

What makes a looked after child happy and unhappy?

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Title: What makes a looked after child happy or unhappy?

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Abstract:

What is good for a looked after child is something usually decided and imposed by adults and the child's voice is often peripheral. One way to make the child central to decision making maybe to consider what they say makes them happy or unhappy; where happiness is neither a description of what has gone well in life, nor an immediate state of mind, but one which encompasses the Aristotelian concept of Eudaimonia, often translated as happiness, but also meaning wellbeing or flourishing. This study was undertaken as part of a local authority children's service health needs assessment. This assessment aimed to understand why the population of looked after children experienced high levels of poor mental health and increased demand for therapeutic interventions; as identified by an increased number of children and young people with above average scores on the Strengths and Difficulties Questionnaire (SDQ). The main objective was to find out what looked after children state make them happy or unhappy and what may increase their wellbeing, compared with the views of professionals and carers. Focus groups were held with looked after children and professionals working with these young people using the same tools and asking the same questions - what makes me/a looked after child happy and unhappy. The focus groups with professionals also sought to explore the understanding and relevance of SDQ results to informing their practice with looked after children. Findings indicated that important differences exist between looked after children and professionals in both the range and emphasis of what is seen as important for young people. Adult assumptions are not routinely tested by meaningful discussions with young people, in order to inform decisions, which are often made about rather than with the looked after child. The SDQ was not utilised by all professionals to support the emotional health and wellbeing needs of the population. The study concludes that conversations about happiness can usefully support holistic understandings of the looked after children's experiences and aid future practice and planning.

Introduction

The study on which this paper is based asked the question – what makes a looked after child happy - as part of a local authority children's service health needs assessment of its population of looked after children. Focus groups were held with looked after children and also with professionals working with the young people using the same tools and asking the same questions - what makes me/a looked after child happy. The particular focus of the health needs assessment was on mental health needs and emotional wellbeing. The aim was to understand how current screening processes (the SDQ) are utilised by practitioners to support children and young people at risk of, or affected by, poor mental health. In meeting this aim the views of both looked after children and a range of professionals were explored through focus group discussions. It was proposed that the stated happiness and unhappiness of looked after children may influence some of the responses to the SDQ.

The data from these discussions is presented and discussed below. The findings are contextualised using demographic data for this local authority area relating to the health and wellbeing of its looked after children and the use of the Strengths and Difficulties questionnaire (SDQ) (Department for Education and Department of Health 2015) to formulate an agency response to identified need.

National surveys of the general population of young people explore levels of happiness and confidence (Prince's Trust 2019). However eliciting the views of young people and adults by asking about what makes them happy could be seen as fundamentally flawed. Taking an Aristotelian view of happiness, asking the question what makes a child happy is meaningless. It is like asking if a book is good based on the first chapter, which may start well but end up boring and tedious. Happiness is an overall judgement on a life well lived. For looked after children, unlike the book example, life has not started well. Consequently it might be thought that to ask the question of a looked after child is equally meaningless and likely to elicit a response 'Of course I'm not happy would you be?'

Philosophical discussions of happiness distinguish between happiness as a description of a life that has gone well and as a description of a state of mind (Haybron 2000, 2011). There is also a consideration of the Greek concept of Eudaimonia which is commonly translated as happiness, but is a richer concept including notions of flourishing and the modern concept of wellbeing. In thinking about wellbeing, discussion tends to focus on what is good *for* an individual, what makes them healthier, better off and is beneficial to their lives overall (Fletcher 2016). What is good for a child and particularly a looked after child is something usually decided by adults, then imposed by adults. In the case of looked after children these adults are carers and social workers and the discussion of wellbeing takes place in a needs assessment and the imposition of benefits in a care plan. Putting the child at the heart of those assessments and plans is a common aspiration but a rare achievement. There is an assumption that adults and in particular professional adults tend to know best (Hill 1999, Stafford et al 2003).

One way to promote the child's voice in deciding what promotes their wellbeing is perhaps through a consideration of what they say makes them happy. As such happiness is neither a description of what has gone well in life, nor an immediate state of mind (e.g. because their football team has won), but one which encompasses the wider concept of Eudaimonia. What does the looked after child say about what will help them flourish, what will increase their wellbeing and what will make them happy? Furthermore how does what looked after children say compare with the views of professionals and carers on what makes looked after children happy, on what is good for their wellbeing and thereby likely to be imposed on the young person? This study took such an approach based on an understanding of happiness as informed by the concept of Eudaimonia.

