Young People 'Looked After' in Wales: findings from the 2017/18 Health Behaviour in School-aged Children Survey and School Health Research Network Student Health and Wellbeing Survey

At any given time, approximately 6,000 young people in Wales are in the care of their local authority (Welsh Government (WG), 2018). These young people may be referred to by various terms, including 'looked after' and 'care experienced', but for the purposes of this paper, 'looked after' has been used. There are a variety of reasons for children and young people to enter care. Government statistics show that of the young people 'looked after' as of 31st March, 2018, 64% were looked after due to abuse and neglect, 24% due to the family being in acute stress or dysfunction, 7% due to parental illness, disability or absence, and 4% due to socially unacceptable behaviour (WG, 2018). For those young people experiencing or at risk of experiencing harm, the Child Protection System aims to firstly support families to stay together. However, if support is inadequate to mitigate risk, the state has a duty to intervene (WG, 2014).

Local authorities have different options regarding care planning, and the right permanence option for a child depends on their individual needs and circumstances. In Wales, the majority (74%) of young people 'looked after' as of the 31st March 2018 were accommodated in foster care, 13% placed with parents, 4% placed for adoption, and the remainder (9%) placed at secure units, children's homes, independent living or in residential schools (WG, 2018).

Whilst most young people 'looked after' report their experiences of care to be good (Biehal, Cusworth, Wade & Clarke, 2014), and report satisfaction with their life (Selwyn, Wood & Newman, 2017), studies show that those in care in the UK do not fare as well as the general population in relation to their physical health, cognitive and language skills (Harden & Whittaker, 2011), and mental health (Teyhan, Wijedasa & Macleod, 2018; Ford, Vostanis, Meltzer & Goodman, 2007), which in turn affects their journey to adulthood (Wade & Dixon, 2006).

The School Health Research Network

The School Health Research Network (SHRN) was established in 2013 and is a partnership between Welsh Government, Public Health Wales, Cancer Research UK, the Wales Institute of Social and Economic Research, Data and Methods (WISERD) and Cardiff University. School membership in 2017/18 was 212, including all maintained secondary and middle schools in Wales. The Network is led by the Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement (DECIPHer) at Cardiff University.

The Student Health and Wellbeing Survey

The Student Health and Wellbeing Survey underpins the Network's first aim and takes place every two years. The survey aims to increase our understanding of young people's health, wellbeing and health behaviours in their social context. This briefing presents findings for young people 'looked after' in Wales across a small selection of

variables pertaining to wellbeing, risk behaviours and school belonging. This briefing reports descriptive differences between children and adolescents in different types of care compared to the general population without undertaking any statistical tests.

The survey is an online self-completion survey, available in English and Welsh. It measures self-reported health behaviours and wellbeing outcomes among adolescents aged 11-16 years and since 2017/18 incorporates the Welsh Health Behaviour in School-aged Children (HBSC) survey. The Welsh HBSC questionnaire follows the international HBSC survey protocol, developed by the HBSC network. Participation is optional. A nationally representative sample of 103,971 students in years 7 to 11 from 193 secondary schools participated in the 2017-18 survey between September and December 2017.

On entering the questionnaire, students were randomly allocated to one of three routes, which determined which questions were visible to them as they progressed. Some questions used in this report were asked in only one or two routes, which accounts for the large difference in sample size for some figures. Item non-response also accounts for minor variations in sample sizes for each figure. See national report (Hewitt et al., 2019) for further information about survey routing and sample sizes.

All respondents were asked the following question to assess their current living arrangements. "All families are different (for example, not everyone lives with both their parents; sometimes people live with just one parent, or they have two homes, or live with two families) and we would like to know about yours. Please answer this question for the home where you live all or most of the time and tick the ADULTS who live there".

- Mother
- Father
- Mother's partner
- Father's partner
- Grandparent(s)
- Aunt(s)/Uncle(s)
- Adult brother(s) or sister(s)
- Foster parents
- I live in residential care or a children's home
- I live independently (on my own or with friends or my partner)
- Someone or somewhere else
- I do not want to answer

Responses were then categorised into 'not in care' (N = 83,551), 'foster care' (N = 589), 'residential care' (N = 143) and 'kinship care' (N = 1,189). Results should be interpreted with a degree of caution due to challenges in creating the family structure groups and the relatively small sample sizes, particularly for those in residential care. Although the differences observed between groups are robust to different assumptions regarding how children report their living arrangements, in some alternative approaches, discrepancies between young people in residential care and other groups appear even greater, suggesting that they might be understated in this report (see supplementary file for further details for method and limitations of the approach). As the Student Health

and Wellbeing Survey is only completed by young people in mainstream schooling, the views of children not in mainstream school (e.g. special schools, pupil referral units, etc.) are not included.

