Views of Looked After Children and Young People
Sunderland 2016

Introduction

This report provides an overview of responses collected from Looked After children and young people in Sunderland from **January 2016 to the present**. The report presents the views of the **73 children and young people aged 4-15** who gave their views during this time period, with the report structured according to key outcome categories and Sunderland Pledges.[1]

The survey was conducted using age-appropriate questionnaires administered using a specialist Audio Computer-Assisted Self-Interview (ACASI) survey software, produced by the Viewpoint Organisation. The software has been designed specifically to enable young people to give their views directly and independently; it has a range of engaging interfaces and includes functions such as allowing all text that appears on the screen or is typed to be read aloud. Questionnaires can be completed online or downloaded to a laptop, and all responses that are given are recorded in a secure database and are immediately available for analysis.

The self-complete method is viewed as advantageous in terms of being cheaper and quicker to administer and avoiding interviewer variability and bias, particularly in terms of social desirability and under-reporting issues that could be sensitive. The issue of social desirability and the power relationship between interviewer and interviewee is thought to be particularly salient for groups such as children and young people. ACASI approaches have also been associated with aiding literacy difficulties, with an enhanced sense of privacy and with increased disclosure of sensitive information. Such considerations are of particular importance when asking sensitive questions or when asking questions of more vulnerable groups of children and young people.

The importance of social workers talking with young people about their responses is emphasised; the completion of a questionnaire is not the end of the process. Talking with young people about their responses can help them develop more understanding of their circumstances. It enables young people to become better informed, to clarify what they need to do, to consider actions and, together with practitioners, to work out plans.

---

[1] *NB. Questionnaires are available for the 16+ age group, but none have been completed in Sunderland during the time period covered.*

In the following report the percentage of **most positive responses** for each question is reported. Research has demonstrated that it is typically only around a fifth to a quarter of respondents who select the most or least positive responses with the majority selecting the middle set of responses. Where 75% or more young people select the most positive response to a question this is particularly significant. Scores in the red band, particularly lower percentages show few young people selecting the most positive response and highlight particular areas for improvement.

Comparing the responses over time will add strength to the response set, in the consistency of the responses given and the demonstration of key areas that continually emerge as an issue for the groups of young people responding. The report presents the responses of children and young people gathered since the introduction of revised questionnaire content at the beginning of 2016. With more data collected, comparisons and changes over time can be included in reports, with reports produced every 6 months allowing a tracking of emerging issues and changes in children and young people's responses over time.

Although differences are observed throughout the report in relation to the young people's responses and different groups, these should be viewed with caution, as the number of responses is low for some age groups and differences could have occurred by chance. Percentages are also given for consistency of presentation. However, these should also be viewed with caution where they are based on a low number of responses.

Throughout this report the following scales are used:

	Where 75% or more gave the *most positive response*
	Where 50-74% gave the *most positive response*
	Where under 50% gave the *most positive response*

CHARACTERISTICS OF RESPONDENTS

During the period from January 2016 to the present, questionnaires were completed by **73 looked after children and young people (LACYP)**.

Over half of the respondents were male (56%) and over three-quarters (81%) were in a foster placement.

	4-6 years		7-9 years		10-15 years		Total	
	n	%	n	%	n	%	n	%
Total	**8**	**100**	**19**	**100**	**46**	**100**	**73**	**100**
Male	5	**37.5**	13	**68**	23	**50**	41	**56**
Female	3	**62.5**	6	**32**	23	**50**	32	**44**
White / White British	7	**87.5**	18	**95**	42	**91**	67	**92**
Asian / Asian British	1	**12.5**	0	-	2	**4**	3	**4**
Black / Black British	0	-	0	-	0	-	0	-
Mixed	0	-	0	-	1	**2**	1	**1**
Gypsy Roma	0	-	0	-	0	-	0	-
Other	0	-	0	-	0	-	0	-
Not known / not recorded	0	-	1	**5**	1	**2**	2	**3**
Foster care	7	**87.5**	14	**74**	38	**82**	59	**81**
Residential care	0	-	0	-	4	**9**	4	**5**
Family and friends	1	**12.5**	5	**26**	4	**9**	10	**14**
Parent(s)	0	-	0	-	0	-	0	-

NB. Where the same young person has completed a questionnaire more than once in this period, only their most recent set of responses has been included.