Background

The number of looked after children in England has been increasing steadily over the last nine years, with 72,670 children being looked after at 31 March 2017, a rise of 3% since 2016. There has been a corresponding increase in the number of children starting to be looked after (up 2% on the previous year) and a 2% decrease in the number ceasing to be looked after during 2016/17. For the second year running the number of children ceasing to be looked after due to adoption has fallen, following steady rises since 2011 (Department for Education 2017). The rate of looked after children in the local authority being studied has substantially increased since 2015. Increases have also been observed in statistical neighbours, the region and national averages. However this increase is more marked in the local authority which hosted the study.

Looked after children and young people have higher levels of health needs than their peers. In particular, the emotional and mental health of looked after children is significantly poorer than the general population, with almost half of those in care (three quarters of those in residential homes)

meeting the criteria for a psychiatric disorder (Luke et al 2014 p7). These mental health problems can be caused by experiences before entering the care system, or by the impact of being in care, or a combination of the two. This is thought to be because of the frequency with which these children enter care with problems arising from poverty, abuse, neglect, or trauma (Local Government Association 2016). Leaving care presents new challenges to young people's emotional wellbeing as they adjust to life outside the care system, particularly if they do not have a strong support network. Transition from child and adolescent mental health services (CAMHS) to adult services, where staff often have little knowledge or understanding of care-leavers' specific needs, can create additional difficulties.

In the UK it is a statutory requirement that looked after children have an initial health assessment when they enter care and at specified periods thereafter (review health assessments are undertaken at least once every six months before a child's fifth birthday and at least once every 12 months after the child's fifth birthday). These holistic assessments of physical, mental and emotional health and wellbeing are intended to ensure health needs are identified and addressed in a timely manner. Evidence suggests that the health needs assessment identifies health need and neglect that may otherwise go unrecognised and furthermore may continue into the looked after period (Hill and Watkins 2003).

The Strengths and Difficulties questionnaire (SDQ), developed by Goodman (1997), is a clinically validated brief behavioural screening questionnaire that is used with children and young people, their carers and involved practitioners. It covers common areas of emotional and behavioural difficulties and enquires whether the informant or the child/young person themselves think that there are problems in these areas, and if so what the impact is on the child/young person's wellbeing and behaviour. Hill and Watkins (2003) argue that the effectiveness of the health assessment depends on it being both complimentary and integrated with the local authority's care and review processes, something this study was able to explore in the professional focus group. It is usually the responsibility of the social worker to ensure that the carer of the looked after child completes the SDQ to inform the health assessment (DfE & DoH 2015). It is a legal requirement that data collected on the total scores for the SDQs completed by the carers of looked after children are returned to the Department of Education (DfE 2018). The SDQ data was a particular concern to this local authority, due to the proportion (over 50%) of children with raised to higher scores.

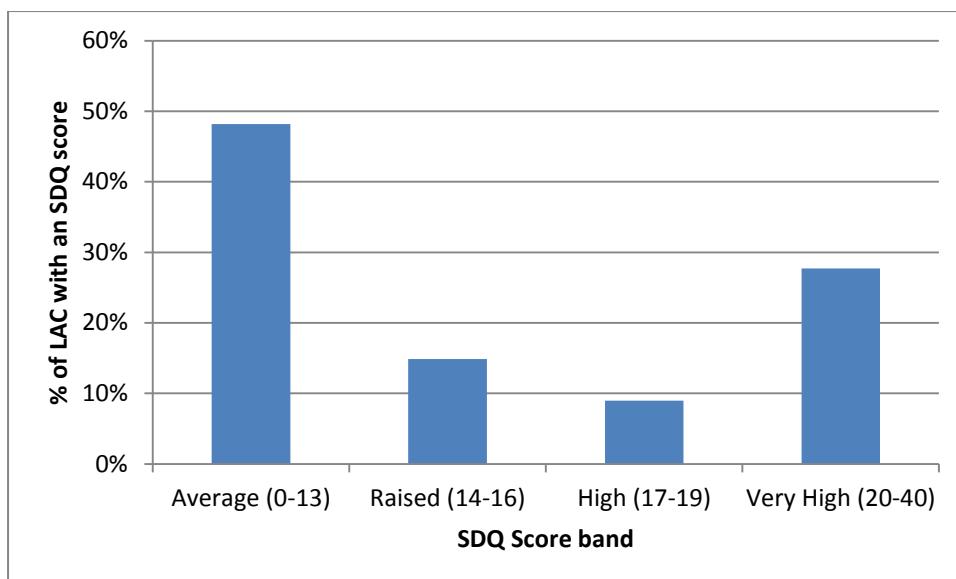


Chart 1: Average score for children for whom a strengths and difficulties questionnaire was completed in the focussed local authority - 2015/16 DfE

Every 1 point increase in the total score relates with an increase in the risk of developing a mental health disorder. In the focussed local authority, following a raised SDQ score a referral is made to therapeutic intervention services placing a high demand on the referral pathway. This was deemed to be an important topic to explore in focus groups with professionals.