Wellbeing

Prevention of emotional and behavioural problems and promotion of positive wellbeing, as well as reduction of health inequalities in children and young people, are national priorities in Wales. The importance of these goals has been emphasised in the Wellbeing of Future Generations (Wales) Act 2015, which focuses on improving the social, economic, environmental and cultural wellbeing of Wales. Furthermore, the Social Services and Well-being (Wales) Act 2014 imposes duties on local authorities, health boards and Welsh Ministers to work to promote the wellbeing of those who need care and support.

Mental wellbeing was measured in the survey using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS; Haver et al., 2015), a scale covering both hedonic (e.g. happiness) and eudaimonic (e.g. the extent to which a person is fully functional) aspects of mental wellbeing. The short version includes seven of the 14 items covered in the original WEMWBS and has been validated in this age group in Wales (Melendez-Torres et al., 2019). Adolescents were asked how they felt about seven positively worded statements over the past two weeks. Response categories ranged from *"1" = none of the time* to *"5" = all of the time*, and total scores (sum of the individual items scores) ranged from 7 to 35, with higher scores indicating higher levels of mental wellbeing. In addition, adolescents were asked to appraise their life satisfaction using a picture of a ladder informed by Cantril's self-anchoring ladder (Cantril, 1965). The bottom rung was coded as "0" (worst possible life) and the top as "10" (best possible life).

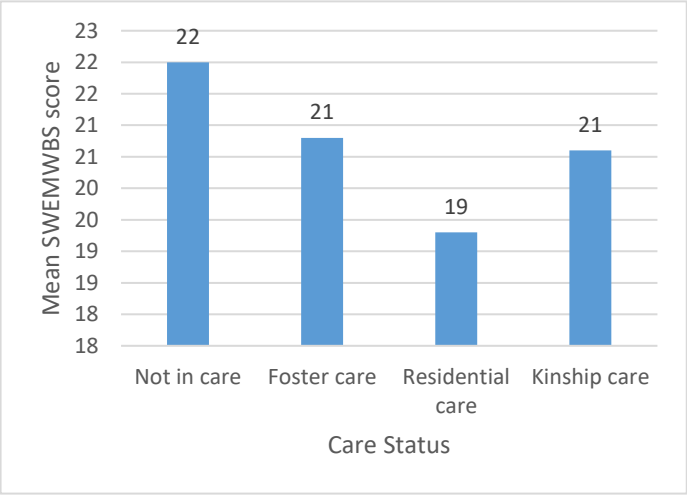

Figure 1. Mean wellbeing score on SWEMWBS by care status (N = 79,297)

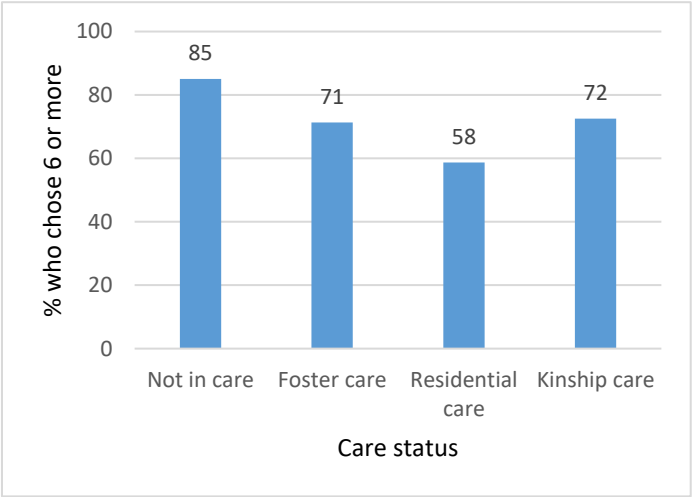

Figure 2. % who chose 6 or more on Cantril's ladder by care status (N = 83,748)

Figures 1 and 2 show that young people 'looked after' have lower wellbeing and life satisfaction scores than those not in care. In terms of mental wellbeing, those in residential care had the lowest wellbeing score. For life satisfaction, 85% of young people not in care rated their life as being 6 or more, compared to 72% in kinship care, 71% in foster care and 58% in residential care.