PLACEMENT (SAFE & SETTLED)

Cardiff University on behalf of the Viewpoint Organisation has carried out research into this critical area, which has established the significance of feeling safe and feeling settled (Zhang, 2013). Creating an environment where the child feels both safe and settled is recognised as an important goal of care. Furthermore there is a strong correlation between the two variables of feeling 'safe and settled' and achieving positive wellbeing outcomes.

Research has identified stability and security of placements to be critical to positive outcomes for LACYP. The Social Services Improvement Agency / Institute for Public Care (2007) found that across a wide range of factors (attachment, education, health, mental health), improved outcomes were particularly associated with placement stability and factors relating to placement stability. Feeling secure, feeling able to trust and talk to carers and receiving care and support from carers is closely linked to such outcomes.

McAuley et al (2009) use Rutter's description of resilience (Rutter, 1985) as incorporating three factors: positive self-esteem; belief in self-efficacy; and ability to solve problems. They describe the protective factors likely to foster these as including: secure, stable, affectionate relationships and experiences of success and achievement.

Schofield et al (2009) report that 'felt security' is important and young people need to know that they have someone to turn to if things go wrong – and indeed someone to celebrate with when things go well. Both stability and felt security are powerful predictors of positive outcomes, however felt security was actually found to be more powerful. A 'sense of security' was found to be a more powerful predictor of outcomes after leaving care than stability. Felt security was also associated with staying on in the same placement and having more and wider social support network.

Age Group	Key Findings	Jan 2016 - present
4 to 6	Feel safe at placement (n = 8)	88%
4 to 6	Feel okay where they live (n = 8)	88%
4 to 6	Nobody upsets them at placement (n = 8)	50%
4 to 6	Easy to talk to carer (n = 8)	63%
4 to 6	Carer helps them (n = 8)	75%

Age Group	Key Findings	Jan 2016 - present
7 to 9	Feel safe at placement (n = 18)	89%
7 to 9	Feel okay where they live (n = 19)	79%
7 to 9	Nobody upsets them at placement (n = 18)	89%
7 to 9	Can keep own things safe at placement (n = 18)	100%
7 to 9	Like what they have to eat (n = 18)	83%
7 to 9	Have new clothes bought for them (n = 18)	78%
7 to 9	Easy to ask carer about things (n = 18)	67%
7 to 9	Carer helps them (n = 18)	100%
7 to 9	Know how to get help (n = 18)	72%

Age Group	Key Findings	Jan 2016 - present
10 to 15	Feel safe at placement (n = 45)	96%
10 to 15	Feel settled at placement (n= 45)	89%
10 to 15	Not bullied / picked on at placement (n = 45)	93%
10 to 15	Can keep own things safe at placement (n = 45)	80%
10 to 15	Get on 'Very well' with carer (n = 44)	80%
10 to 15	Easy to talk to carer (n = 44)	84%
10 to 15	Enjoy the food at placement (n= 45)	69%
10 to 15	Have new clothes bought for them (n = 45)	60%

REVIEW OF CARE PLAN

Analysis of responses from children and young people in Care Plan reviews by Cardiff University has shown that children who feel that their social worker visits as often as needed, is someone they can talk to, and is someone that helps them are more likely to feel 'Safe and Settled'. Children and young people want social workers to listen to them and to have more time for them (Department for Education and Skills, 2007).

The importance of listening to the views and experiences of LACYP is a recurring theme in the research. The Children's Care Monitor (2014) identifies 'having a say in what happens to them' as one of six things looked after children have said are important to their lives. From the young person's perspective, feeling engaged with carers and social workers about decision-making contributes to placement stability.

Research studies have found the small and the personal to be central to children and young people's experience of out-of-home care, particularly issues relating to their daily lives, and day-to-day decision-making and negotiation (Thomas and O'Cane, 1999). The Messages from Research report, which gives an overview of research relating to out-of-home care in Australia, outlined a number of instances where apparently small decisions had a large impact on the children and young people concerned, such as not being told why a worker had moved on or not being allowed to bring a pet to a new placement (Bromfield, Higgins, Osborn, Panozzo and Richardson, 2005).