Methods

It is important to be aware of potential differences in research with children because of adult perceptions of children, their marginalised position in society and their inherent difference (Punch 2002, Morrow and Richard 1996). The researchers were interested in the adults and young people's responses to the same question – what makes a looked after child happy? - but needed to guard against adult interpretations of what the young people told us. Three researchers undertook the work, two from a social work background and one from public health.

Focus groups were chosen as the main method for collecting qualitative data to promote the active involvement of participants and generate a range of views and ideas within a short space of time (Green and Thorogood 2014). The focus group schedules were designed to explore the issues from the looked after children and staff perspectives using the same interactive research tools in each group to generate the discussions. This allowed a comparison between the perspectives of the two groups of participants. The staff focus groups went on to explore more detail in relation to the two priority areas of mental health needs and emotional wellbeing and the use of the SDQ

The focus group's aims and schedules were developed by a project advisory group which included the Head of Service for looked after children, Public Health Consultant, Public Health Specialist, the Head of Safeguarding and a Principal Lecturer in Social Work. The aims and topic areas were chosen in order to explore a significant issue currently affecting the looked after children service in this local authority: the emotional health and wellbeing of looked after children as demonstrated through

higher than average rates of SDQ scores. The schedules for the emotional health and wellbeing focus groups were based on research by Wood and Selwyn (2017) and subsequently developed by the University of Bristol and Coram into the Bright Spots Well-being Indicators (Coram Voice 2018). This work gives emphasis to four factors which are specifically important to a looked after child's wellbeing over and above the general population: relationships, rights, resilience building and recovery.

Purposive sampling methods were used to recruit participants to the professional focus groups with the project advisory group identifying key roles and people to invite. This ensured that professionals working across the looked after children service from managerial and strategic to front line in health and social care services were recruited. Following an introductory invitation email and agreement to receive further information, a participant information sheet was sent via email to participants prior to attending the focus group. Signed consent forms were collected. Research governance was obtained from the local Authority.

Professionals (n=11) from a variety of roles in health and social care services took part including social workers from leaving care and post adoption teams; social work team managers; personal assistants; nurse; therapy service workers working with looked after children - see table 3. The discussions were recorded and notes were taken. The focus group lasted for 90 minutes. Members were given the same work sheets as the young people (Figures 1 and 2) which they completed individually drawing from their own ideas and experiences of how a looked after child would complete it. They were then asked to rank which they felt was most important to a looked after child. Group feedback generated further discussion. Key findings from the sessions are reported below.

Participants of the looked after children focus group were all members of the local authority looked after children council, which comprises of children and young people in care and leaving care aged 11-18 years. This user group meet regularly and are routinely consulted on various projects, research and aspects of service development. Consent to be involved in any research and dissemination activity is taken from the council members and their carers annually by the Local Authority. Voluntary participation in the focus group was reinforced by the researchers at the outset as was the ability to cease involvement at any time without reason. The researchers and staff running the focus group were invited to an evening routine session to conduct the research; at which younger members of the council were not present. Alongside formal ethical processes consideration was given to 'the ethics of encounter' whereby the relational aspects of the looked after children focus group were based on mutual respect and power sharing in order to ensure informed, active and empowering participation. (D'Cruz and Jones 2014:100). To this end the data collection included initial group work, followed by individual or pair discussion facilitated by a paper exercise, before coming together again to discuss the focus group questions in the light of the exploratory individual or pair work.

Three facilitators attended one of the weekly council sessions for 70 minutes to run the focus group. 14 members were present, with a mix of ages and genders. Individual demographics were not collected but members were between 11 and 18 years of age. Members were given work sheets to complete (Figure 1) and were told that in the centre was a picture of themselves surrounded by all of the things that made them happy. Participants were asked to draw or write what these things

might be. Some participants worked on their own, while others worked in pairs and facilitators circulated and talked to members during the exercise. A second worksheet was completed in the same way which included things that made them unhappy (Figure 1). They were then asked to rank which is the most important to them. Following these exercises members came back together and fed back as a group what they felt comfortable to share. This generated further discussion following the questions in the focus group schedule. Key findings from the sessions are reported below.

