Our Life in Care

VOYPIC’s second CASI survey of the views and experiences of children and young people in care
Acknowledgements

We are grateful:

• Firstly, to all of the children and young people who took the time to complete the survey and for their thoughtfulness and honesty in sharing their views and experiences. The responsibility is now on each of us working in support of children and young people to listen and learn, to change what needs to be changed and to do more of what’s working well

• To VOYPIC’s young sessional workers who supported Our Life in Care by helping children and young people complete their surveys

• To Abi, Coalhin and Kathy and the young sessional workers who helped plan and make the young people’s report and DVD to be the voice for all the children and young people

• To the foster carers, social workers and residential care staff who promoted the survey and encouraged children and young people’s participation

• To the members of the Our Life in Care advisory group

• To everyone at VOYPIC who helped with the survey

• To our funder on this project, The Atlantic Philanthropies and to our sponsor, DHSSPSNI
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASI</td>
<td>Computer Assisted Self Interviewing</td>
</tr>
<tr>
<td>CiNI</td>
<td>Children in Northern Ireland</td>
</tr>
<tr>
<td>CYPSP</td>
<td>Children and Young People’s Strategic Partnership</td>
</tr>
<tr>
<td>DENI</td>
<td>Department of Education Northern Ireland</td>
</tr>
<tr>
<td>DHSSPS</td>
<td>Department of Health, Social Services and Public Safety</td>
</tr>
<tr>
<td>HSCB</td>
<td>Health and Social Care Board</td>
</tr>
<tr>
<td>HSCT</td>
<td>Health and Social Care Trust</td>
</tr>
<tr>
<td>JJC</td>
<td>Juvenile Justice Centre</td>
</tr>
<tr>
<td>LAC</td>
<td>Looked after children</td>
</tr>
<tr>
<td>NISRA</td>
<td>Northern Ireland Statistics and Research Agency</td>
</tr>
<tr>
<td>NSPCC</td>
<td>National Society for the Prevention of Cruelty to Children</td>
</tr>
<tr>
<td>OFMDFM</td>
<td>Office of the First Minister and Deputy First Minister</td>
</tr>
<tr>
<td>OLC</td>
<td>Our Life in Care</td>
</tr>
<tr>
<td>ORECNI</td>
<td>Office of Research Ethics Committees Northern Ireland</td>
</tr>
<tr>
<td>PA</td>
<td>Personal Adviser</td>
</tr>
<tr>
<td>PHA</td>
<td>Public Health Agency</td>
</tr>
<tr>
<td>PEP</td>
<td>Personal Education Plan</td>
</tr>
<tr>
<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Child</td>
</tr>
<tr>
<td>VOYPIC</td>
<td>Voice of Young People in Care</td>
</tr>
</tbody>
</table>
What is striking so far is the similarity between the surveys even though we talked to two, almost completely different groups of children and young people. Some of this is to be expected – that children and young people continue to have the same priorities. In VOYPIC we work with and support current developments on a range of issues that affect children and young people in care. We are encouraged by the commitment of time and resource made by government departments, the HSCB and HSC Trusts and others in the statutory and voluntary sectors. The intention is clearly to make things better for children and young people and there will be positive outcomes in many areas from health and education to rights and employment. In the meantime, we have the findings of our two surveys which suggest that some children and young people are not getting the level of service and support they are entitled to and eligible for.

Where this is of key concern is on care planning. A care plan should be central in the life of every child and young person in care. From practice,
VOYPIC knows that the care plan and LAC reviews are critical to decision making in young people’s lives. An individual care plan which is discussed and agreed with a child is key to effective care and the foundation for pathway planning with young people and their transition to adulthood.

Our Life in Care tells us, that for the second year in a row, children’s engagement with their own care plan is falling short of the ideal and what is legislated for. Young people’s knowledge of and agreement with their pathway plan is also cause for concern. The recent report from the Care Inquiry in England confirms what we’ve always known about the importance of relationships in children and young people’s lives. The Inquiry describes relationships as a “golden thread” in the lives of children in care and that high quality relationships matter more than anything else.

Our Life in Care tells us that children and young people are enjoying stable and supportive relationships with their social workers and other adults.

What we have to do is put care planning and high quality relationships together to ensure a child gets the best support and achieves as much as they can while growing up in care.

It’s heartening that Our Life in Care points to high levels of satisfaction for some children and young people about key aspects of their lives. We must celebrate the good work and the experiences that tell stories of happy, healthy, successful lives in care. We must also maintain our focus on the children and young people who shared experiences that fall below what should be their right. Their stories cause us concern and keep us motivated to bring about change and improvement.

Vivian McConvey
Chief Executive Officer, VOYPIC
**1.0 Introduction**

Our Life in Care is the second survey of this kind undertaken by VOYPIC to gather the views and experiences of children and young people in care in Northern Ireland. Our first survey was completed in 2011 and we expect to undertake a third survey in 2013.

At 31 March 2012 there were 2,644 children and young people in care in Northern Ireland.

For various reasons, children and young people in care can be a hard to reach population for consultation and research. Challenges include strict ethical, governance and administrative procedures. In particular to Our Life in Care, we depend on local social work teams to directly promote the survey with young people and encourage them to participate. We believe that this survey promotes active participation in decision making which can enhance young people’s experience of life in care. For some young people in care this may be a new experience and one we are keen to promote.

**2.0 Survey evaluation**

Our Life in Care invites participants to feed back on the experience of completing the survey with a few optional questions. Across the three age groups 95 (61%) participants responded to the evaluation questions.

Responses show that young people value the survey and are managing the range and quantity of questions well. The vast majority (98%) thought the survey software was “good” or “ok” and 97% reported they found it “easy” or “very easy” to use. On the number of questions nearly two thirds (65%) said it was “just right”, 28% said “not
Throughout the survey, children and young people can make use of a notepad to give further information on their experience. Young people embraced this opportunity and their comments add insight and value to our understanding of their views on life in care. The final question asked if there was anything else to add about the survey.

These are some of the responses which clearly show how young people in care value the opportunity to reflect on their experience.

It was fun to do as it was on a computer
Female, 10

I found the survey easy
Male, 9

I think it’s fair to give young people a say in what they think is happening
Female, 15

Thank you for reading and taking my opinions into consideration
Female, 16

I liked this, it took me a while but it gave me something to do and I would recommend it to a friend (in foster care). The note pad was very good if you wanted to add a little more. Although some of the questions were hard for me if I didn’t know I just pressed “Don’t know” and moved on. I really enjoyed the survey I would do this survey again
Female, 10

The survey is grand but I really can’t stress enough the importance of being treated equally to kids in the community like having the internet and access to your mobile phone
Male, 16

It’s very well done and not boring like the LAC reports questions you get
Female, 16

We wanted to know if the survey asked about the right things. Almost half (46%) said “completely” and 44% said “mostly”. Only 9% replied with “not really” or “not at all”.

enough”. It can be a challenge for some participants to concentrate on the survey from beginning to end. The format gives the chance to play a game half way through and participants are told they can log out of the survey at any point and complete it later.
3.0 Survey demographics

3.1 Who took part in Our Life in Care (OLC) in 2012

On the 31 March 2012 there were 2,644 children in care in Northern Ireland.