Vis et al (2011) concluded that there is the potential for participation to impact on children's health in different ways, depending on the child's developmental maturity and the ways decision-making processes are implemented. Positive effects of participation are thought to relate to the procedure itself being therapeutic, and participation leading to better decisions and tailoring of services. Vis et al also cite research on health promotion that associates empowerment, and promoting positive feelings of mastery and control, with an enhanced ability to manage stressful experiences.

Age Group	Key Findings	Jan 2016 - present
4 to 6	Know why they are living at placement (n = 8)	63%
4 to 6	Know how long will be staying at placement (n = 8)	63%
4 to 6	Someone talks about how family is being helped (n = 8)	50%
4 to 6	Someone asks what would help their family (n = 8)	63%
4 to 6	Know who their IRO is (n = 8)	38%
4 to 6	IRO talks about Looked After Review (n = 8)	38%

Age Group	Key Findings	Jan 2016 - present
7 to 9	Social worker talks about why living at placement (n = 18)	50%
7 to 9	Social worker talked about what want to happen (n = 18)	61%
7 to 9	See their social worker when they need to (n = 18)	56%
7 to 9	Social worker helps (n = 18)	83%
7 to 9	Easy to talk to social worker (n = 18)	72%
7 to 9	Know who their IRO is (n = 18)	39%
7 to 9	IRO talks about Looked After Review (n = 18)	44%

Age Group	Key Findings	Jan 2016 - present
10 to 15	Social worker visits as often as they need (n = 44)	50%
10 to 15	Social worker listens to them (n = 44)	66%
10 to 15	Social worker helping to improve things (n = 44)	61%
10 to 15	Know why they are living at placement (n = 44)	77%
10 to 15	Know they have a care plan (n = 44)	77%
10 to 15	Are helped to understand their care plan (n = 34)	62%
10 to 15	Views and opinions are always listened to (n = 44)	61%
10 to 15	Know who IRO is (n = 44)	57%
10 to 15	IRO discusses their review meeting (n = 44)	57%
10 to 15	Social worker discusses their review meeting (n = 44)	45%

HEALTH

Good health is vital to the lives of children and young people. It enables them to lead enjoyable and fulfilling lives and underpins achievement at school and in adult life (Department for Education and Skills, 2007).

LACYP share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers (in part due to poverty, abuse and neglect) and inequalities remain in long-term outcomes (Department for Education and Department of Health, 2015). LACYP are also a high-risk group for behavioural and emotional problems; around half of looked after children in England are reported to have emotional and behavioural difficulties (NICE, 2010).

McCauley et al (2009) describe that the majority of children who enter care system have experienced abuse and identify three core areas of child development affected by various forms of abuse: regulation of emotions, development of attachment, development of an adequate sense of self and relationships. The effect on child is complex.

Price-Robertson et al (2015) in a longitudinal study highlight the complexity of associations between different aspects of childhood experiences and long-term wellbeing. Experiences of maltreatment were associated with increased levels of *internalised* issues such as depression and anxiety, and were more likely to be associated with difficulties in *personal functioning*, as opposed to social functioning. For example, personal strengths, life acceptance, autonomy, identity and ability to plan were found to be affected by maltreatment, where social competence, social trust and levels of civic action and engagement were found to be less affected. Conversely, parental mental illness and substance misuse were found to be associated with long-term health problems and were linked to lower levels of trust, but not associated with lower levels of personal strength.

The study also found that supportive parent-child relationships were associated with valued positive qualities, such as planning, independence, social skills and trusting and tolerant attitudes. The researchers again pointed to concepts of resilience and the importance of *'… strengthening protective factors (such as positive relationships with caregivers), rather than solely minimising risk factors (such as child maltreatment)'*

Children and young people say that their emotional wellbeing and self-esteem is supported when they are cared for in an environment where they feel they belong (C4EO, 2010). Participating in the wider network of peer, school and community activities helps to achieve a sense of belonging and carers have a crucial role in enabling and encouraging this participation (NICE, 2010).