The researchers were interested in both what the focus group participants had to say and why something was said, which informed the content analysis approach taken. Following Breen (2006) and Kreuger (2000) a thematic analytical approach was undertaken which paid particular attention and gave weight to the extensiveness, intensity and specificity of the comments made and the group agreement on issues raised. A multi-disciplinary approach was taken to the analysis to attempt to counter the subjectivity and potentially blinkered approach of a single subject social work or health view being taken to the identification and weighting of emerging themes.

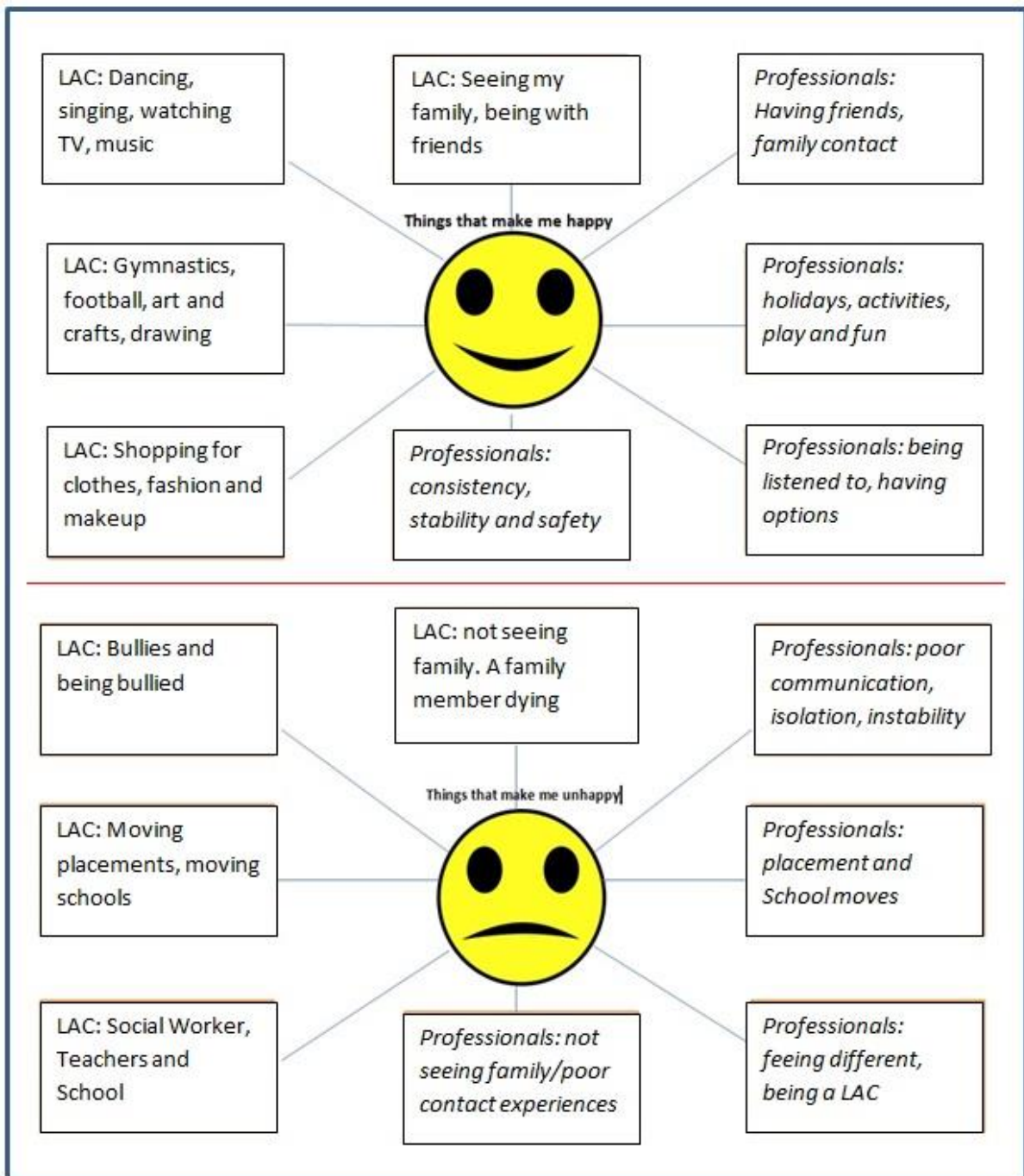


Figure 1: Things that make me happy/ Things that make me unhappy, including a range of responses from the looked after children and the Professionals Focus groups. (LAC is used as an indicator in the above figure purely for abbreviation.)

Findings

The findings from the two focus groups are presented separately. Tables 3 - 6 illustrate the range of responses from the worksheets exercise. The extensiveness, importance and specificity of the findings from the worksheets are also presented (Breen 2006:472, Kreuger 2000).