In 2012, 156 children and young people aged 8 to 18 living in care completed Our Life in Care. This is approximately 10% of children and young people eligible to take part in the survey and is a response rate of approximately 12% based on the number of invitations (1,330) issued by VOYPIC.

Children and young people who completed the first survey in 2011 were invited to take part again in the second survey. Nineteen children and young people re-completed the survey in 2012. Overall a total of 258 individual children and young people have taken part in the survey since 2011.

Figure 1. Survey participants by HSC Trust
3.2 Locality

The 156 participants of the 2012 survey come from all five HSC Trusts. At 31 March 2012, 25% of children in care were within the Belfast Trust, 24% in the Northern Trust, 19% in South Eastern Trust, 16% in Southern Trust and 16% were in the Western Trust (The Children’s Social Care Statistics for Northern Ireland 2011/12). Figure 1 shows that the 2012 survey sample is not representative of the current population by locality though there are responses from across all five Trusts.

In comparison to the 2011 survey, there was a decrease in the number of participants from the Northern HSC and South Eastern HSC Trusts and an increase from both Southern HSC and Western HSC Trusts. Governance in Belfast required additional levels of parental consent which may have impacted on the response rate in that Trust.

3.3 Age

The second survey in 2012 appears to be more closely representative by age of children and young people in care with a decrease in the number of participants aged 16 to 18 and an increase in participants aged 8 to 11 and 12 to 15.

Figure 2. Survey participants by age

Of the 2,644 children and young people in care, 19% were aged 1 to 4, 31% were aged 5 to 11, 28% were aged 12 to 15, and 18% were aged 16 and over.

In the OLC 2012 survey 28% were aged 8 to 11. Almost a quarter (24%) were aged 16 and over and almost half (49%) were aged 12 to 15. A direct comparison cannot be made with the Children’s Social Care Statistics as the OLC survey does not include any child under the age of 8. If we make an estimate of the care population eligible to take part, however, the OLC 2012 survey has similarities to the overall population by age.
3.4 Placement

There is an increase in the 2012 survey in the number of children and young people living in foster care and kinship care and a decrease in those living in children’s homes or residential care. In 2011/12, the majority of children in care in Northern Ireland were placed in foster care (74%) either in kinship or non-relative placements, 11% were at home in care, 9% were in residential care and 7% were in other placements.

The majority (73%) of the OLC 2012 survey participants were living in foster care (46% identified placement as foster care and 27% identified as kinship care). Almost a quarter (23%) were living in residential care while a very small number were in care at home (2%) and in other placement types (2%).

The 2012 sample reflects the overall population of children and young people who live in foster care. For the first time, foster carers were able to sign consent forms for their foster child which seems to have contributed to a rise in their participation.

The sample is over representative of young people living in children’s homes and under representative of those looked after at home. While children and young people in residential care are only 9% of the overall population, we welcome the level of their participation. As a group of children and young people in care, they have particular and sometimes complex needs and sharing their views and experiences through the OLC survey may help to inform plans and improve services. Their high level of participation also suggests that they are enjoying support from their key workers to take this opportunity to reflect on their experience and express their views.

There is an under representation of those living in care at home and in other placement types. There are particular challenges to reaching this group of children and young people, for example perceptions of their status in care.
More girls (53%) than boys (47%) responded to our survey so it does not exactly reflect the overall population of looked after children.

There has been little change in the ethnic profile of survey participants since 2011. In 2012, 93% were white, 2% identified themselves as having a mixed background, 1% was black, 3% were unsure and 1% did not want to say.

The majority (56%) were British, 36% were Irish and 8% selected other.

Figure 3. Survey participants by gender

More girls (53%) than boys (47%) responded to our survey so it does not exactly reflect the overall population of looked after children.

There has been little change in the ethnic profile of survey participants since 2011. In 2012, 93% were white, 2% identified themselves as having a mixed background, 1% was black, 3% were unsure and 1% did not want to say.

The majority (56%) were British, 36% were Irish and 8% selected other.
In the 2012 survey, the majority (41%) were Catholic and 39% were Protestant. The remainder selected no religion (11%), 3% selected other and a combined 5% did not want to say or did not know.

The most significant change in the religious profile of participants from 2011 is the proportion of participants who said they have no religion. This has almost quadrupled from only 3% in the 2011 survey to 11% in 2012.

This compares to data published in the Delegated Statutory Functions Statistical Report (31 March 2012) which found that 48% of the total care population in Northern Ireland were Catholic, 32% were Protestant, 15% had no religion and the religion of 3% was unknown.

**Figure 4. Survey participants by religion**

In the 2012 survey, the majority (41%) were Catholic and 39% were Protestant. The remainder selected no religion (11%), 3% selected other and a combined 5% did not want to say or did not know.

The most significant change in the religious profile of participants from 2011 is the proportion of participants who said they have no religion. This has almost quadrupled from only 3% in the 2011 survey to 11% in 2012.

This compares to data published in the Delegated Statutory Functions Statistical Report (31 March 2012) which found that 48% of the total care population in Northern Ireland were Catholic, 32% were Protestant, 15% had no religion and the religion of 3% was unknown.
4.0 What we found out from Our Life in Care

Our Life in Care summarises the views and experiences of children and young people in care on the key issues of most importance to them and on the issues prioritised in the OFMDFM Children’s Strategy.

4.1 The most important issues for children and young people in care

We start with findings on issues of most importance to all children and young people in care. This was an open ended question with all responses coming unprompted from participants. Responses fall into categories such as “being listened to” and “having their voice heard”. Contact, placement, education, support and safety all featured in the responses and will be echoed throughout the report. The number of children and young people who identified each issue is reflected below.

Figure 5. Most important issues for children and young people in care
Keeping in touch – making sense of contact

Sections 29 and 53 of the Children (NI) Order 1995 outline the right of a child or young person in care to have contact with their birth parent(s) and their wider family circle.

From a practice perspective, we know that having contact with immediate and extended birth family is very important to children and young people in care. Contact provides an understanding of background and identity and can improve psychological well being. This is a complex issue and priority must be given to safety and the best interests of the child, but other barriers preventing contact must be explored and alternative strategies put in place.

Careful care planning and regular review is vital to ensure that children enjoy beneficial contact or understand the reasons for no or limited contact.

The importance of contact to children and young people is echoed in both the 2011 and 2012 surveys. Contact with family members was the most common issue identified by children and young people who completed the OLC 2012 survey. This is mirrored in VOYPIC’s advocacy service where contact was the primary issue for young people at their initial point of referral.