Research studies have also identified the factors that are most strongly associated with positive outcomes for health and mental health for children and young people in Care. In general, improved outcomes have most strongly been associated with placement stability and factors relating to placement stability. Other factors have been found to include improved recording and assessment of

health history, including improved mental health screening, and tailored health-related interventions (SSIA / IPC, 2007).

Analysis of responses to Viewpoint questions by Cardiff University also shows that those who were 'Safe and Settled' were less likely to be concerned about their health and less likely to have trouble sleeping. Assessing Emotional and Behavioural Development includes the degree of appropriate self-control, and the appropriateness of response demonstrated in feelings and actions, initially to parents and caregivers and as the child grows older, to others beyond the family. Research carried out by Cardiff University showed that those who were 'Safe and Settled' were less likely to report feeling angry or frustrated.

Age Group	Key Findings	Jan 2016 - present
4 to 6	Do not get ill very often (n = 8)	38%
4 to 6	Do not wake much at night (n = 8)	25%
7 to 9	Do not get ill very often (n = 18)	83%
7 to 9	Sleep well (n = 18)	83%

Age Group	Key Findings	Jan 2016 - present
10 to 15	No worries / concerns about health (n = 44)	91%
10 to 15	No problems with sleeping (n = 44)	70%
10 to 15	Have a health plan (n = 44)	68%
10 to 15	Have someone to talk to about health (n = 44)	86%
10 to 15	Play sport 2+ times a week (n = 44)	91%
10 to 15	Never times when they get angry / frustrated (n = 45)	4%

EDUCATION

A high quality education provides the foundation for transforming the lives of children in care. Those who do well in education are more likely to go on to employment, to lead healthier lives and to play a more active part in society (Department for Education and Skills, 2007).

Research over time and across many countries has consistently found an achievement gap between children in care and their peers. Evidence indicates that looked after children do not generally do as well at school as their peers. LACYP are more likely to move around, more likely to be excluded, more likely to have an EHCP, and more likely to have lower education outcomes (The Who Cares Trust). In 2014, 12% of looked after children achieved 5+ A*-C GCSEs compared to 52% of non-looked after children (Department for Education, 2014).

Educational attainment for looked after children is particularly important because studies have linked educational success and better long-term outcomes in the general population. Those who have been in care are more likely than the general population to be unemployed, have mental health problems, spend time in prison or psychiatric institutions or experience homelessness (O'Higgins et al 2015).

Supporting LACYP in their education (via initiatives such as pupil premium plus, virtual school heads and designated teachers) is identified in national policy as a priority area to improve the quality of care for LACYP (Department for Education, 2014).

Encouragement to achieve in education and practical support, such as help with homework or provision of materials, has been identified by LACYP as key for achieving success in their lives (NICE, 2010). Young people enjoying school and not being bullied at school have been shown to be important factors in feeling 'Safe and Settled'. Fernandez (2012), in a matched cohort study of 202 12-18 year olds in care and not in care, found that carer and caseworker support strongly predicted school engagement.

The critical role of individualised education plans is emphasised, and the importance of young people being involved in its development to promote their engagement and to make it meaningful to the young person. Most young people were not aware of or lacked detail of their education plans and an opportunity to develop school engagement was missed.

> *'For example, if a young person does not appear to be emotionally engaged at school, this could be explored with them, in terms of which teachers they like and what possible additional support, mentoring and encouragement could be sourced for them. Likewise, if a young person has a particular career or job goal, their cognitive and behavioural engagement could be boosted by creating a clear pathway, with support for the young person. These initiatives could then be reviewed as part of planning.'* (Tilbury et al)

Personal motivation and tenacity have also been found to affect the level of school engagement. Tilbury et al (2014) describe the importance of exploring life goals and motivations, and ensuring case-planning is future oriented. Aspirations could be many and varied, but if made explicit, discussed and

encouraged, may contribute to heightening young people's own answers to questions such as, 'Why bother to stay at school?''