Looked After Children Focus Group

Table 1: Findings from the worksheets “Things that make me happy”

Theme	Subtheme	Frequency of times reported by individuals	Most important as reported by individuals
Materials	Clothing/brands	2	
Hobbies and Activities	Food	1	1
	Fashion/makeup	1	1
	Trips abroad	1	
	Writing stories	1	
	Sports activities	2	
	Computing & Computer games	2	
	Art & Crafts	3	
	Gymnastics	3	1
	Watching TV & Films	3	
	Watching sport	4	
	Music, Dancing & Drama	8	1
Support networks and relationships	Getting letter from family	1	
	Spending time with friends	3	3
	Family	8	6
Behaviours	Getting out of the house	1	
	Chilling	1	
	Proving others wrong	1	
	Clothes shopping	1	
Memories	Looking at past photos/memories	1	
	Favourite toy	1	1
School		1	

Extensiveness - Many of the examples given were in relation to hobbies and activities that are enjoyable and reflect the interests of young people. The range of hobbies included: sport (participating and watching); art and crafts; writing and drama; music; trips abroad; watching TV and films; computer games; food; fashion and makeup. The hobbies mentioned were easily accessible activities which signify how the young people do not necessarily want or need expensive materials or objects. Seeing friends and family was also extensively commented on as a source of happiness.

Importance - Areas identified as most important were support networks and relationships with family and friends. This highlighted the importance for young people of the contact they had with family, having friends and spending time with friends. Contact with wider family e.g. nieces, nephews and cousins also ranked highly, indicating the need for contact arrangements to include wider family networks as well as parents and siblings. Participants used the following phrases to describe their relationship with their family and friends: “love them”, “by your side”, “always there for you”. These phrases reflect the permanency of these relationships. There seemed to be an equal split between the importance of relationships with family in the widest context, not just including birth parents, and with friends.

Specificity – Personal possessions from their life before becoming a looked after child were specifically mentioned as valued, in particular those that spanned their childhood such as old photos and soft toys.

Perhaps equally important is what was not mentioned by the looked after children. Foster carers or residential workers as a source of happiness were not mentioned at all. School as a source of happiness was only listed by one participant.

Table 2: Findings from the worksheets - "Things that make me unhappy"

Theme	Subtheme	Frequency of times reported by individuals	Most important as reported by individuals
Materials	Having items stolen	1	
	Having items broken	1	
Hobbies	Football team losing	2	
Support networks and relationships	Social worker	1	
	Being alone	1	
	Death in my family or friends	2	2
	Being bullied	2	2
	Being without family	2	2
	Being taken away from family	3	3
Behaviours	Crying	1	
	Getting arrested	1	
	Being too Busy	1	
	People making me mad	1	1
Stability	Moving placements	1	1
School	Attending school	1	2
	Changing school	1	1

Extensiveness - The notion of loss featured extensively in the young people's comments. This was associated with friends and family and the associated loss of relationships. This loss was referred to through: bereavement; not being in regular contact with family; and being placed out of area away from established friendship groups. Not seeing friends was not reported as a source of unhappiness in the feedback sheets but came forward strongly in the group discussion. Contact with established friendship groups appeared to be important in its own right. This may be, equally, if not more important, in a child's life than their family in terms of making them unhappy.

Importance - Change appeared to be strongly associated with unhappiness. The number of placement moves, change of social worker and school moves impacted on their happiness.

“Ones [social workers] that are good leave, lots are horrible”

There was a perception of social workers as being key to making decisions about their life, decisions which may have been sprung on them and about which they had no control.

“Social workers, they don't listen to you and they do what they think is best”

Importance was also given to their current life experiences of being a looked after child, for example experiencing bullying, and developing relationships with a new peer group “where people make me mad”.

Specificity – The consequences of experiencing loss and change were described in specific examples. One child talked about having over nine different social workers and was now living out of area away from her friends and could not arrange to see them without social care agreement and did not currently have a social worker to arrange this. A young person reported having five minutes to pack her belongings and then not seeing her family for five months.

Findings - Professional Group

The following reports findings from the professional’s focus group who were asked to share the things which they felt made a looked after child happy.