Risk behaviours

Misuse of substances causes significant harm to the individuals involved, their families and to wider society. These include negative impacts on individuals' physical and mental health and impacts on society through increased crime and anti-social behaviour (Welsh Assembly Government, nd). Most people first experiment with and become users of substances in adolescence, so it is a key stage of the life course in which to address substance misuse (Patton et al., 2016). This was recognised in 'Working Together to Reduce Harm', Welsh Government's recently completed 10-year strategy for tackling the harms associated with the misuse of alcohol, drugs and other substances. The strategy emphasised prevention work with children and young people in relation to alcohol and other substances and committed to tackling substance misuse amongst vulnerable adolescents, such as children 'looked after', who are at greatest risk for substance misuse (Welsh Assembly Government, nd). This focus continues in the new substance misuse delivery plan covering 2019-22 that was consulted on recently (WG, 2019).

The survey asked young people questions on risk taking behaviours, including if they had drunk alcohol in the past 30 days, had been drunk in the past 30 days, if they smoke on a weekly basis, and if they had used cannabis in the past 30 days.

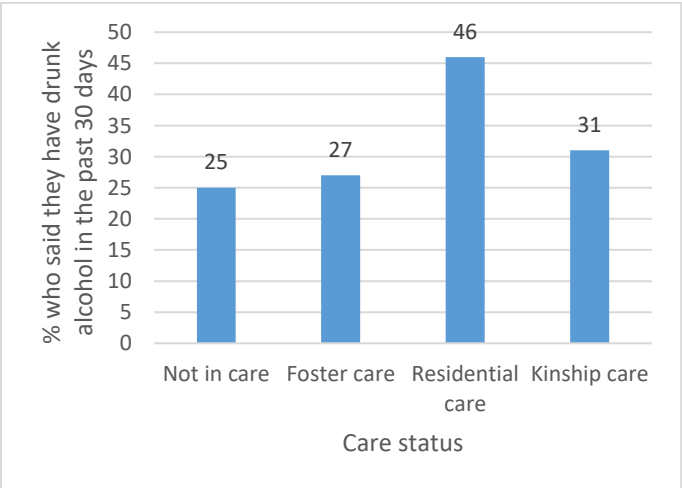

Figure 3. % who have drunk alcohol in the past 30 days by care status (N=53,420)

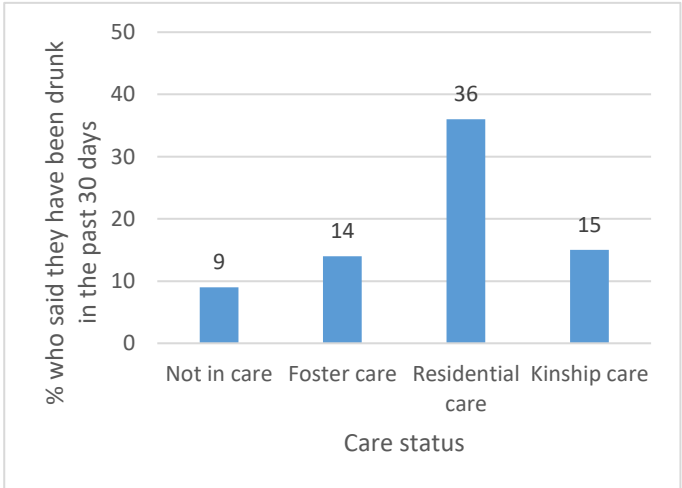

Figure 4. % who have been drunk in the past 30 days by care status (N=53,878)

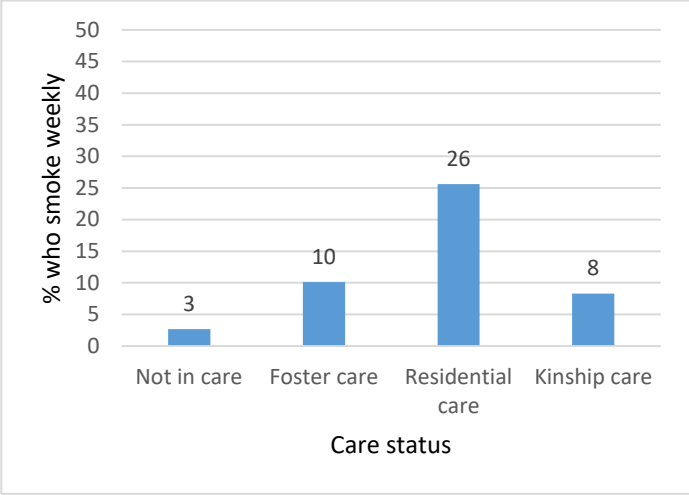

Figure 5. % who smoke weekly by care status
(N = 82,762)

