was more of a challenge for children in care than their peers. Placement moves and placement locations affected friendships, as did feeling that they were unable to do the same sort of things as their friends.

9 in 10 young people had a good friend, but the percentage without a friend was greater than for young people in the general population.

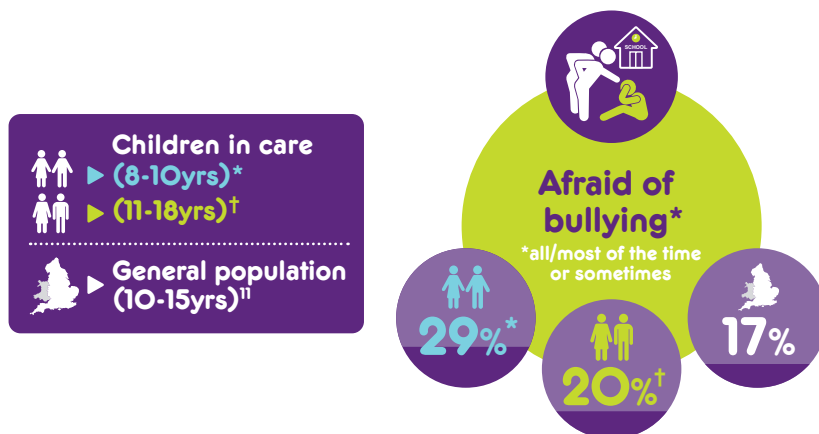
I don't trust anyone except my friends. I can only trust my friends and now you move me. Plus I feel as if you have 100% control over me and I don't have any. 8-10yrs

⁹ Brooks, F. et. al (2020), Health Behaviour in School-aged Children (HBSC): World Health Organization Collaborative Cross National Study: Findings from the 2018 HBSC study for England. vol. MCC0544/DS/01-20, University of Hertfordshire, Hatfield. <http://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>



Bullying

A higher proportion of children in care reported being afraid to go to school because of bullying compared with peers in the general population.



Children who did not have a good friend were often afraid of going to school because of bullying.

I get a lot of worries at school. I am not liked very much. 8-10yrs

¹⁰ University of Essex, Institute for Social and Economic Research, NatCen Social Research, Kantar Public. (2020). *Understanding Society: Waves 9, 2017-18 UK Data Service*. SN: 6614, <http://doi.org/10.5255/UKDA-SN-6614-14> n=2,764

¹¹ Department for Education (2018) *Bullying in England, April 2013 to March 2018 Analysis on 10 to 15 year olds from the Crime Survey for England & Wales* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/919474/Bullying_in_England_2013-2018__1_.pdf

Stigma

Carer tells everybody that I am in care. 11-18yrs

Children in care highlighted that some adults drew attention to their care status, which made them feel different from their peers, and did not respect their right to privacy.

1 in 8 young people (11-18yrs) felt that adults had done things to make them feel embarrassed about being in care, with children in residential care and girls more frequently reporting being embarrassed.

When I was younger, it was a lot more difficult. Adults always felt that they could see you when they wanted to - at school and at club - that was embarrassing. As I got older, I was able to say that actions like this was not ok, so to stop. 11-18yrs

More than 1 in 5 of those who felt afraid of bullying 'All/most/sometimes' also reported feeling adults did things that made them feel embarrassed about being in care.

Many young people felt that their privacy was not respected. Young people wrote about feeling that they could not control who knew about their personal circumstances. They wrote about having to answer questions from professionals, peers, and strangers about their personal circumstances and having little or no choice about when to share that personal information.

Everyone talks about me - strangers are invited to my meetings, school know EVERYTHING - why should they? Don't invite them. I don't want them talking about me or hearing about me. 11-18yrs

Talking to carers about things that matter

[What would make care better?] If I could talk to my foster dad more. 11-18yrs



Compared with young people of the same age in the general population, except for those in kinship care, a smaller percentage (65%) of young people (11-15yrs) in care spoke to the adults they lived with about things that mattered to them.