Table 3: Findings from the worksheets - Things that make a looked after child happy

Theme	Subtheme	Frequency
Materials	Access to correct equipment for disabilities	1
	Secure and comfortable home	3
	Toys/gadgets/computer	3
	Personal items, clothing and money	3
Relationships	Siblings	2
	Pets	2
	Family contact	6
	Stability, belonging, care & support	9
	Friends	10
Consistency	School, training and employment	7
	Stability, structure and feeling safe	14
Understanding of my life	Being accepted	1
	Being like other kids	2
	People really ‘getting’ it	3
	Having a voice, having choice	4
Normality	Good health	1
	Playing & having fun	2
	Holidays, day trips & Activities	7

Extensiveness – Consistency in respect of stability, structure and feeling safe was most extensively commented on as a source of happiness for looked after children, manifested in consistency of placement, school and stability of relationships. Having friends also had broad support whether these were friends from their time before coming into care or new friendships and was more widely commented on than family relationships.

Importance - Professionals gave importance to the stability of placements as being crucial along with the relationship with their foster carer or social worker. Looked after children having a voice, being listened to and understood in relation to their care and needs were also stressed by participants.

Specificity - Professionals felt that looked after children placed value on material possessions such as money, clothes and technology. This was complicated by carers who may overcompensate for the perceived importance of material possessions. Examples of too many Christmas presents and holidays were given with professionals stating how this can be overwhelming for a looked after child and affect the relationship between them and their foster carer. Professionals felt that foster carers should focus on providing children with experiences such as hobbies and everyday activities rather than material possessions.

Table 4: Findings from the work sheets -Things that make a looked after child unhappy

Theme	Subtheme	Frequency
Materials	Home conditions	1
	Not having the same things as peers	2
	Money	4
Relationships	Bad times in contact	1
	Being away from friends	3
	Involvement of services in life	3
	Instability, unhappy in placement	4
	Being away from family	8
Consistency	Lack of structure	1
	Contact with carers	1
	Lack of communication	2
	Contact with staff	2
	Moving schools	3
	Placement moves	6
Understanding of my life	Understanding of why in care	2
	Decision making/having a voice	3
	School issues	3
	Isolation/loneliness/boredom	5
	Feeling different/misunderstood	7
Normality	Not being able to play	1
	No prospects	2
	Poor health	2

Extensiveness – Being away from their family, placement and school moves and ‘feeling different’ were most extensively commented on as a source of unhappiness. Reports of children with up to 20 changes in placements were given; these changes were described as not the ‘fault’ of the looked after children, but either systemic or the foster carer’s response to the young people’s behaviour. Professionals discussed the contact they had with children in their care and how it was generally in relation to what could be perceived as negative by the young person, and in the context of creating change to their lives.

Importance - Professionals did not rank importance on the worksheets but importance was indicated in the focus group discussion. They stated that looked after children often have to retell their story to numerous professionals and those professionals still don't have an understanding of their life. Looked after children perceive themselves as a 'case' of which numerous people know about their lives, which wouldn't happen if they lived in a 'normal' family environment. This adds to the anger and frustration that looked after children feel towards systems, social care professionals and foster carers.

Specificity – The role of the social worker was specifically commented on as a cause of unhappiness in looked after children. A way of working which focussed on process defined outcomes and performance targets potentially directed work away from the needs of the individual child. Social workers role definition and organisation by task could lead to a social worker in an assessment team seeing their work concluding on admission to care and make their decisions based on the immediate needs of the child, rather than long term outcomes. Social workers working with looked after children reported that, for some young people, working proactively within the family environment before being taken into care may have better long term outcomes. Professionals also discussed how the sense of loss and their circumstances can relate to a deeper sense of unhappiness for a looked after child.

Areas of congruence and difference between looked after children and professionals focus groups

Extensiveness - The children and young people spoke widely about their hobbies and activities which differ greatly from the professional's notions of what makes a looked after child happy. Instead the professionals focus was on stability with only a small number of young people identifying a lack of stability as causing unhappiness. The children and young people made clear connections between loss and unhappiness and these appeared to be relatively equally divided between family and friends. In contrast the professionals focus was on their relationship with looked after children and that this was associated with doing things that made these young people unhappy.

Importance - Family and friends were very important for the children and young people and discussions emphasised the importance of maintaining relationships through regular contact. The professionals did discuss the importance of family and friends, particularly for care leavers. However they also emphasised relationships with carers and professional s and the importance of listening to looked after children, this contrasted with the children and young people's views who did not mention carers and only spoke of professionals in negative terms. Change, particularly imposed and unplanned change, was linked to unhappiness by the children and young people and this connection was recognised by the professionals who acknowledged that their decisions and actions caused unhappiness and resentment.

Specificity - The children and young people made some strong connections with their past, artefacts including photographs and soft toys were very important for some of the young people. In contrast the professionals focused more on material possessions and debated the value of these against hobbies, activities and holidays. Many of the young people gave personal examples of how the looked after children system had disrupted their lives and caused them unhappiness and this was

recognised by the professionals who identified shortcomings in current processes which did not promote the long term welfare needs of children.