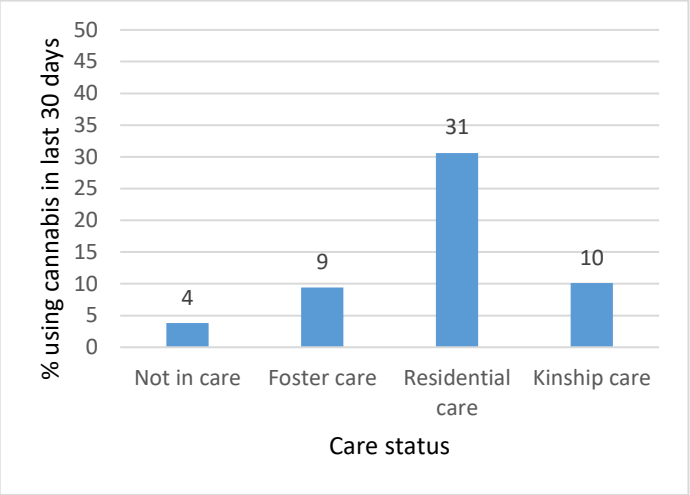

Figure 6. % using cannabis in last 30 days by care status
(N = 84,146)

Figures 3, 4, 5 and 6 show similar patterns, where young people 'looked after' were involved in more risk behaviours than those not in care. Those placed in residential care consistently showed the highest rates of being drunk (36%), weekly smoking (26%) and using cannabis (31%).

School life

Bullying is a widespread phenomenon associated with poor outcomes, including low self-esteem, anxiety, depression, conduct problems, and physical illness (Hall, 2017). Furthermore, students exposed to bullying may disengage from school, which may contribute to absenteeism (Arseneault et al., 2006). Truancy and school exclusion are related to a range of negative behavioural and academic outcomes, including lower academic performance (Vaughn, Maynard, Salas-Wright, Perron, & Abdon, 2013; Hemphill et al., 2006), early school dropout (Attwood & Croll, 2015), and risk behaviours (Best, Manning, Gossop, Gross, & Strang, 2006). The survey asked young people about exposure to bullying, participation in fighting and truanting, and exclusions.

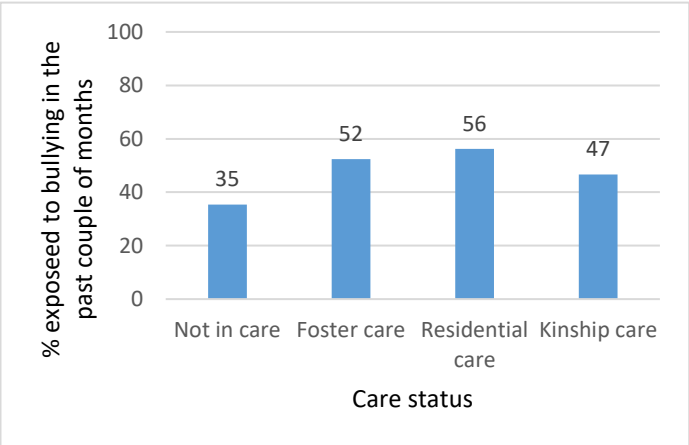

Figure 7. % exposed to bullying in the past couple of months by care status
(N = 81,345)

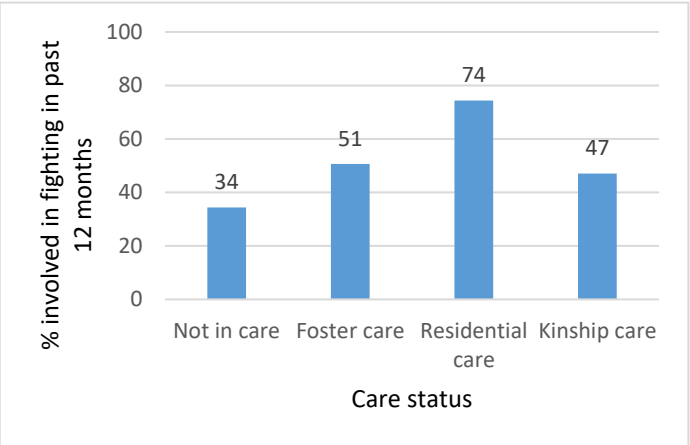

Figure 8. % involved in fighting in past 12 months by care status
(N = 22,800)

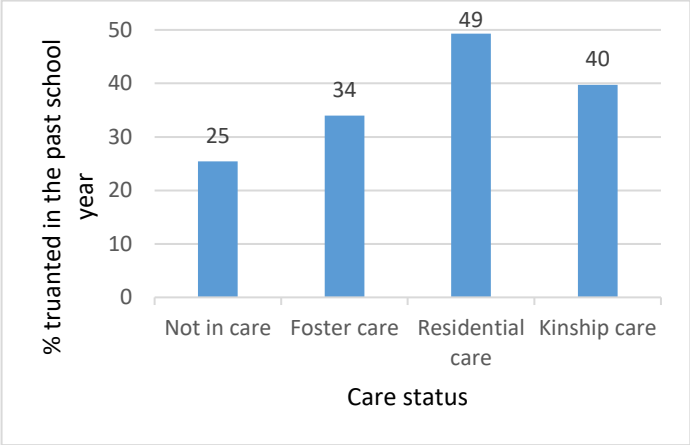

Figure 9. % truanted in the past school year by care status
(N = 82,712)

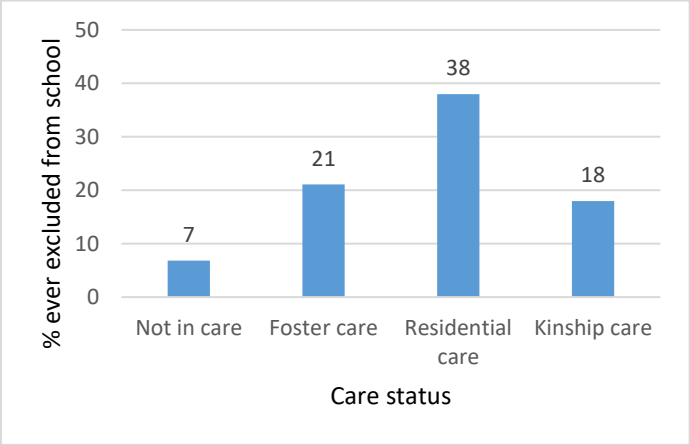

Figure 10. % ever excluded from school by care status
(N = 84,397)

Figure 7 shows that around 1 in 2 young people 'looked after' were exposed to bullying, compared to 35% of those not in care. Figure 8 shows that young people in care were also more likely to be involved in fighting, with nearly three-quarters of those in residential care involved in fighting compared to 34% of those not in care. Figures 9 and 10 show that young people 'looked after' have higher rates of truancy and exclusions than those not in care, with those in residential care having the highest rates.

School connectedness and loneliness during the summer holidays

The concept of school connectedness relates to students' belief that staff at their school care about them as individuals and about their learning. It includes four main elements: positive relationships with adults at the school; feeling happy at school and a sense of belonging there; feeling school is important; and perceiving a supportive learning environment (Marraccini & Brier, 2017). Low school connectedness is associated with several health and wellbeing outcomes, including substance misuse, reduced physical activity, self-harm, suicidal ideation and attempts, and dating and relationship violence (Marraccini & Brier, 2017; Weatherson et al., 2018; Kidger et al., 2018). Respondents were asked whether they had at least one teacher or other member of school staff they could talk to about things that worry them, if they felt like they belonged at school and how often they felt lonely over the last summer holidays.

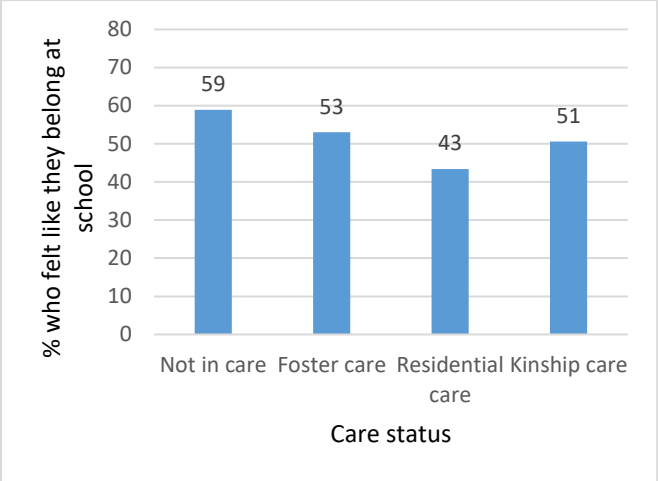

Figure 11. % who feel like they belong at school by care status (N = 82,157)

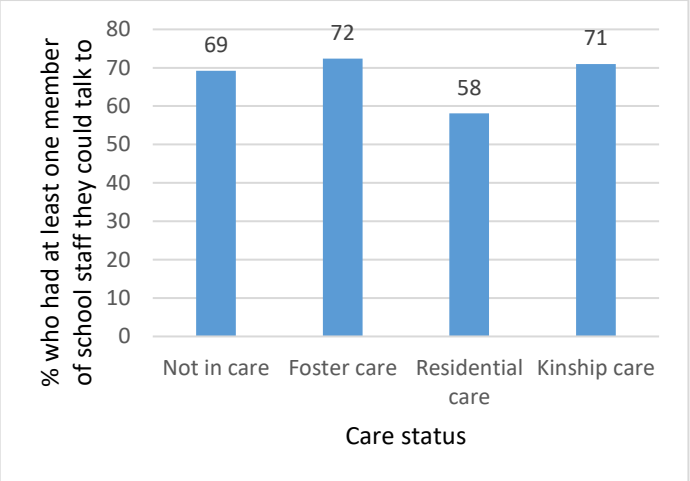

Figure 12. % who have at least one member of school staff they can talk to by care status (N = 83,813)

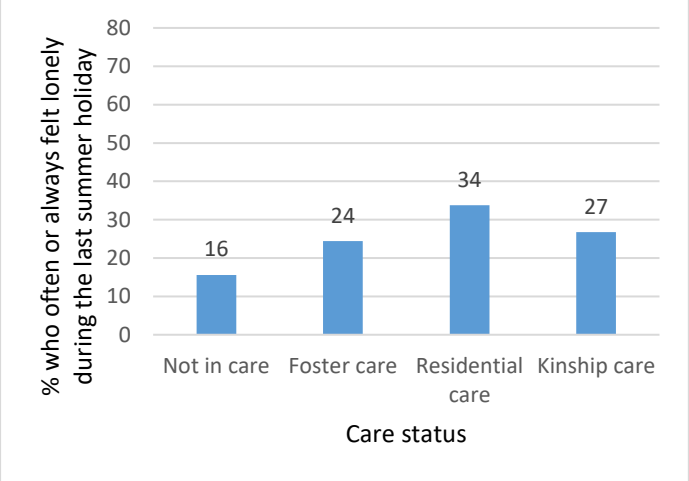

Figure 13. % who often or always felt lonely during the last summer holiday by care status (N = 84,191)

Figure 11 shows that young people 'looked after' felt like they belonged in school less than those not in care. Figure 12 shows that more young people in foster and kinship care felt they had someone at the school they could talk to, compared to those not in care. However, just over half of those in residential care felt they had someone they could talk to. Figure 13 shows that those in care were also more likely to often or always feel lonely during the summer holidays than those not in care.

Conclusions

This briefing paper highlights notable inequalities, with young people 'looked after' consistently experiencing worse outcomes than young people not in care. The only exception was that more young people in foster and kinship care felt they had someone at the school they could talk to about something that worried them, compared to those not in care. The most striking finding from this briefing paper is the relative disadvantage of young people who are looked after in residential placements. Despite the limitations acknowledged (e.g. sample size, variables used to create categories of care used in the analysis), the government should examine this problem, and consider ways in which improvements for those in residential care could be achieved.

Future research

Future work should look to improve measures used to identify respondents' family structure in the future given its importance, including the possibility of data linkage. The National Report for Wales is available (Hewitt et al., 2019), containing a much wider range of variables. The information on young people's health and wellbeing provided by the HBSC and SHRN surveys offer substantial opportunities for further research.

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