Worries

Other studies¹³ have found a greater prevalence of mental health problems among children in care. We focused on well-being rather than mental health, but young people did write about their worries.

[I need] help for my headaches and dark thoughts. 11-18yrs

Around 6 out of 10 children (8-18yrs) worried about their feelings or behaviour.

A higher proportion of young people in the older age group (11-18yrs) felt unsupported than in the younger (8-10yrs).

I worry that when I kick off that will be the end of my placement. They will make me leave. They say they won't and that it wouldn't be the same without me. But as much as I am trying, sometimes I still break things or kick the staff. It's not right, but I don't think about it until afterwards. One day they will say enough is enough and I'll have to go. Where will I go? This is my home. 11-18yrs

Differences between age groups

The percentage reporting positively on most indicators decreased as young people got older.

Decline in trusting relationships

Many of the comments from young people illustrated the importance of trusting relationships, but as children became older fewer reported trusted relationships.

This is unsurprising, as adolescence is a time when trust in adults declines, and peer friendships become more important for all young people, but may also be affected by placement moves, changes of social workers and planning beginning for leaving care.

¹² University of Essex, Institute for Social and Economic Research, NatCen Social Research, Kantar Public. (2020). *Understanding Society: Waves 9, 2017-18 UK Data Service*. SN: 6614, <http://doi.org/10.5255/UKDA-SN-6614-14>. n=2,610 Age range 10-15yrs

¹³ Wijedasa, D. N., Yoon, Y., Schmits, F., Harding, S., & Hahn, R. (2022). *A survey of the mental health of children and young people in care in England in 2020 and 2021*. University of Bristol



I used to not be able to trust anyone and now I can trust people who I know won't let me down like others have in the past. 11-18yrs
I really trust my carers and love living with them. 8-10yrs

I've met my new social worker once and I don't have her number so I will build up a relationship before I can trust. 11-18yrs



Increased involvement and preparation for adulthood

Other things improved as children in care got older. The proportion who recorded that they had opportunities to practise life skills and be consistently involved in the decisions that social workers made about their lives increased with age.

Most children in care felt included in the decisions that social workers made about their lives at least 'sometimes'. However, around 1 in 7 'hardly ever' or 'never' felt included.

My social worker always includes me in decisions. Out of all the social workers I've had [name] is the one I've connected to the most. 11-18yrs
Even when I say my opinion it doesn't get listened to, and my social worker will always go against what I have said. So, I might as well say nothing at all. 11-18yrs

The proportion who felt they got to practise life skills increased from 83% at the beginning of secondary school to 95% by age 17.

[I'd like to] be treated more like an adult so that I can prepare myself for later on when I move out and get a place to myself. 11-18yrs

Lack of information

I do not know what my social worker is doing for me. I am so tired of being moved from one house to another and these things make me upset. I do not know what is going on. 11-18yrs

Lack of information was one of the issues young people identified in their comments around being included in decisions. It was also a particular challenge for the younger children. Their responses highlighted the confusion they felt because of lack of information.

1 in 5 of the youngest children did not know who their social worker was, twice as high as for the older children in care.

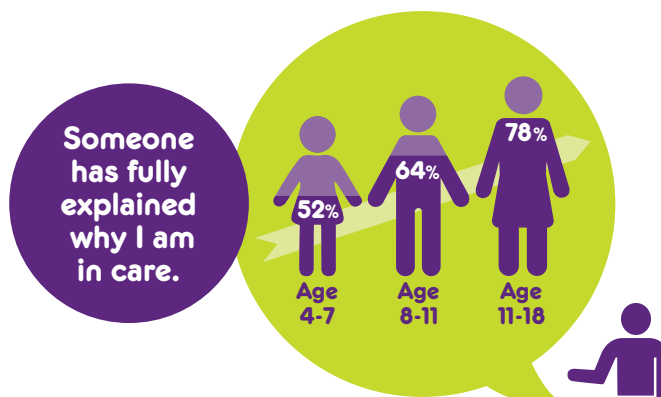
I would like to know my social worker's name because there's lots of them and I can't remember all of them. 4-7yrs



Only just over half of 4-7 year olds felt that someone had fully explained why they were in care.

