

OUR LIVES OUR CARE

Looked after
children's views on
their well-being



Introduction

Listening to children and young people's wishes and feelings should be universal, but it isn't.

How children feel about their lives and the care they receive should be central to understanding the quality of care, but it isn't.

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

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

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

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



bright spots



Measuring children in care's subjective well-being

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

Nationally, subjective well-being is seen as increasingly important in understanding what matters to people and in developing policy that supports our quality of life (ONS, 2011). A study of more than 17,000 adults found that “the most powerful predictor of adult life satisfaction is a child’s emotional health”, and more broadly their well-being as a child (Layard, 2014).



Measuring subjective well-being enables us to understand children's experience of care by putting their voice at the centre.

“The most powerful predictor of adult life satisfaction is a child's emotional health.”

(Layard, 2014)

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

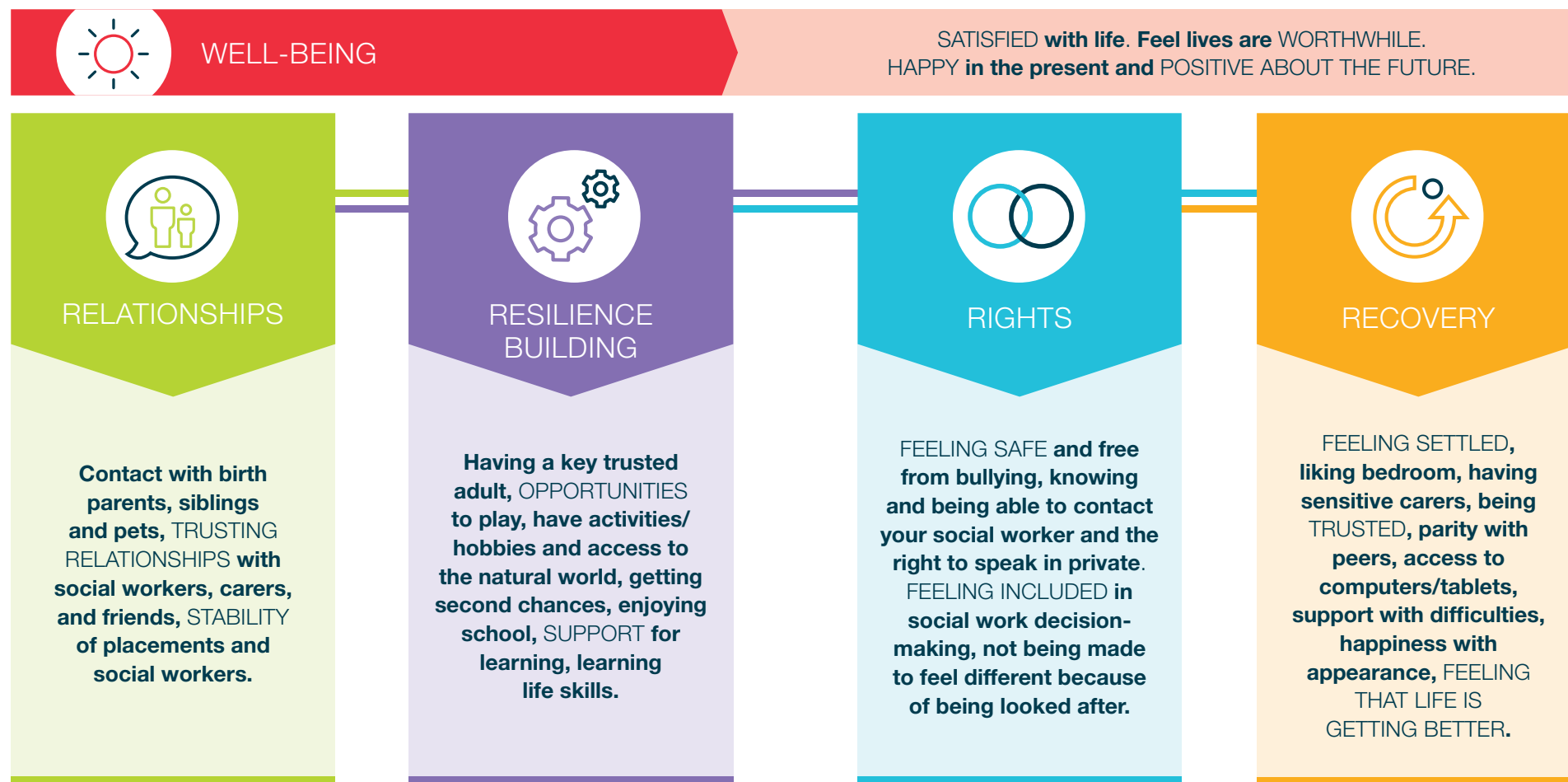


The Bright Spots well-being domains and indicators

The survey allows local authorities to benchmark their findings against national data to identify the areas in which children appear to be flourishing ('Bright Spots') and where improvements could be made.

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

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



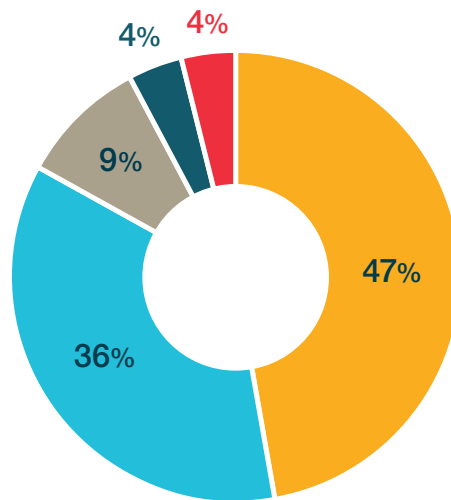


Life is getting better

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



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



- Much worse
- Bit worse
- No change
- A bit better
- Much better

“[Care] can change your life.”

(8-10yrs)

They wrote:

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

“Everything is perfect.”

(4-7yrs)

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

Felt **SAFE** at home



LIKED SCHOOL



Felt their carers were **INTERESTED** in their **EDUCATION**



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

Gender matters

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

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

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



What contributed to low well-being?

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



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



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

9

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



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

15

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



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

To consider young people's well-being, the elements that make up the survey were examined statistically for their association with low and moderate/high well-being.

A series of regression analysis were run. In the final model, the following variables were entered: gender, feeling safe, liking bedroom, having a trusted adult, taking part in hobbies/activities, worries, appearance, feeling included. All were significantly associated with low well-being. Surprisingly, satisfaction with contact was not associated with greater well-being.



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

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



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

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



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

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



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

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



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

To ensure these principles are adhered to there is a need for a greater focus on well-being nationally and an emphasis on putting children's experiences at the heart of future outcomes frameworks, therefore:

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

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

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

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

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

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

"I feel amazed by my foster carer and I have a good life but I worry about my family because I don't know what they are doing."

(8-10yrs)

"Talking to me more and being kind [would make care better]."

(4-7yrs)

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

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

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

“The foster carer [should] understand more about the foster child’s feeling example; sometimes she will think I’m moody but actually I either am upset about family or feel different in the family.”

(11-18rs)

Girls were four times more likely to be unhappy with their appearance and this contributed to gender differences in well-being. Although current care planning guidance focuses on health and well-being, identity, social presentation and self-care it does not include a focus on how happy children are with their appearance. Given how important this is for all children’s well-being, this domain should be explored by social workers and inform care planning.

Bedrooms are an important space for children and not liking bedrooms predicted low-well-being, as did not having one good friend. Social workers should see children’s rooms and ask about friendships.

5

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

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

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

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

(11-18yrs)

Young people who could not identify a trusted adult in their lives were nearly 11 times more likely to have low-wellbeing.

A trusted adult is likely to be of particular importance to the 20% of young people who have no contact with either parent or the third who have had multiple changes of social worker each year. Having a trusted adult is also likely to be key when moving to independent living. Young people wrote of not being able to contact adults for help and support when needed. Many children in our survey spoke of extended family or other connected people as being very important in their lives. Enabling contact arrangements with connected persons as well as appointing independent visitors for those who do not have contact with family could help develop trusting relationships.

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

Relationships need to be prioritised and supported. Whilst there has been a great deal of emphasis on improving placement stability there has been less attention to the retention of social workers. Every child should know who their social worker is. Social workers were very important people in the children’s lives and the constant changes caused upset.

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

Stability of social workers should be a national priority as children in all local authorities reported frequent changes of workers and the proposed Department for Education (DfE) ‘What Works Centre’ and Partners in Practice could be used to identify and share approaches to better retention.

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

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

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

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

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

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

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

(11-18yrs)

“I wish I could change and make some of my own decisions instead of it all being on paper and chosen for me.”

(11-18yrs)

“If social services listened to me and didn’t say, ‘Make an appointment for next week’. If I need to see them, it’s NOW not next week.” (11-18yrs)

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

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

(8-10yrs)

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

Children need to understand that being in care is not their fault and they are not to blame.

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

“I would like to know what my social care is. I don’t really know what is going on and I want to know everything; ...I would like to be asked about what I want.”

(8-10yrs)

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

(11-18yrs)

Particular attention needs to be paid to explaining to young children the events that led up to their removal from home or else children may fill gaps in understanding with their own interpretations and self-blame. Local authorities and professionals should prioritise ensuring children have a coherent narrative (e.g. Coman, 2016), develop life story work and enable access to records for those who want it.

8

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

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

“Being in care has been the best thing that has happened in my life. I have gained more awards, I have become a volunteer at the local youth centre and I feel loved, cared for and part of a family...”

(11-18yrs)

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

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

Children in our focus groups said safeguarding concerns sometimes stopped them from experiencing the natural world.

Risks should be managed rather than preventing children’s enjoyment because of fears of injury. Research in the general population shows that children’s enjoyment of the natural world usually occurs (irrespective of age) with an adult and that children take that enjoyment into their adult lives and repeat with their own children. Therefore, during the statutory review, questions should be asked, not only about how children’s leisure activities like participation in clubs and interests will be supported, but also how carers will enable less formalised outdoor activities like going to parks, walking in woods etc.

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

9

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

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

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

“I hate that when the register comes up on the screen and others in the class can see that I am a CLA. It winds me up... I don’t like to be different.”

(11-18yrs)



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