For young people in care it’s hard to see people around you with their families and then you come home to your foster home and realise you don’t have that anymore…I find it hard not being able to see my family often

Female, 13

When asked specifically about contact, 60% of OLC participants are able to keep in touch with their family as much as they want. This is an increase of 4% from 2011. This leaves, however, over a third of survey participants who say they are unable to keep in touch as much as they want.

Just over half (55%) are able to stay overnight with friends or family which has decreased (5%) since the 2011 survey. However, it is very encouraging that a large majority (93%) of those who have overnight contact are happy with these arrangements. This is an increase of 8% from 2011.
A number of participants talked about returning home to their family. These personal comments show how important it is that we support children and young people to understand their individual situations. This is clearly a complex issue and one that would benefit from comprehensive, long-term research into the practice, impact and outcomes for children in care.

The right support for looked after children and young people

Participants identified support as the second most important issue and spoke about having someone to talk to. It’s also important that children coming into care have the right information and support to reach an understanding of what’s happening in their lives and the reasons for that.

The Care Inquiry was set up in England in early 2012 and reported to government in April 2013. The inquiry investigated how best to provide stable and permanent homes for all vulnerable children in England who cannot live with their birth parents. In doing this, the inquiry identified relationships as the ‘golden thread’ in the lives of children in care. High quality relationships with those close to them matter more than anything else for children in or on the edge of care and for the adults in their lives. The inquiry recommends that the care system should place at its heart the quality and continuity of relationships and should promote the ability of those who are important to children, care givers and others, to provide the care and support they need.
The relationship between a young person in care and their social worker is crucial and was explored in the OLC survey. Only half (49%) of participants aged 8 to 11 said they could talk to their social worker about what was happening in their life. More positively, there has been an increase from 50% to 61% since 2011 in young people aged 12 to 18 who said they could talk to their social worker. This still leaves 39% of participants who say they are not able to do this.

As for other relationships, however, a significant majority (96%) reported that they have an adult they can trust and 93% had an adult they could go to if they needed help or were upset. Both of these positive and encouraging findings have increased since 2011.

Support for care leavers and preparation for independent living was raised as important. The nature of the support included help with finance, school, living independently and family contact.

Sometimes there are things I would not talk to my social worker about. I find it quite hard sometimes
Female, 16

People to talk to if I need advice
Female, 9

Getting ready for moving out
Female, 16

Given the right to make their own decisions in life
Female, 15

One participant mentioned that they wanted

To be loved and cared for, to be listened to and have a chance to talk if they are worried or not happy
Female, 10

A sense of freedom but within the boundaries
Female, 17
Need to know - providing information

Participants identified the need to understand why they are in care and were asked first of all, if their social worker had talked to them about being in care. Participants were asked to answer “yes a lot”, “yes a bit”, “not much” or “not at all”. Overall, two thirds (67%) said that their social worker had spoken to them about being in care either a lot or a bit, an increase of 4% from 2011. When we also reflect on the length of time spent in care, it is encouraging that 69% who have been in care for only 7 to 11 months reported that their social worker had spoken to them “a lot”.

We asked if participants knew why they are in care. The overall majority (85%) said they knew why they were in care while 15% didn’t know or were not sure. Regardless of the length of time these young people had spent in care, there are still large majorities of 85% and higher who know why they are in care.

Two thirds (67%) think they know enough or “just about enough” about their family history with the remaining third answering “not really” or “not at all”. Children and young people may learn about their family history at different stages while they are living in care. There is growing interest and practice in developing knowledge of family history and life story books for children in care. It is encouraging that there has been an increase to 67% of participants who said “just about” or “yes” about knowing enough on their family history, but concerning that as many as 64% felt that they did not have enough or nothing at all for their life story book. More positively, many children and young people do seem to have enough photos of themselves, their family and friends.

Effective life story work with children and young people to promote a sense of identity should be a priority in care planning and support.

KEY FINDINGS 2012

- 67% said their social worker had spoken to them about being in care
- 85% knew why they were in care
- 67% felt they knew enough about their family history
- 64% feel they do not have enough or “nothing at all” in relation to a life story book
While some spoke of positive factors, the comment about the location of placements highlights the need to have a choice of placements available to children coming into care and at key stages of their life in care. The Care Inquiry’s report (2013) highlights the need to recognise and treat all placement options - returning home, kinship care, adoption, foster care, special guardianship and residential care - as equally valid.

In Northern Ireland, the Children’s Service Improvement Board is working with key partners to identify areas of service development in children’s residential care. In the Residential Care Overview Report, the Board states that “residential care is a key component of a LAC service which itself is a key component of the Child and Family Care social service.”

What it’s like where I live - care placements

Placement was identified as the third most important issue – mirrored again in referrals to VOYPIC’s advocacy service. Participants talked about their placements and shared their feelings about why living in the right place is so important.

One participant shared their positive experience in a children’s home -

**I get looked after, the staff look after me**
Female, 14

One participant commented on location as an important issue and that they should be -

**Living in their home town, not put somewhere random**
Female, 13

When asked if they felt settled where they live, it was encouraging to hear -

**It’s my favourite place**
Male, 15

While some spoke of positive factors, the comment about the location of placements highlights the need to have a choice of placements available to children coming into care and at key stages of their life in care.

One participant shared their positive experience in a children’s home -

**To have a good foster mummy like mine**
Male, 9

Female, 15

Female, 14

Female, 13

**Being safe in a loving home**
Female, 15
While children in care may be different from their peers just by virtue of being in care, it is clear from these responses that participants also have a sense of being treated differently. Children and young people are aware of the stereotypes that can be associated with them because they grew up in care. They want to see these challenged and replaced by accurate and positive images and stories - work that must continue across the statutory, voluntary and community sectors.

Fair’s fair - equal treatment for looked after children

Being treated equally was an important issue.

To be treated like everyone else
Female, 13

Treated the same as being with your normal family
Female, 16

Not being able to do the things that normal teenagers are allowed to do
Female, 15

Another participant said they don’t like -

One boy was clear about what he would like to change -

Stigma about being in care and people being judgemental
Male, 13

One participant encouraged young people in care -

Not to feel ashamed that you are in care or to feel that you are any different or shouldn’t be accepted because you are in care
Female, 16
When we reflect on how long these children had been in care, it is encouraging that over half (54%) who had been in care for five or more years said that their social worker helps them “a lot”.

Over half (58%) of participants aged 8 to 11 said they can tell an adult what they think about being in care which is an increase from 2011 but still leaves over 40% of this age group feeling unable to do this and benefit from this support.

Listen to me, hear my voice

Article 12 of the UNCRC states that children and young people have a right to express their opinions and to have them taken into account. Many participants highlighted the importance of children and young people being listened to and having their voice heard.