I don't know why he [the social worker] sent us to live with Nanny. 4-7yrs

Understanding the reasons for care increased with age, but even so, more than one in five young people (11-18yrs) felt that either no-one had explained or that they wanted to know more.



Well-being of different groups

Sex

Girls reported lower well-being than boys.



Ethnicity

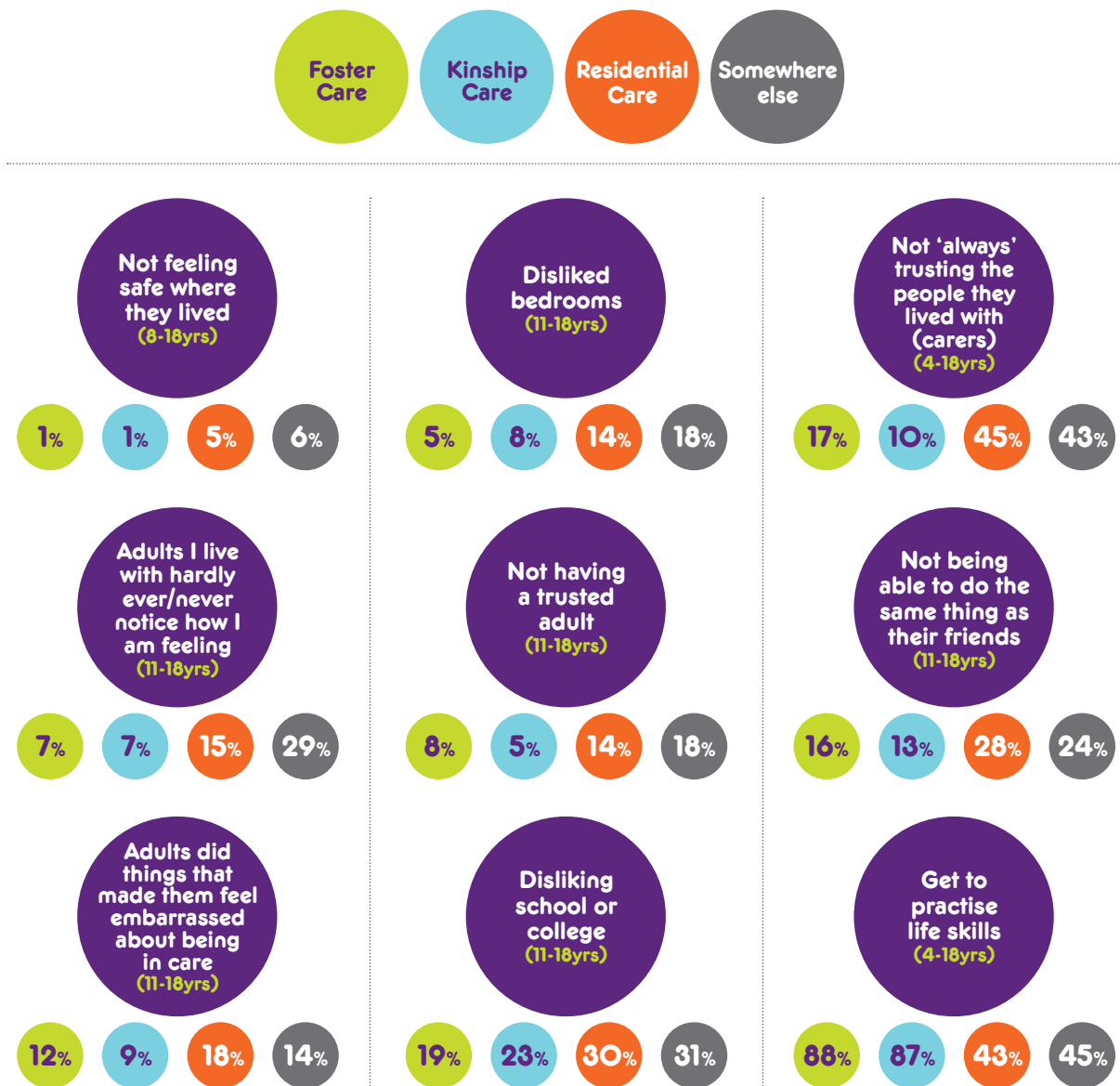
We also found differences in well-being between young people of different ethnicities. Young people (11-18yrs) were asked to select the category (White, Black, Asian, Mixed, Other) that best matched their ethnicity.¹⁴ We found statistically significant variation in responses by ethnicity of young people (11-18yrs) in these areas:

-  White and Mixed ethnicity young people had been in care for longer and experienced more placements compared with young people of Black, Asian and Other ethnicities.
-  White and Mixed ethnicity young people more frequently reported having a trusted adult in their lives
-  White young people more often reported being afraid to go to school because of bullying compared with minority ethnic young people but where bullying was reported fewer Black and Mixed ethnicity young people felt supported.
-  Young people of Asian and Other ethnicities more often worried about their feelings or behaviour compared with other young people.
-  White girls were more frequently unhappy with how they looked compared with girls of Asian, Black, or Mixed ethnicity.
-  Young people (11-18yrs) of Mixed or Other ethnicities more frequently had low life satisfaction and low optimism about their futures compared with young people of White, Black, or Asian ethnicity.

¹⁴ The category they selected did not always match the categories commonly used in official statistics. For example young people from Iraq, Iran and Afghanistan defined themselves as 'Asian' (defined as 'Other' in official statistics). There were also age differences, young people of Asian and Other ethnicities completing the survey were older (average 17yrs) compared with Black (15yrs), White (14yrs) or Mixed ethnicity (13yrs) young people.

Placement type

A larger percentage of children and young people in foster care and kinship care felt more positive than those living in residential care or somewhere else. Young people living 'somewhere else' were mainly aged 16-18 years and in temporary or supported accommodation, prison or hospital.



Conclusion & recommendations

Listen to the views of children in care

The Bright Spots programme is not just a research project, but a programme focussed on changing the culture of children's services. It is about putting children's voices at the heart of social work practice.

When trying to make life better for children in care, we should all focus on the issues they feel are important. When developing policy and practice in the care system, the key question should be - will children in care feel that their lives have improved as a result? The Bright Spots indicators help to shape policy and practice by reflecting what children and young people feel makes their lives good.

Recommendation 1: All local authorities should ensure they have mechanisms for capturing how their children in care feel about their lives in the areas that are important to them. They may be captured through the day-to-day conversations workers have with the young people they support, through effective participation groups or through gathering the views of children in care through local authority wide surveys.

Children's rights & coproduction

Listening to children and young people about what is important to them and making sure this is reflected in their care respects their human rights. Article 12 of the UN Convention of the Rights of the Child (UNCRC)¹⁵ states that every child has to the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. Furthermore Article 13 states children have a right to be given information, so that their views can be informed. A rights framework provides a lens that encourage services to think about children and young people as experts in their lives.

It is important that children's services do not only listen to how children and young people feel about their lives but also take active steps to respond to their views.

Recommendation 2: Local authorities should seek to co-produce service improvements with children and young people to address the issues they say would make their lives better.

For examples of how local authorities have developed services in responses to their Bright Spots findings go to <https://coramvoice.org.uk/for-professionals/bright-spots/resource-bank/>

¹⁵ UN Convention on the Rights of the Child (1989) Adopted by General Assembly Resolution 44/25 of 20 November 1989 and signed by the UK government in 1991. Accessed at <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

Make life good

All the indicators contribute to well-being, but some increase the odds of 'low' well-being or 'very high' well-being more. Particular attention should be paid to these areas.

Recommendation 3: Services should make sure they have mechanisms for exploring and addressing with children in care whether they have:

1. Carers who they trust and who are sensitive to their feelings
2. Somewhere to live where they feel safe and settled
3. Social workers who don't change, are easy to contact and they trust
4. Opportunities to build and keep relationships with the people who are important to them (including family and friends)
5. Involvement in and information about their care and their families
6. Opportunities to be trusted and practise life skills as they get older
7. Fun in their free time and chances to do similar things to their friends
8. Support to be free from bullying and to like school

Build trust

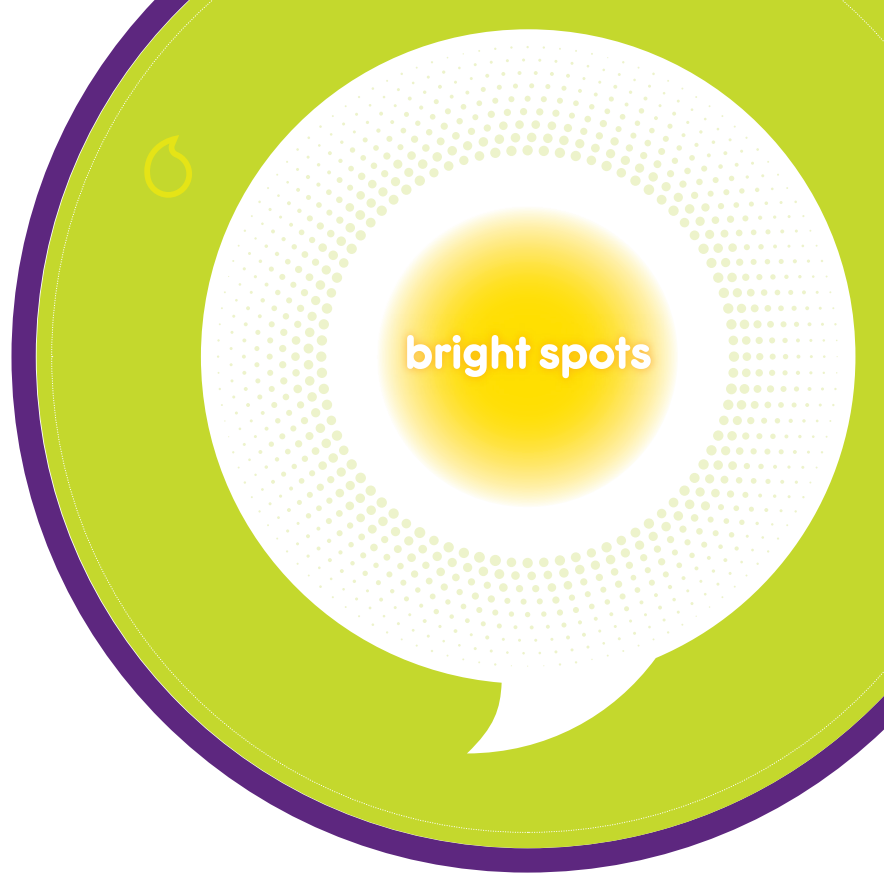
Across all age groups positive relationships were central to well-being and core to those relationships was trust. Children in care wanted to be able to trust carers and workers, have people they could trust in their lives and be trusted themselves.

Recommendation 2: The care system must put trusting relationships at its heart. Children and young people should be able to rely on trusted adults to look after and support them, whilst they are in care and into adulthood.

Recognise difference

Child centred practice should never use a one size fits all approach. Each child will be different and need individualised care plans that meet their needs. Our findings point to broad trends that can help professionals be more mindful of the different needs of different groups, including the lower well-being of girls and those living in residential care or 'somewhere else' (such as supported or temporary accommodation, hospital or prison), as well as differences in children in care's experience based on age or ethnicity.

Recommendation 5: Social care professionals should be mindful of the well-being concerns of different groups of children in care, especially girls and those in residential care or living 'somewhere else'. They need to be aware of how identity can impact on well-being, and consider whether particular children and young people may require additional support. To take account of how well-being changes over time, social workers should regularly review plans and use active listening to make sure that children and young people's views and experiences are reflected in their care plans.



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For more information about the Bright Spots Programme go to: www.coramvoice.org.uk/bright-spots or contact: brightspots@coramvoice.org.uk

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