The Strengths and Difficulties Questionnaire (SDQ)

Following the discussions on happiness and unhappiness of a looked after child, the focus groups with professionals also explored their knowledge and understanding of the relevance, delivery and linked referral pathways following completion of the SDQ. In this local authority the scores from the SDQ are generally higher than expected. A score of >15 should trigger a referral into follow up mental health support or therapy services, however the numbers of looked after children reporting higher scores are impacting on the efficiency of the pathway and time to referral. The findings are split into four key areas: knowledge; administration; informing referrals and reasons attributed to the high SDQ scores.

Knowledge of SDQ - Social workers had little knowledge of the relevance or meaning of SDQ scores. They received the results for each of the looked after children allocated to their case load. The personal advisors, who provide direct support to young people leaving care, appeared to know nothing about SDQs or their relevance. However the framework for SDQs states that all social workers should know how to interpret the score.

“Scores don’t mean anything to us we get the number but not the information that gives any context to what it means.” (Social Worker)

Administration of SDQ - SDQ reviews are conducted annually around a looked after child’s birthday. This does not fit with health assessment review timetables, so often by the time that health services receive the SDQ results they may be six months out of date. Whilst the administration of the SDQ linked to birthdays may be easier, it may not be focussed on the best interests of the child, who receive a questionnaire reminding them of their difference and being in care around their birthday. Furthermore, it was reported that some looked after children refuse to complete the questionnaires as it is viewed as yet another form to complete.

“They [SDQs] are out of date before we receive them and they can be many months out of date and not relevant for the health assessment which are on the looked after child’s birthday” (Social Worker)

Professionals felt that young people saw the SDQ as an imposition, as being scored and risk managed was something else that made them different from their peers who were not in care.

“Some children and young people refuse to complete them [SDQ] as they are just another thing to be completed”

Once a child is old enough they complete their own SDQ. However, professionals felt that completion of SDQs should be undertaken by the school, carer and young person triangulating results to be more meaningful and relevant. Some participants questioned the accuracy of the scores as there was a sense that those completing them (looked after children or foster carers) were unsure of the purpose. Furthermore, SDQs are not suitable for children with disabilities.

SDQ informing referrals - Whilst problems with the administration and understanding of SDQs were discussed there was an acknowledgement that they remained the best measure for supporting a referral for onward support and identifying the need for further conversations about the child and their emotional health and wellbeing. Accessing further support such as Child and Adolescent Mental Health Services even with a high SDQ was thought to be very challenging. Capacity within the school nursing service to support lower level mental health problems had been reduced creating a deficit in preventative work and an increased reliance on higher level intervention.

Reasons for high SDQ scores – Thresholds for admissions to care and subsequent policy potentially impacted on the high scores. The discussion focussed on the legacy of children remaining in unacceptable home conditions or child protection plans for too long and therefore having more significant issues when finally placed in care. The opposite effect was also identified in that it may be that services are intervening too early and more children are being taken into care than required.

“Now there is almost a worry that we are intervening too quickly and inappropriately in response to the legacy issues which becomes untenable and we can’t provide the level of support needed.”

Participants suggested that this may have been a response to criticism in recent inquiries and Ofsted inspection reports. The perceived numbers of children being taken into care and returning home is high, questioning why they were removed in the first place. Removing children, who do not need to be removed, may further impact on higher SDQ scores. The lack in number of foster carers and range of placement options such as foster carers with experience of dealing with mental health issues impacts on the matching of young people to suitable placements. This may result in more breakdowns and change and therefore further impacting SDQ scores.

Discussion

Statutory guidance gives emphasis to the importance of consulting with looked after children when decisions and plans are being made that affect their future (DfE 2015). Materials have been available to assist this process for some time but have not been without criticism (Bell 1998). Asking about happiness elicited a multi-layered and rich response from the young people and professionals which a direct questioning approach may not have discovered. Recognition of the complexity, diversity and individualisation of what young people and professionals told us makes a looked after child happy or unhappy is important in guarding against potential simplification and generalisation of the findings in considering any implications for practice. The following discussion draws on the findings given greatest importance by the young people.

A range of factors connected to behaviour and activity can be seen to make a looked after child happy in the moment, where happiness is a state of mind to be enjoyed as part of engagement in activities which enrich a life. Yet a consideration of happiness as Eudaimonia can identify a deeper unhappiness related to broader wellbeing. By far the greatest source of happiness and unhappiness identified by both looked after children and professionals was a relationship with family in its widest sense, going beyond parents or direct carers and reinforcing Wood and Selwyn’s (2017) findings of the importance of relationships to a looked after child’s wellbeing over and above the general population. Of necessity given that a looked after child is living away from home this relationship is complex and conflicted and can engender feelings of loss and bereavement with subsequent

behaviours which can be difficult to manage. In particular for some young people the 'how' of separation was as important as the fact of now living away from home and remained an ongoing source of distress. It is perhaps easier for professionals and carers to focus on the happiness of the moment in their interactions, filling a young person's time with activity which at times can perhaps be displacement activity rather than focussing on a deeper sense of loss.

Moves and disruption was considered by both groups to be factors associated with unhappiness. Disruptive transition for the young person, while justifiable through legal grounds, was described as often being followed by further disruptive changes in carers and social workers, the consequence being a cumulative negative impact on well-being (Rahilly and Hendry 2014). Hiller and St. Clair (2018) highlight the interplay between, pre-care experiences, being admitted to care, experiencing emotional and behavioural problems, placement moves and poor mental health. The trajectories of young people experiencing these problems show that poor mental health can become more severe and entrenched and that placement moves may continue without timely, intensive social and psychological support (Hiller and St. Clair 2018).

This is not to argue that activity is not beneficial. The young people told us about many things that made them happy particularly hobbies and taking part in activities with other people. Chaplin (2008) found that children and young people consistently recognised the importance of activities which they preferred to material possessions. A view supported by Thoilliez (2011) who argues that children experience their happiness with others and from others. This has implications for looked after children whose relationships are often severed and opportunities to share experiences with others might be restricted. Unlike professionals who tended to see the birth family as negative influences, the young people we spoke to valued family contact but gave as much if not more weight to contact with wider family members such as nephews and nieces and to previous friendship groups as to more direct family carers or parents as a source of happiness.

The links between family and friendship networks and activities and hobbies is clear, with both themes being integral to each other and to the emotional health and wellbeing of young people. When seeking help with emotional difficulties looked after children are more likely to seek help from family and friends rather than from formal services (Fargas-Malet, & McSherry 2018) reflecting the wider population of young people (Tylee et al 2007). However the broader implications for mental health and wellbeing may be a significant factor that is not fully considered when making contact arrangements.

Limitations

This is both a small and a qualitative study and such limitations prevent any generalisations to the wider population of looked after children and the professionals and carers who work with them. Time restraints set by the commissioners of the health needs assessment informed the small size of the project compared with other group studies. Sampling of looked after children was restricted to members of the children's council who may not be representative of all looked after children or those looked after within the individual local authority. The sample was primarily but not entirely teenagers but did not include the views of younger children. However, the looked after children's council is demographically representative of the looked after children population in the Local Authority. The young people were not asked about their understanding of the SDQ. If time restraints

had allowed a second focus group would have considered this issue but the research team wanted young people to have a single focus on the happiness questions.

Implications for practice

Despite the limitations the breadth and experience of participants, both young people and professionals in the focus groups, and the extensiveness and consistency of response, perhaps allow some tentative implications to be identified:

- Talking about happiness has the potential to be an effective way of exploring a looked after child's sense of wellbeing.
- The data collection tool proved an effective way of encouraging individual and group discussion and could be used more widely in direct work with young people.
- What professionals and carers think is most important in making looked after children happy may neither be the same or given the same importance by the individual looked after child themselves.
- Facilitating activities and hobbies should be included in care plans and reviews for looked after children, not just for promoting education or physical health but also for promoting mental health and wellbeing by encouraging intersubjective experiences through a range of relationships.
- The implications for mental health and wellbeing of preserving friendship networks and relationships with the wider family including other relative children should be considered alongside parental contact when making contact arrangements.
- For the social workers we spoke to use of the Strengths and Difficulties questionnaire was misunderstood and undervalued as a practice tool. Multi-disciplinary training would assist professionals, parents and carers to understand the results of the SDQ,, identify how the results can best be used to inform interventions, and inform discussion with the looked after children about what would improve their emotional health and wellbeing.
- The administration of the SDQ could be reviewed so the timing aligns to additional reviews of looked after children's needs and the use of the SDQ could be reframed as a holistic support tool for the child or young person rather than a tool for governance and monitoring.

Conclusion

This study has shown that conversations and discussion about happiness have the potential to support holistic understandings of a looked after child's experiences and the factors that can both impact on and improve their mental health and wellbeing. Such discussions highlight the meaning of loss and transition for the young person; identify deficits that are causing unhappiness and also what might alleviate unhappiness for that specific young person. Professional reflection on a looked after

child's happiness and unhappiness can engender consideration of role, process and practice which can both promote and inhibit a looked after child's mental health and wellbeing.

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