Age Group	Key Findings	Jan 2016 - present
4 to 6	Are happy at school (n = 8)	38%
4 to 6	Nobody hurts or upsets them at school (n = 8)	25%
4 to 6	Carer helps with school work (n = 8)	75%
7 to 9	Go to school every day (n = 18)	100%
7 to 9	Are happy at school (n = 18)	67%
7 to 9	Nothing at school makes them upset or sad (n = 18)	67%
7 to 9	Nobody bullies, hurts or upsets them at school (n = 18)	72%
7 to 9	Get enough help at school when they need (n = 18)	78%
7 to 9	Carer helps with school work (n = 18)	89%

Age Group	Key Findings	Jan 2016 - present
10 to 15	Go to school every day (n = 44)	100%
10 to 15	Nothing at school they worry about (n = 44)	77%
10 to 15	Nobody bullies, hurts or upsets them at school (n = 44)	86%
10 to 15	Have a Personal Education Plan (n = 44)	68%
10 to 15	80+ out of 100 for doing well at school (n = 44)	84%
10 to 15	Get help with homework from carer (n = 44)	84%
10 to 15	Have quiet place to do homework at placement (n = 44)	93%
10 to 15	Have books and other things they need for school (n = 44)	91%
10 to 15	Can use a computer for schoolwork at placement (n = 44)	75%

IDENTITY

Evidence indicates that developing a positive personal identity and a sense of personal history is associated with high self-esteem and emotional wellbeing (NICE, 2010).

The importance to children and young people of information relating to their histories and their family cannot be understated. For children and young people in Care, being helped to develop and reflect on a coherent story about their lives and what has happened to them is significantly associated with positive outcomes (Osborn et al, 2008).

Helping children and young people to maintain the cultural and religious beliefs they choose is another key factor in promoting emotional wellbeing for looked after children (NICE, 2010).

Age Group	Key Findings	Jan 2016 - present
4 to 6	Have a life story book / information (n = 8)	13%
4 to 6	Have a passport (n = 8)	38%
4 to 6	Play games / go places they like (n = 8)	63%
7 to 9	Have a life story book / information (n = 18)	11%
7 to 9	Can choose what clothes they wear (n = 18)	78%
7 to 9	Have a passport (n = 18)	39%
7 to 9	Can do the things they enjoy as often as they like (n = 18)	44%

Age Group	Key Findings	Jan 2016 - present
10 to 15	Have a life story book / information (n = 45)	16%
10 to 15	Are able to follow religion / family customs (n = 15)	100%
10 to 15	Can do hobbies / sports they like as often as like (n = 44)	73%
10 to 15	Carer encourages hobbies / sports (n = 44)	73%
10 to 15	Have all things needed for personal care (n = 45)	100%

FAMILY AND SOCIAL RELATIONSHIPS

The quality of looked after children and young people's relationships with other people is a key factor in their emotional wellbeing. This includes being supported to maintain contact with and sustain relationships with chosen family members, peers and friends (C4EO, 2010).

Hedin (2014) found that access to peers is important. Young people seem to have a sense of belonging with peers, in whom they can confide. In exceptional cases, peers may be only people they feel belonging with. In a US study Farineau et al (2013) also found peer relationships are significantly related to adolescents' self-esteem and suggest peer relationships could be a source of stability for looked after children experiencing much other change. They suggested that trends in adolescence, the influence of peers, time spent with peers and the desire to 'fit in' may be stronger for those in care and seeking acceptance. The study concluded that not changing or disrupting school relationships is important.

Analysis of responses from children and young people in Care Plan reviews by Cardiff University has shown that there is a relationship between feeling 'Safe and Settled' and having contact with friends. Friends and easy access to them are important to children and young people.

Age Group	Key Findings	Jan 2016 - present
4 to 6	Friends visit where they live (n = 8)	38%
4 to 6	See family as much as they want to (n = 8)	50%
7 to 9	See friends as much as they want (n = 18)	39%
7 to 9	Have friends their age (n = 18)	44%
7 to 9	Friends can come to see them where they live (n = 18)	33%
7 to 9	See family when they want to (n = 18)	33%

Age Group	Key Findings	Jan 2016 - present
10 to 15	Able to make / keep friends own age (n = 44)	70%
10 to 15	Friends are able to visit where they live (n = 44)	36%
10 to 15	See friends as often as they want (n = 44)	52%
10 to 15	Able to keep in touch with family as often as want (n = 44)	43%

SELF CARE SKILLS

This area of development concerns the acquisition of practical, emotional and communication competencies required for increasing independence.