We asked participants aged 8 to 11 about their views and experiences of being listened to. Participants were asked if their social worker helps them to say what they think about being in care and were asked to answer “yes a lot”, “yes a bit”, “not much” or “not at all”. Almost three quarters (73%) of under 12s told us that their social worker helps them to say what they think about being in care but only half (49%) said they can tell their social worker what’s happening in their life.

When we reflect on how long these children had been in care, it is encouraging that over half (54%) who had been in care for five or more years said that their social worker helps them “a lot”.

KEY FINDINGS 2012 UNDER 12s

- 73% said their social worker helps them to say what they think about being in care
- 49% can tell their social worker what is happening in their life
- 58% can tell an adult what they think about being in care
- 44% know what their care plan is
- 54% said someone has spoken to them about what is in their care plan

We think it’s important for young people to voice their opinion and not worry about what other people think

Female, 17

That our voices are heard and we are not ignored

Female, 15

Being listened to, having their interests heard and something done about it

Male, 17

Listen to me, hear my voice

Article 12 of the UNCRC states that children and young people have a right to express their opinions and to have them taken into account. Many participants highlighted the importance of children and young people being listened to and having their voice heard.

We asked participants aged 8 to 11 about their views and experiences of being listened to. Participants were asked if their social worker helps them to say what they think about being in care and were asked to answer “yes a lot”, “yes a bit”, “not much” or “not at all”. Almost three quarters (73%) of under 12s told us that their social worker helps them to say what they think about being in care but only half (49%) said they can tell their social worker what’s happening in their life.
4.2 Living in society which respects rights

Now we move to the questions about living in a society which respects rights. Promoting and fulfilling children’s rights is an underlying principle and value to VOYPIC’s work. Key questions in the survey relate to care planning, pathway planning and support for the transition to adulthood.

It is concerning that only 44% of under 12s report knowing what their care plan is and only 54% said that someone had spoken to them about what was in their care plan. The importance of an effective care plan and the active engagement of children and young people in their own care plan cannot be over-stated.

Other stuff that’s important

Several participants commented on the rules in children’s homes. They said they would like discussion with staff about rules on practical issues including use of mobile phones.

Other responses to the question about important issues included emotional and practical points. It is important to:

- Try your best
- Be yourself
- Have fun
- Feel safe
- Be cared for
- Meet others who are in care
- Be loved
- Get a good education

Female, 15

Young people in care need to be listened to more and given the right to make decisions in their own life
Rights for children

Universally children’s rights are underpinned by the UNCRC. The Convention outlines the rights every child has regardless of age, gender, ability or status. Article 12 highlights the right a child has to an opinion and that adults should take this opinion into account when making decisions that impact on the child.

The Children (NI) Order 1995 is the principal statute governing the care and protection of children in Northern Ireland. It has five underpinning principles: paramountcy, parental responsibility, prevention, partnership and protection. Children’s participation in decision-making is a recurring theme in key Articles in the Order and its regulations.

The Munro review on child protection (2011) recommended that...

...the system should be child-centred; everyone involved in child protection should pursue child-centred working and recognise children and young people as individuals with rights, including their right to participation in decisions about them in line with their age and maturity.

All children and young people in care and care leavers need access to effective, independent advocacy.

Advocacy and participation services play a key role in supporting children and young people to have their voices heard and their rights and entitlements upheld. We believe that there should be a statutory right to independent advocacy for children in care and care leavers in Northern Ireland.
Involving children in planning their care

Each HSC Trust is the corporate parent for looked after children and is responsible for ensuring that their needs are met through a care plan which is reviewed every six months at a Looked After Child or LAC review meeting. The care plan is a central pillar for the effective support of a child throughout their life in care and the role of the social worker is critical in this.

All participants (156)

- 44% have had four or more social workers since they came into care
- 90% see their current social worker once a month or more often

Participants who had been in care for 12 months or more (129)

- 90% see their social worker once a month or more often

All participants were asked how many social workers they have had since they came into care - 44% reported four or more. This is a concern as the relationship between a young person and their social worker is important, with stability being paramount. Amongst this group, 90% saw their social worker once a month or more than once a month.

Similarly, of those surveyed who had been in care for 12 months or more (129) 90% reported that they saw their social worker once a month or more than once a month. The remaining 10% are seeing their social worker less frequently or didn’t specify.

All children and young people in care should be encouraged and supported to contribute to the development and review of their care plan but both the 2011 and 2012 surveys found significant numbers disengaged from the decisions made about their care.

KEY FINDINGS 2012 under 12s

- 62% don’t know what their care plan is
- 52% say someone talks to them about their care plan
- 42% are able to tell adults what they think about being in care

KEY FINDINGS 2011 under 12s

- 62% don’t know what their care plan is
- 52% say someone talks to them about their care plan
- 42% are able to tell adults what they think about being in care

We can take some heart from the small decrease from 2011 in the percentage of young participants who do not know what is in their care plan. However, it is a concern that over half (56%) aged 8 to 11 do not know what is in their care plan and only 54% said that someone has talked to them about what is in it.
These findings are a significant cause for concern and evidence that greater priority should be given to this key aspect of support for children and young people.

Supporting young people leaving care

Under leaving care legislation, preparation for adulthood should begin prior to a child’s 16th birthday. This includes the right to a needs assessment, pathway plan and personal advisor (PA) alongside social work support. We asked young people aged 16 to 18 about preparation for adulthood and 16 plus services.

Participants could choose to respond with “yes, completely” or “yes, mostly” when asked about how much they know about their care plan. In the over 12 age group, since 2011, there has been a decrease in those who completely know about plans made for their care. Only 36% know completely about their care plan and only just over a third (35%) said they completely agree with decisions made as part of their care plan. Fewer than one third (31%) have a copy of their care plan.

KEY FINDINGS 2011 over 12s

- 40% know “completely” about their care plans
- 36% “completely agree” with decisions made in their care plan
- 29% have a copy of their care plan

KEY FINDINGS 2012 over 12s

- 36% know “completely” about their care plans
- 35% “completely agree” with decisions made in their care plan
- 31% have a copy of their care plan

KEY FINDINGS 2011 over 16s

- 39% can talk to their personal advisor about what’s happening in their life
- 18% don’t know “at all” about their pathway plan
- 35% have a copy of their pathway plan
- 31% “completely agree” with decisions from the pathway plan

KEY FINDINGS 2012 over 16s

- 35% can talk to their personal advisor about what’s happening in their life
- 19% don’t know “at all” about their pathway plan
- 19% said “not really” when asked if they know about their pathway plan
- 24% have a copy of their pathway plan
- 24% “completely agree” with decisions from the pathway plan

It is positive to note that at least 58% of participants under 12 are able to tell adults what they think about being in care, an increase of 16% from 2011. There have been some positive changes in this area, however, there is still a significant proportion of children and young people (42%) who are “not able” or “only sometimes” able to tell adults what they think about being in care.
A sense of responsibility develops and evolves for young people as they grow and mature. It is therefore disappointing to see that only 35% feel they can talk to their PA about what is happening in their life.

On pathway planning, it is concerning that only 35% stated they “completely” know about plans for them while a worrying 38% answered “not really” or “not at all” when asked if they knew about the plans made for their future or pathway plan.

Only 24% of participants said they agree with decisions made as part of their pathway plan and the same number said they have a copy of their pathway plan. A significant 41% did not agree at all or not really with the decisions made in their pathway plans.

Findings from our 2011 and 2012 surveys highlight the need to support young people in care in their transition to adulthood. The transition from care to adulthood should be facilitated and supported through effective pathway planning and the appointment of a PA.

In the HSCB Delegated Statutory Functions Statistical Report (31 March 2012) there were 392 ‘eligible’ young people still in care who could access the leaving care service. Of them, 130 (33%) young people did not have a personal advisor and 36 of them did not have an up-to-date pathway plan. There may be practical reasons of timing for why this is, however, that does not negate the need to have an effective plan in place.

Some of the questions in the OLC survey provide an insight into how participants feel about aspects of the planning process and their involvement in decisions made about their care. We asked participants aged 12 and above to mark on a sliding scale from 0 to 100 how far they think they are able to have a say about any plans that are made about their future. There were only 28 (25%) young people who rated their involvement as a 90 or higher while 38 (34%) young people rated their involvement as 40 or below. This suggests that many participants do not feel fully engaged in the process.
4.3 Health – the best possible start in life

Looked after children 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 the impact of poverty, abuse and neglect. (Joint guidance on promoting the health and wellbeing of looked after children, Department of Health and Department of Children, Schools and Families)

Article 6 of the UNCRC states all children have the right to life and Member States should ensure that children survive and develop healthily. The significance of health in the lives of children and young people is recognised in the OFMDFM 10 year strategy for children and young people.

Government reports have highlighted how looked after children can suffer health neglect, unhealthy lifestyle and mental health problems. The DHSSPS has developed a 10 year Public Health Strategic Framework called Fit and Well: Changing Lives 2012 - 2022 which identifies children in care as a group at particular risk.

Looked after children are at greater risk of poor health and other adverse societal outcomes, for example, in education and involvement in crime.

Similar poor health outcomes have been recognised in England with high rates of teenage pregnancy, smoking, substance misuse and mental health problems prevalent in the looked after children population. In response to this in 2009, the Department of Health and the Department of Children, Schools and Families issued joint statutory guidance promoting the health and well being of looked after children.

In Northern Ireland, a regional working group, facilitated by the Public Health Agency is implementing a multi-agency action plan to address the health needs of looked after children and care leavers. The work of this group will inform the wider strategic agenda which aims to improve integrated and targeted support.

In addition to this, OFMDFM and the DHSSPS are currently funding research studies into the physical and mental health of looked after children and young people in Northern Ireland.
A large majority (82%) in 2012 rated their diet as healthy, an increase from 2011. While this may be the case, only 16% said they eat five portions of fruit and vegetables a day. A majority (61%) reported eating breakfast five days or more per week - an increase from 2011 (51%) and similar to the 2010 Young Person’s Behaviour and Attitude (YPBA) survey which reported that 55% of young people eat breakfast five days or more per week.

Research carried out by the Public Health Agency in Northern Ireland (2009) (previously the Health Promotion Agency) found only 11% of children eat five portions of fruit and vegetables a day and 20% of children do not have any fruit or vegetables on a regular basis. These figures show that diet and nutrition need to be promoted not just with children in care but with all children and young people in Northern Ireland.

On fitness, 36% reported taking exercise five or more days a week - a decrease from 40% in 2011. These findings are slightly higher than the Young Life and Times survey (2010) which reported that 30% of young people aged 12 to 17 take part in a daily physical activity.

The Public Health Agency in Northern Ireland continues to promote the benefits of daily activity through its get a life, get active campaign which encourages children, young people and adults to be physically active. The campaign recommends 60 minutes physical activity per day for children.

Exploring personal views about health

We asked children and young people about aspects of health including diet and exercise. We also invited them to say how they feel about their health. There seem to be some changes between the groups surveyed over the two years.

**KEY FINDINGS 2011**

- 75% rate their diet as healthy
- 16% eat five portions of fruit and vegetables a day
- 51% have breakfast five or more days per week
- 40% exercise at least five days per week

**KEY FINDINGS 2012**

- 82% rate their diet as healthy
- 16% eat five portions of fruit and vegetables a day
- 61% have breakfast five or more days a week
- 36% exercise at least five days per week
Although the Northern Ireland Assembly has pledged its commitment to improving the health of all children and young people, a focus should continue on improving the health outcomes for children and young people in care.

**Oral and general health**

The oral health of children and young people in Northern Ireland remains poor. Fit and Well reports that people in Northern Ireland have significantly poorer oral health than those in the Republic of Ireland and found that 60% of five year olds in Northern Ireland have dental caries.

On dental health we found 79% had seen their dentist and 76% had seen their GP in the previous six months. Given poor health outcomes associated with having an experience of care it is reassuring that the majority of children and young people who completed our survey are availing of dental and GP care but some children and young people still require this support.

**Young people’s worries about health**

We asked about general health and well being and found that 44% of participants worry about their health - a slight increase from 2011. Young people were asked to comment on what they worry about and, similar to the 2011 findings, weight and emotional health remain the top concerns.

There were also concerns and comments about the health of their families.

**KEY FINDINGS 2011**

- 40% worry about their health
- 17% need help to stop smoking
- 73% saw their dentist in the previous six months
- 76% saw their GP in the previous six months

**KEY FINDINGS 2012**

- 44% worry about their health
- 12% need help to stop smoking
- 79% saw their dentist in the last six months
- 76% saw their GP in the previous six months
Research by the Department for Children, schools and families in England (Children looked after in England including adoption and care leavers, 2009) found that 60% of looked after children had emotional and mental health problems and a high proportion experienced poor health, educational and social outcomes after leaving care.

Two Northern Ireland departments (OFMDFM and the DHSSPS) have commissioned research into aspects of health and wellbeing amongst young people in care and care leavers. Three studies are currently underway and the findings from these should increase our knowledge and understanding of both the physical and mental health needs of children and young people in care and contribute to future planning and service provision.

Other worries reflected in young people’s comments included being diagnosed with or inheriting serious health problems such as cancer or heart disease, a fear of dying and stress. Although 44% worry about their health, 96% of participants said they know enough to keep themselves healthy.

Concerns about emotional health were prevalent. Although we did not ask any direct questions about emotional health needs or access to mental health services, participants commented on their mental well being.

Research by the Department for Children, schools and families in England (Children looked after in England including adoption and care leavers, 2009) found that 60% of looked after children had emotional and mental health problems and a high proportion experienced poor health, educational and social outcomes after leaving care.

Two Northern Ireland departments (OFMDFM and the DHSSPS) have commissioned research into aspects of health and wellbeing amongst young people in care and care leavers. Three studies are currently underway and the findings from these should increase our knowledge and understanding of both the physical and mental health needs of children and young people in care and contribute to future planning and service provision.
4.4 Enjoying, learning, achieving

Long term outcomes and educational attainment of care experienced young people are reflected in a range of Northern Ireland Assembly and departmental strategies. The education, training and employment of children in care and care leavers is also a priority for The Department for Employment and Learning (DEL), the HSCB and local HSC Trusts and is reflected in current initiatives and inter-agency work.

The education of children and young people in care

In Northern Ireland 19% of care leavers aged 16 to 18 left school with five GCSEs (grades A*- C) in 2011/12, an increase of 5% from the previous year. Amongst the general population of school leavers, however, 73% left with five GCSEs (grades A*– C) which highlights the gap in educational attainment between care experienced young people and their peers.

Approximately 14% of young people aged 16 to 19 are not presently engaged in education, training or employment (UK Labour Force Survey 2011). In Pathways to Success young people leaving care are identified as being at greater risk of not engaging in education, employment or training (also known as NEET). The plan also reflects a commitment to improving the outcomes of looked after children, planning to double the number of care leavers who are in employment, education or training at age 19.

A very large majority (97%) of the OLC survey participants were currently in education, training or employment giving us valuable insight into their experience of school and education.

The over 12s answered a sliding scale question about how much they enjoyed school. Almost two thirds (62%) of them have an average to high level of enjoyment at school, college or training but 15% have a low or very low level of enjoyment. The younger participants (8 to 11) answered this question differently. A large majority (93%) of this age group said they enjoyed school “a bit” or “a lot” with 7% saying “not much” or “not at all”.

KEY FINDINGS 2011

- 88% are currently in education, training or employment
- 60% never miss or dodge school
- 22% of over 12s had been out of school for more than three months
- 55% of them got help to return

KEY FINDINGS 2012

- 97% are currently in education, training or employment
- 76% never miss or dodge school
- 14% of over 12s had been out of school for more than three months
- 63% of them got help to return
The 2012 ARK Kids’ Life and Times Survey found that 85% of those in P7 enjoyed school. Although this is not a direct comparison to the age groups in our survey, it does provide a snapshot of the levels of enjoyment in schools for children aged 10/11 in the general population. Some OLC participants commented on school -

Depends on what subjects I have!
Female, 12

I like seeing my friends and the work is ok
Female, 10

I get on well at school. I’m the funny one everyone thinks I got a good sense of humour and I tell the best tales and jokes and make them all laugh
Female, 10

Missing school, missing out

The Northern Ireland Statistics and Research Agency (NISRA) publishes statistics on school attendance and reported a 93% attendance rate in primary and secondary schools in 2011/12. On the subject of school attendance 76% of OLC participants reported they never miss or dodge school - an increase from 2011. School attendance should be addressed as part of the current work on the education of children and young people in care.

In 2011, NISRA published its study into how the education system can improve the attendance of looked after children at post primary school and reported on the underlying causes and influences for non attendance. The agency listed these factors:

- Peer pressure
- Behavioural issues
- Underlying social and personal issues
- Contact with birth parents
- Socio-economic circumstances
- Placement type and stability
- Attitudes to education in the home or care environment

We asked about reasons for missing or dodging school. Other than being ill, a number of the participants said they “couldn’t be bothered” or they didn’t enjoy going to school.

I find school difficult sometimes
Male, 11

Don’t like it; don’t get on with the teachers
Female, 14

One girl, aged 15 said she missed school

Because it makes my parents notice me more than they do if I misbehave

while another 15 year old girl said

I did it once but regretted it and will probably never do it again
What is encouraging, however, is that almost two thirds (63%) said they got the help they needed to return to education, an increase from 2011.

In addition to the level of non-attendance, it is important to look at the number of looked after children who have been suspended or expelled from school. The HSCB found that 3.4% of looked after children had been suspended or expelled during the school year ending June 2011 (Delegated Statutory Functions Statistical Report, March 2012). This is almost double the number (1.75%) of young people in the general population who were suspended or expelled that year (Northern Ireland Statistics and Research Agency, 2011/2012).

Given the importance of education to future attainment and success, children and young people should get support to address any link between living in care and missing school and living in care, suspension and expulsion.

We found that 14% of participants aged 12 or over had been out of education for more than three months in the previous 12 months.

We asked for reasons and got a range of explanations, some of which are practical and might be addressed by placement planning and management, others needing support to address particular issues and vulnerabilities.

Because of moving placement
Female, 12

My school placement wasn’t sorted out until the end of September
Female, 15

I couldn’t get out of bed
Male, 15

I had depression and was admitted to a mental health hospital
Female, 15

Drugs and drink
Male, 15

Was scared to go back to school because I always get bullied
Female, 15

What is encouraging, however, is that almost two thirds (63%) said they got the help they needed to return to education, an increase from 2011.
Encouraging young people to stay in education

We asked young people if they could identify someone who encourages them to do well at school.

Who encourages you to do well at school?

- Foster carer (19%)
- Parent (18%)
- Friend (18%)
- Social Worker (17%)
- Sibling (13%)
- Key worker (8%)
- Other (5%)
- Nobody (2%)

It’s positive that a range of people do this with foster carers, parents, friends and social workers featuring highly but also some self-motivation. When we focused particularly on children and young people living in children’s homes, a quarter (25%) identified their key worker as the one who encourages them to do well at school, followed by a fifth who identified their parents.

Having a key person to promote and encourage children and young people in care to access education is of great value. In NISRA’s 2011 study, mentoring is identified as one of the interventions that could help improve the school attendance of looked after children.
In May 2012, the Minister for Education, John O’Dowd MLA was asked in an Assembly question if all looked after children have a PEP. He advised that PEPs are being rolled out in phases, the first of which began in December 2011 starting with children entering care for the first time. The Minister added that schools only complete a PEP when requested to do so by a social worker. He added that it is timetabled for all looked after children to have a PEP by June 2013. (AQW 11323/11-15)

An effective PEP is one way of supporting children in care if it is used to address and meet a child’s specific needs, is proactive about identifying resources and minimises risks to school attendance and attainment at the earliest possible stage.

The Children’s Care Monitor asks children in England annually for their views. In 2011 it asked children in care how well they were doing in education. Our survey asks this same question with similar responses with children in Northern Ireland seeming to rate their performance better with 85% reporting they get on “very well” or “quite well” - a small but encouraging increase from 2011.

In 2011 DHSSPS and DENI issued guidance for the introduction of personal education plans (PEPs) for all looked after children and young people. The primary aim of this is to ensure children and young people in care are supported to reach their full educational potential. To date there has been no data or update published on the implementation of PEPs.

### Table 1. Looked after children rate how they’re doing at school

<table>
<thead>
<tr>
<th>SURVEY 2011</th>
<th>SURVEY 2012</th>
<th>CHILDREN’S CARE MONITOR 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td>47%</td>
<td>Very well</td>
</tr>
<tr>
<td>Quite well</td>
<td>35%</td>
<td>Quite well</td>
</tr>
<tr>
<td>Not very well</td>
<td>10%</td>
<td>Not very well</td>
</tr>
<tr>
<td>Not well</td>
<td>7%</td>
<td>Not well</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Very badly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILDREN’S CARE MONITOR 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
</tr>
<tr>
<td>Well</td>
</tr>
<tr>
<td>Just about ok</td>
</tr>
<tr>
<td>Badly</td>
</tr>
<tr>
<td>Very badly</td>
</tr>
</tbody>
</table>

In May 2012, the Minister for Education, John O’Dowd MLA was asked in an Assembly question if all looked after children have a PEP. He advised that PEPs are being rolled out in phases, the first of which began in December 2011 starting with children entering care for the first time. The Minister added that schools only complete a PEP when requested to do so by a social worker. He added that it is timetabled for all looked after children to have a PEP by June 2013. (AQW 11323/11-15)

An effective PEP is one way of supporting children in care if it is used to address and meet a child’s specific needs, is proactive about identifying resources and minimises risks to school attendance and attainment at the earliest possible stage.
Safeguarding and promoting the welfare of children and young people in Northern Ireland is the primary aim of OFMDFM’s children’s strategy. It is identified as one of the six key outcomes in the strategy alongside key measures for change:

A range of measures targeted at young people in care with the aim of improving stability and continuity of care for reducing social exclusion, improving educational outcomes and levels of school attendance and contributing to better long term outcomes in terms of employment, health and wellbeing.

Article 19 of the UNCRC states that children have the right to be protected from being hurt and mistreated - physically or mentally. It places a duty on governments to ensure that children are properly cared for and protected from violence, abuse and neglect by their parents, or anyone else who looks after them.

The Children (NI) Order 1995 states that children must be protected and makes provision to enable a HSC Trust to intervene and remove a child if they are being subject to significant harm or there is reason to believe they may be at risk of serious harm. It covers children at risk of suffering harm from physical, sexual or emotional abuse or neglect.

The Safeguarding Board for Northern Ireland (SBNI) was established in September 2012 by the DHSSPS to protect children. The primary aim of the Board is to ensure the effectiveness of its member agencies to safeguard and promote the welfare of children.
We know that safety and stability are important for all children but children and young people in care face the challenge of living outside their own, immediate family and a lack of stability or a sense of insecurity may increase risk or difficulties in other aspects of their lives.

Young people’s experience of placement

We asked children and young people about their experiences and feelings on their placement and about placement stability.

In 2011/12 a quarter (25%) of children had been in care under 12 months, almost a half (46%) had been in care for one to five years and 29% had been in care for over five years (Children Order Statistical Tables for Northern Ireland).

We asked participants in our survey about the length of time they had been in care and found that nearly half (47%) had been in care for over five years; 41% had been in care for one to five years and 12% had been living in care for under 12 months.

We know that safety and stability are important for all children but children and young people in care face the challenge of living outside their own, immediate family and a lack of stability or a sense of insecurity may increase risk or difficulties in other aspects of their lives.

I have lived in care for seven years, then I moved home but I have been under a care order for 10 years
Female, 15 years

At the 31 March 2012, 74% of children and young people were living in foster care (41% in non-relative foster care, 29.5% in kinship care and 3.1% living in independent provider placements), 8.7% in residential care, 11.2% placed at home and 6.5% listed as other.

Of the participants in the OLC survey a total of 73% were living in foster care (46% in non-relative foster care, 27% in kinship care), 23% were living in residential care, 2% were in care at home and 2% were living in other placement types.
The OLC sample is representative by placement type of some of the overall population of looked after children in Northern Ireland. There has been an increase to 73% in participants living in foster care which mirrors the 74% of young people in this placement type in the overall population. This is due to greater promotion of the survey amongst foster carers who see the value of the survey and who can now sign consent forms for children under 16.

When children and young people are taken into care, permanency and stability are two of the key factors for consideration, especially when a decision is made for a child not to return home to their family. Each HSC Trust has a permanency panel to ensure the most appropriate long term plan for a looked after child or young person based on their needs.
In 2011, the Children’s Rights Director surveyed 1,895 children and young people in England for the Children’s Care Monitor. Most of the children and young people who took part had just one change of placement in their life in care so far. Some children, however, had had several changes so the average number of placements was five. The average number of placements has increased from four in each of the previous three years.

In Northern Ireland in 2010/2011, 79% of looked after children had not moved placement in the year ending 30 September 2011 and 3% had changed placement three times or more. In the six months from 1 April to 30 September 2012, the Delegated Statutory Functions statistical report shows that 81% of looked after children had not moved placement while 5.4% had four or more moves in the same period.

We found that a high number of survey participants (71%) had not changed placement in the previous 12 months. This is an increase of 9% from the 2011 survey. Although all this data suggest a high number of looked after children have stability in their placements, it is important to note that the numbers of children with three or more placements and the 20% of the OLC participants who had changed placement once or twice in the previous year reflect a level of disruption in these young lives.

On the 31 March 2012, the HSCB statistics on permanency panel recommendations for looked after children in Northern Ireland showed that the most common recommendation made was fostering with non-relatives (29.7%), followed by fostering with family members (22.7%). The panels recommended a return to birth family for 19.7%, adoption for 7.5% and residential accommodation for 6.3% of looked after children (Directorate of Social Care and Children Delegated Statutory Function (including Corporate Parenting Report) Statistical Report 31 March 2012).

Changing places

**KEY FINDINGS 2011**
- 62% had not changed placement in the previous year
- 23% had changed placement once or twice in the previous year
- 31% had been in their placement for more than five years
- 31% had been in their placement for under a year

**KEY FINDINGS 2012**
- 71% had not changed placement in the previous year
- 20% had changed placement once or twice in the previous year
- 29% had been in their placement for more than five years
- 27% had been in their placement for under a year
The DHSSPS published Care Matters in Northern Ireland - A Bridge to a Better Future in 2007. Care Matters highlights the importance of stability and permanence in developing positive attachments and improving outcomes for children and young people in care.

With this in mind, it is positive to note that almost one third (29%) of OLC 2012 participants have been in their current placement for over five years. Of concern, however, is that 7% of OLC participants had moved placement over three times in the previous 12 months. While this is a small proportion of the survey participants, it suggests a level of intense disruption for these children and young people and a risk to their sense of security and stability. Poignantly, one boy aged 13 talked about the number of placements he has experienced -

Since I have been in care I have changed 10 times, it will be 11 before Christmas

Beyond the annual statistics reflected above, there is little or no data published about high numbers of placement moves and the impact they have on children and young people.

It would be of benefit for monitoring and management to have an insight into the experience of children and young people, albeit a small number, who have multiple moves, ie more than five, in a twelve month period and/or experience placement disruption during their life in care.
Feeling settled, safe and secure

Following on from the basics about where they live, we asked children and young people about how settled and safe they felt where they live.

KEY FINDINGS 2011
- 72% feel settled where they live
- 80% feel safe where they live
- 90% feel safe in their neighbourhood
- 73% at school, college or training always get on well with others
- 79% of them are never bullied

KEY FINDINGS 2012
- 79% feel settled where they live
- 86% feel safe where they live
- 92% feel safe in their neighbourhood
- 63% at school, college or training always get on well with others
- 72% of them are never bullied

The 2012 results build on our first survey and it’s reassuring to see even more participants feeling both settled where they live (79%), and feeling safe where they live (86%).

One participant expanded on this and reflected the link between placement stability and feeling settled stating -

I’ve lived here for five years and I feel very settled because I have had a lot of moves since I came into care
Female, 17

Children and young people living in care face the challenge of living away from or outside their own, immediate family unit. One participant said -

[I] wasn’t [settled] at first, it’s not home so who would be?
Female, 16

While it’s encouraging to know that many children are enjoying a sense of safety, there are still the balance of children and young people – as many as 21% - who do not feel settled and 14% who don’t feel safe where they live. Furthermore, almost one third (28%) of participants report being bullied at school or college sometimes or often.

Thinking about the wider community, the survey asked participants to record how safe they felt in their neighbourhood. The majority (92%) of participants reported feeling safe in their neighbourhood which is a slight increase (2%) from the 2011 survey. These findings are similar to the Young People’s Behaviour and Attitude survey 2010 which found that 94% of participants feel safe in the area they live.
Friends and others

Thinking next about who’s in their community, the survey asked participants how well they get on with their classmates and if they ever experience bullying at school or college.

**KEY FINDINGS 2011**

- 73% get on well with their classmates
- 21% are bullied or sometimes bullied at school

**KEY FINDINGS 2012**

- 63% get on well with their classmates
- 28% are bullied or sometimes bullied at school

Findings show a decrease to 63% from 2011 in the number of participants reporting getting on well with classmates and an increase to 28% who said they were bullied or sometimes bullied at school.

These experiences may be linked to the stigma and stereotypes about being in care. We know that young people in care are very aware of the stigma associated with where they live and, for some looked after children, school can be difficult. They may be or feel vulnerable at school and subject to unwanted attention and bullying by their peers and school mates.

NSPCC’s 2011 report Looked after children talking to Childline found that looked after children were twice as likely to contact them regarding bullying in comparison with other young people who contacted their helpline. Some comments in our survey reflect this -

- Some of them (my classmates) are mean and say mean things
  Female, 15

- I am never bullied, just sometimes I feel singled out
  Male, 17

In contrast, it’s encouraging to read a comment about one girl’s coping mechanism and where she goes for support -

- If I feel bullied I tell my teacher and my foster mum and it gets sorted
  Female, 10

The Department of Education (DENI) has published guidance for promoting positive behaviour in schools as part of its anti bullying policy – this is a useful starting point for school strategies, plans and procedures to prevent and address bullying. A final comment reflects how important school can be -

- I get on very well with my classmates they are all special to me
  Female, 10
4.6 Experiencing economic and environmental well being

The OFMDFM’s children’s strategy specifies that all children should experience economic and environmental well being. Key indicators for this outcome are the number of children living in poverty, the number of children living in materially deprived and low income households, the number of families presenting as homeless and the number of families living in temporary accommodation.

In 2011, the Northern Ireland Executive published a child poverty strategy which outlines intentions to eradicate and break the cycle of child poverty in Northern Ireland. This strategy highlighted the poor long term prospects for care experienced young people with regards to educational achievement or employment (Improving Children’s Life Chances - The First Year, June 2012). The key indicators in the Children’s Services plan 2008 - 2011 for children in care and care leavers also address these and other concerns.

Care leavers are over-represented in the population of people who are homeless and at greater risk of not being in education, employment or training. This may be further impacted by recent changes to housing benefit and ongoing welfare reform. There are initiatives promoting employability in all HSC Trusts which support local care leavers with job seeking skills and work opportunities.

In recent years key policy initiatives have tried to narrow the gap in outcomes for care leavers. Care Matters (2007) focuses on improved outcomes for 18 to 21 year old care leavers. GEMS (Going the Extra Mile Scheme) promotes continuity and stability of living arrangements for young people aged 18 to 21 in foster care. This scheme was designed for young people in foster care and maintains fostering allowances to carers for young people staying on in education or training.

The Welsh government is looking at proposals for a new “When I am Ready Scheme”. It would give looked after children in Wales the opportunity to stay on in their placement after their 18th birthday and move young people in residential care to a new foster placement before they turn 18 (Planning Transition to Adulthood for Care Leavers, January 2013).
Money, money, money

In our survey, we asked about finance and 95% of all participants reported that they are given pocket money. Less than half (43%) said they spent all their pocket money each week while responding to a second question, 77% said they do save some. Since the 2011 survey, there has been an increase of 9% in those who receive pocket money and a 22% rise in those who are saving money.

In the over 12s, over half (55%) have a bank account and only 9% of them said they owed money to others.

We asked over 16s about sources of income and found that 11% have a paid job, 3% receive benefits and the remaining participants receive a maintenance allowance or pocket money from their HSC Trust. Over half (59%) of over 16s said that they get enough money to live on each week and almost two thirds (62%) feel they get the advice they need to help manage their money.

**KEY FINDINGS 2011**

**Aged 8 - 18**
- 86% get pocket money
- 54% of them spend all of it each week
- 55% of them save some

**Over 12s**
- 62% have a bank account
- 24% owe money to others

**Over 16s**
- 45% get enough money
- 63% get help to manage money
- 10% have a paid job and 24% receive benefits

**KEY FINDINGS 2012**

**Aged 8 - 18**
- 95% get pocket money
- 43% of them spend all of it each week
- 77% of them save some

**Over 12s**
- 55% have a bank account
- 9% owe money to others

**Over 16s**
- 59% get enough money
- 62% get help to manage money
- 11% have a paid job and 3% receive benefits
Young people enjoy the financial and social benefits and experience of part-time working. This builds a sense of responsibility, a commitment to work, self-determination and independence. For these reasons, whenever appropriate, young people in care should be motivated and supported to find and secure part-time work and access local HSC Trust employability schemes.

A quarter said they spend their money on clothes and 17% said they spend on travel or transport; 15% spend on toiletries or equipment for school, college or training.

**Figure 7. Weekly spending**
Other purchases included:
- