

Measuring the subjective wellbeing of children in care

March 29 2017, by Marsha Wood



Credit: University of Bath

There are around 70,000 children and young people in care in England, mainly because of abuse and neglect. The impact of maltreatment can be long lasting and the quality of substitute care the child receives has a significant impact on their developmental recovery. Whilst some young people will have a positive experience during their time in care and will go on to flourish as adults, there are also many young people whose experiences are less positive, who leave care without having had opportunities for recovery and who remain unprepared for independent adult lives. Yet, we know very little about the factors which influence positive care experiences.

Whilst there is much rhetoric around wellbeing for adults and children in the general population, there is little understanding of how wellbeing measures translate for children who may have more specific needs, such as children in care – leaving huge gaps in our understanding of the needs of some of the most vulnerable children and young [people](#) in our society. Article 12 of the United Nations Convention on the Rights of the Child states that children and young people have the human right to express their opinions, and for these opinions to be given due weight in decisions affecting their lives – yet it seems that the opinions of the most vulnerable groups are not always heard.

Different lives

Most children in care have had very different lives to the general population both before entering care and throughout their care journey. Children in care may identify broad aspects of importance similar to the general child population such as 'family', but their lived experiences of 'family' can be very different to those of the general child population – and, accordingly, their needs in relation to maintaining or developing positive family relationships may vary. For example, children in care do not live with their birth parents, and may or may not live with their siblings. Whilst some may not desire any contact with their birth family, many others will still feel strong bonds and ties, and desire contact with birth family members. Many will have a strong desire to live with their siblings, although this is not always possible, and regular contact can be key.

A further area of difference for children in care, as compared with the general child population, is around relationships with professionals. All children in care have a [social worker](#) whom they should know and have contact with, and many will have a range of other professionals in their lives. Children in care will have a foster carer or a key worker if they live in a residential home. Many will have had multiple carers and will

have moved placements multiple times, or will have moved in and out of care – between the family home and foster or residential care. When children leave the care system as they enter adulthood, they often have to adjust to independent living far more rapidly than children in the general population. It is the role of children's services to ensure that despite these complexities, children and young people have a positive care experience which counters any previous maltreatment and enables them to flourish into adulthood. But what factors need to be in place to ensure that children in care have positive lives, and how can we know when things are going wrong?

Subjective wellbeing

It is increasingly recognised that understanding subjective wellbeing – or asking people how they feel about their own lives – is key to developing policy that supports our quality of life, and we cannot just rely on objective wellbeing measures such as educational results or the number of teen pregnancies. The Measuring What Matters programme (Office of National Statistics, 2011), which began in England in 2010, concluded that people's objective circumstances can improve, but this does not necessarily translate into feeling that life is improving. For example, crime can go down, but people may not necessarily feel more secure. Children in care may have more stable foster care placements, but does this actually mean that they feel more secure? There have been substantial efforts to identify what makes a good life and to find ways to measure it recently. The New Economic Foundation (NEF) has developed a model for measuring subjective wellbeing which identifies the key areas of wellbeing (e.g. happiness, life having meaning), and how personal resources (e.g. self-esteem, optimism) play a key role in maintaining wellbeing. The NEF model is useful, but may not go far enough for children in care who often have very limited personal resources upon which they can draw.

Measuring the wellbeing of children in care

Research (Ungar, 2013) highlights how children who have been subjected to traumatic experiences are less able to use their own resources and rely much more on external factors to maintain wellbeing. For children in care, the role of children's services are key in supporting young people to develop the resources that they need to affect their wellbeing. Yet how we understand and measure the effectiveness of children's services in ensuring a positive experience for children in care is barely thought through. Unicef (2016) have recommended that children's voices should always be built into data collection processes, stating that children need to be able to shape the questions asked in surveys of their own lives and wellbeing.

Important work has been undertaken to create national surveys to measure the subjective wellbeing of children in the general population. For example, researchers from the Children's Society and the University of York consulted with 8,000 children, asking what they thought were the most important ingredients for good life. Children identified a common set of domains: relationships (family and friends), environment (home, school, neighbourhood, possessions) satisfaction (with appearance, life overall), happiness (current, sense of a future and life worthwhile), safety (free from bullying) and choice (a say in decision-making, opportunities). These domains have informed various subjective wellbeing measures for children such as the international Children's Worlds survey and those developed by the ONS in their work on national wellbeing in England. However, although the evidence base for children's subjective wellbeing has improved overall, little is known about whether the domains identified for the subjective wellbeing of children in the [general population](#) apply to more specific groups of children – such as children in care.

Recent investigations

I recently worked on a research study conducted by the Hadley Centre for Adoption and Foster Care Studies in the School for Policy Studies at the University of Bristol, delivered in collaboration with the children's rights charity Coram Voice, which has sought to address this gap.

Alongside a participation worker from Coram Voice, I conducted focus groups with 140 children in care to identify what they thought were the key factors to a good care journey; the key messages that came from the young people were then used to develop a subjective wellbeing measure for looked-after children. The views and experiences expressed by the young people in the study illustrate factors that can support positive care experiences. Having opportunities to do things that they had never done before, like go-karting or horse riding, for example – or engaging in participation sessions with other young people in care, or going to parliament to represent people in care.

These positive experiences helped to build confidence and to reduce the feelings of stigma associated with being a child in care by enabling the young people to speak positively about their lives. The young people also talked about how much they valued having positive relationships with adults whom they could trust and whom they could rely on to be a consistent, long-term, committed person in their lives. Some spoke of the positive role models their carers had been and how they valued being given the chance to learn to be independent; some of being trusted with responsibilities, and being given second, third, fourth and even fifth chances when they made a mistake, proving understanding and commitment from care givers. Some also talked about the positive relationship they had with their social workers, valuing those in particular who did not judge them negatively and who showed an understanding of their previous experiences and how their behaviours might be linked to those experiences.

Unfortunately, not all of the children and young people who spoke in the focus groups for the study were able to talk about such positive experiences. The young people spoke about their need to be involved in the discussions and decisions being made about their lives and at least to be informed about key changes. For example, one five-year-old spoke about how scared he felt when he was picked up from school by his social worker and, instead of being driven the normal route home, found that he was being taken on a totally different journey, ending up at a house that was going to be his new home. He had no prior warning until he arrived at the house that he was moving to a new home.

Several young people talked about the many different social workers they had had, how sometimes they did not even know who their social worker was, or how every time they rang to speak to their social worker they would end up talking to a different staff member and would have to re-tell their story, making them feel misunderstood and judged. The word trust came up over and over again in the focus groups, yet often seemed to be something lacking in the relationships that the young people had, or – where they did have trusting relationships, for example with a sibling – something that wasn't always recognised and supported by carers and professionals in terms of assisting the young person to keep in touch with that person.

The children and young people also spoke about the need for consistent support services. For example, one young person spoke about her feeling of devastation when she found out that she would lose the long-term support she had received from a mental health professional, whom she had worked with for years and who was the only person she felt she could open up to about past traumatic experiences, simply because she turned 18 and was suddenly no longer entitled to receive support from that person.

Many young people spoke of experiences where they felt that

unnecessary attention was drawn to their status as a child in care – for example, being pulled out of class to go and see their social worker, or being seen out and about with a professional who wears their ID badge.

Addressing concerns

Some of the problems identified above might be easily solved; for example, informing professionals not to wear their ID badges when out in public with the children and young people could alleviate their embarrassment. Reminding social workers to inform the children and young people who they support about their annual leave arrangements and whom they should speak to in their absence would also be a simple but effective measure. Other problems are harder to address, however; the high turnover of social workers in many areas, for example, will be related to the high pressures and caseloads faced by many social workers in children's services, and needs to be tackled primarily through better funding of social work services. High caseloads also affect the opportunities that social workers have to spend time with children and young people, to build the trust and understanding which help them ensure that the right supports can be put in place to aid recovery from past traumatic experiences. Although difficult to resolve, these problems cannot be ignored.

The long-term costs, to both the young people themselves and to society as a whole, of a negative experience in the care system far outweigh the costs associated with putting things right for the young whilst they are still in care. Yet, we need to know what is going wrong and where in order to put things right. We also need to know what is going right, and within which local authorities, in order to share good practice examples with other areas.

From the [focus groups](#) with the young people, the University of Bristol and Coram Voice developed three age- and length-appropriate surveys

(4-7 year olds, 8-11 year olds and 11+) focusing on four domains: relationship, rights, recovery and resilience. The aim of the surveys is to alert local authorities to areas where they may be failing children in their care, and also where they are doing well, to support young people and to identify the practices in place that have a positive influence on children and young people's wellbeing – and, from this, to share the learning with other authorities and influence national policy to drive improvements in children and young people's wellbeing. The surveys have been piloted with 6 local authorities and this year are being used by another 17.

More work to do

This work, of course, only addresses part of the problem; there are groups within groups. Care leavers may have more specific needs relating to loneliness and independent living; young parents' wellbeing needs will centre more around support to bring up their children and access to affordable childcare; refugees and asylum-seeking children and young people may have specific concerns around the complex rights and entitlements landscape they must navigate; and there remain questions as to how we understand the wellbeing of children in care who are under the age of four. It may be that further separate measures need to be developed to capture the needs of other groups of vulnerable young people. Coram Voice have recently secured money to develop a care leavers survey, which is a positive step forward in addressing the needs of more specific groups of vulnerable young people.

Findings from the current surveys are also beginning to illuminate potential questions for the care system. For example, initial findings indicate lower wellbeing scores for girls in care compared to boys, and raise questions over how the care system should operate in relation to different groups of young people. It may be that, as more local authorities take up the survey, other pictures start to emerge. For example, wellbeing experiences may differ for other groups also – such

as those from minority ethnic backgrounds, those with disabilities, or those from certain age groups. As more [local authorities](#) take part, we can identify the problems that are locally specific as well as those that are cross cutting, in order to develop both local policy and target national developments.

Looking to the future

Children's services are so financially constrained that they often feel they are only able to scratch the surface in their work with children and young people, and are unable to reach and therefore tackle the problems that lie beneath. Social workers' cries for help to improve services are largely ignored. Instead ensues a rhetoric of blame towards social workers, who are working under severe resource constraints. Crisis points often materialise after children leave care. Although there is recognition of the need to support care-leavers, services are currently insufficient. Ofsted report that two-thirds of care-leaving services were judged to either require improvement or to be inadequate (House of Commons Committee of Public Accounts, 2015). A recent report by the Children's Society (2016) highlighted the problems of financial exclusion faced by care-leavers, with many young people falling into debt and financial difficulty and nearly 4,000 receiving benefit sanctions in 2015. In the year ending March 2015, 39% of care-leavers aged 19 to 21 were not in education, employment or training. Within two years of leaving the care system, a third of young care-leavers become homeless (Stein, 2010). Research also consistently shows that care-leavers are over-represented in studies on people in custody.

Returning to Article 12 of the United Nations Convention on the Rights of the Child, children and young people have the human right to express their opinions, and for these opinions to be given due weight in decisions affecting them. It is hoped that through measuring the subjective [wellbeing](#) of [children](#) in care using measures identified by the young

people themselves, the most vulnerable [young people](#) in our society have more of an opportunity to voice their opinions – opinions that, by right, must not be ignored.

More information: Marsha Wood et al. Looked after children and young people's views on what matters to their subjective well-being, *Adoption & Fostering* (2017). [DOI: 10.1177/0308575916686034](https://doi.org/10.1177/0308575916686034)

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