Leaving care is an important transition point for young people. There is evidence that care leavers are more disadvantaged and face more difficulties than other young people in achieving: moving to own accommodation, entering higher / further education, finding satisfying employment, achieving good health and a positive sense of wellbeing. Research has shown that early preparation and effective support for care leavers is associated with better outcomes in later life (NICE, 2010).

'Having someone to talk to' is important to LACYP (NICE, 2010). The Ofsted inspection framework (2015) states that children and young people should be helped to understand their rights and to understand how to complain, where necessary supported by an advocate.

Age Group	Key Findings	Jan 2016 - present
4 to 6	Have a bank account (n = 8)	25%
4 to 6	Carer tells them when they have done well (n = 8)	88%
7 to 9	Have a bank account (n = 18)	39%
7 to 9	Carer tells them when they have done well (n = 18)	72%

Age Group	Key Findings	Jan 2016 - present
10 to 15	Have a bank account (n = 44)	45%
10 to 15	Have a passport (n = 44)	75%
10 to 15	Carer notices when they have done well (n = 44)	82%
10 to 15	Receive enough information to make decisions (n = 44)	75%
10 to 15	Know can get help to make a complaint, if unhappy (n = 44)	86%

APPENDIX: SUNDERLAND'S PLEDGES

I will be safe and properly cared for

Age Group	Key Findings	Jan 2016 - present
4 to 6	Feel safe at placement (n = 8)	88%
4 to 6	Feel okay where they live (n = 8)	88%
4 to 6	Nobody upsets them at placement (n = 8)	50%
4 to 6	Nobody hurts or upsets them at school (n = 8)	25%
4 to 6	Carer tells them when they have done well (n = 8)	88%
7 to 9	Feel safe at placement (n = 18)	89%
7 to 9	Feel okay where they live (n = 19)	79%
7 to 9	Nobody upsets them at placement (n = 18)	89%
7 to 9	Can keep own things safe at placement (n = 18)	100%
7 to 9	Nobody bullies, hurts or upsets them at school (n = 18)	72%
7 to 9	Have new clothes bought for them (n = 18)	78%
7 to 9	Carer tells them when they have done well (n = 18)	72%
7 to 9	Know how to get help (n = 18)	72%

Age Group	Key Findings	Jan 2016 - present
10 to 15	Feel safe at placement (n = 45)	96%
10 to 15	Feel settled at placement (n= 45)	89%
10 to 15	Not bullied / picked on at placement (n = 45)	93%
10 to 15	Nobody bullies, hurts or upsets them at school (n = 44)	86%
10 to 15	Can keep own things safe at placement (n = 45)	80%
10 to 15	Get on 'Very well' with carer (n = 44)	80%
10 to 15	Carer notices when they have done well (n = 44)	82%
10 to 15	Enjoy the food at placement (n= 45)	69%
10 to 15	Have new clothes bought for them (n = 45)	60%
10 to 15	Have all things needed for personal care (n = 45)	100%

I want a good education and to enjoy my free time

Age Group	Key Findings	Jan 2016 - present
4 to 6	Are happy at school (n = 8)	38%
4 to 6	Carer helps with school work (n = 8)	75%
4 to 6	Play games / go places they like (n = 8)	63%
7 to 9	Go to school every day (n = 18)	100%
7 to 9	Are happy at school (n = 18)	67%
7 to 9	Nothing at school makes them upset or sad (n = 18)	67%
7 to 9	Get enough help at school when they need (n = 18)	78%
7 to 9	Carer helps with school work (n = 18)	89%
7 to 9	Can do the things they enjoy as often as they like (n = 18)	44%

Age Group	Key Findings	Jan 2016 - present
10 to 15	Go to school every day (n = 44)	100%
10 to 15	Nothing at school they worry about (n = 44)	77%
10 to 15	Have a Personal Education Plan (n = 44)	68%
10 to 15	80+ out of 100 for doing well at school (n = 44)	84%
10 to 15	Get help with homework from carer (n = 44)	84%
10 to 15	Have quiet place to do homework at placement (n = 44)	93%
10 to 15	Have books and other things they need for school (n = 44)	91%
10 to 15	Can use a computer for schoolwork at placement (n = 44)	75%
10 to 15	Can do hobbies / sports they like as often as like (n = 44)	73%
10 to 15	Carer encourages hobbies / sports (n = 44)	73%

I want to keep fit and healthy

Age Group	Key Findings	Jan 2016 - present
4 to 6	Do not get ill very often (n = 8)	38%
4 to 6	Do not wake much at night (n = 8)	25%
7 to 9	Do not get ill very often (n = 18)	83%
7 to 9	Sleep well (n = 18)	83%

Age Group	Key Findings	Jan 2016 - present
10 to 15	No worries / concerns about health (n = 44)	91%
10 to 15	No problems with sleeping (n = 44)	70%
10 to 15	Have a health plan (n = 44)	68%
10 to 15	Have someone to talk to about health (n = 44)	86%
10 to 15	Play sport 2+ times a week (n = 44)	91%
10 to 15	Never times when they get angry / frustrated (n = 45)	4%

I want to live with my own family and relatives

Age Group	Key Findings	Jan 2016 - present
4 to 6	See family as much as they want to (n = 8)	50%
7 to 9	See family when they want to (n = 18)	33%

Age Group	Key Findings	Jan 2016 - present
10 to 15	Able to keep in touch with family as often as want (n = 44)	43%

I feel that I'm being listened to

Age Group	Key Findings	Jan 2016 - present
4 to 6	Easy to talk to carer (n = 8)	63%
4 to 6	Carer helps them (n = 8)	75%
4 to 6	Someone talks about how family is being helped (n = 8)	50%
4 to 6	Someone asks what would help their family (n = 8)	63%
4 to 6	IRO talks about Looked After Review (n = 8)	38%
7 to 9	Easy to ask carer about things (n = 18)	67%
7 to 9	Carer helps them (n = 18)	100%
7 to 9	See their social worker when they need to (n = 18)	56%
7 to 9	Social worker helps (n = 18)	83%
7 to 9	Easy to talk to social worker (n = 18)	72%
7 to 9	Social worker talks about why living at placement (n = 18)	50%
7 to 9	Social worker talked about what want to happen (n = 18)	61%
7 to 9	IRO talks about Looked After Review (n = 18)	44%

Age Group	Key Findings	Jan 2016 - present
10 to 15	Easy to talk to carer (n = 44)	84%
10 to 15	Social worker visits as often as they need (n = 44)	50%
10 to 15	Social worker listens to them (n = 44)	66%
10 to 15	Social worker helping to improve things (n = 44)	61%
10 to 15	Are helped to understand their care plan (n = 34)	62%
10 to 15	Views and opinions are always listened to (n = 44)	61%
10 to 15	IRO discusses their review meeting (n = 44)	57%
10 to 15	Social worker discusses their review meeting (n = 44)	45%

REFERENCES

Borgers, N., De Leeuw, E. & Hoox, J. (2000). Children as Respondents in Survey Research: Cognitive Development and Response Quality. *Bulletin de Methodologie Sociologique*, 66, 60-75

Bromfield, L., Higgins, D., Osborn, A., Panozzo, S. & Richardson, N. (2005). *Out-Of-Home Care in Australia: Messages from Research.* Melbourne: Australian Institute of Family Studies

Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) (2010) *Improving the emotional and behavioural health of looked after children and young people*
Available at: http://archive.c4eo.org.uk

Children's Rights Director for England, Ofsted (2014) *Children's Care Monitor 2013/14: Children on the state of social care in England*
Available at: http://dera.ioe.ac.uk/19818/1/Children's%20care%20monitor%20201314.pdf

Department for Education (2014) *Children in care: research priorities and questions*
Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292032/Children_in_Care_Research_priorites_and_questions_FINAL_v1_1.pdf

Department for Education (2014) *Statistical First Release: Outcomes for children looked after by local authorities in England as at 31 March 2014*
Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384781/Outcomes_SFR49_2014_Text.pdf

Department for Education and Department of Health (2015) *Promoting the health and wellbeing of looked after children. Statutory guidance for local authorities, clinical commissioning groups and NHS England*
Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

Department for Education and Skills (2007) *Care Matters: Time for change*
Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326311/Care_Matters_-_Time_for_Change.pdf

De Vaus, D.A. (1996). *Surveys in Social Research*, 4th edn. London: UCL Press; Christensen, P.M. & James, A., Eds, (1999). *Research with Children: Perspectives and Practices.* London: Routledge

Farineau, H.M., Stevenson Wojciak, A. & McWey, L.M. (2013). You matter to me: important relationships and self-esteem of adolescents in foster care. *Child and Family Social Work 18*, pp. 129-138.

Happer, H., McCreadie, J. & Aldgate, J. (2006). *Celebrating Success: What Helps Looked After Children Succeed*. Edinburgh: Social Work Inspection Agency.

Hedin, L. (2014). A sense of belonging in a changeable everyday life – a follow-up study of young people in kinship, network and traditional foster families. *Child and Family Social Work 19*, pp. 165-173

McAuley, C. & Davis, T. (2009). Emotional well-being and mental health of looked after children in England. *Child and Family Social Work 14*, pp. 147-155.

Maguire, S.A., Williams, B., Naughton, A.M., Cowley, L.E., Tempest, V., Mann, M.K., Teague, M. & Kemp, A.M. (2015). A systematic review of the emotional, behavioural and cognitive features exhibited by school-aged children experiencing neglect or emotional abuse. Child: Care, Health and Development, 41:5, pp. 641-653.

NICE (2010) *Looked after children and young people. NICE guideline (PH28)*
Available at: https://www.nice.org.uk/guidance/ph28

Ofsted (2015) *Framework and evaluation schedule for the inspections of services for children in need of help and protection, children looked after and care leavers*
Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/466010/Framewo rk_and_evaluation_schedule_children_in_need_of_help_and_protection_CLA_and_care_leavers_LS CBs.pdf

O'Higgins, A., Sebba, J. & Luke, N. (2015). *What is the relationship between being in care and the educational outcomes of children? An international systematic review.* Rees Centre: 2015.

The Who Cares Trust [online] *A good education*
Available at: http://www.thewhocarestrust.org.uk/pages/good-education.html

Price-Robertson, R., Smart, D. & Bromfield, L. (2010). Family is for life: Connections between childhood family experiences and wellbeing in early adulthood, *Family Matters* 85, pp. 7-17.

Schofield, G. & Beek, M. (2009). Growing up in Foster Care: providing a secure base through adolescence, *Child and Family Social Work 14*, pp 255-266.

Social Services Improvement Agency and Institute for Public Care (2007) *What works in promoting good outcomes for looked after children and young people?*
Available at: www.ssiacymru.org.uk

SSIA / IPC (2007): *What Works in Promoting Good Outcomes for Looked After Children and Young People?* Cardiff: SSIA

Thomas, N. & O'Kane, C. (1999). Experiences of Decision-Making in Middle Childhood: The Example of Children 'Looked After' by Local Authorities. *Childhood 6 (3)*: 369-387

Tilbury, C., Creed, P., Buys, N., Osmond, J. & Crawford, M. (2014). Making a connection: school engagement of young people in care. *Child and Family Social Worker 19*, pp. 455-466.

Tourangeau, R. & Smith, T.W. (1996). Asking Sensitive Questions: the Impact of Data Collection, Question Format and Question Context. *The Public Opinion Quarterly 60*, 275-304

Vis, S.A., Strandbu, A., Holtan, A., Thomas, N. (2011). Participation and health – a research review of child participation in planning and decision-making. *Child and Family Social Work 16*, pp. 325-335.

Zhang (2013) *Analysis of the Western Australian Care Plans Review Questionnaire.* Cardiff University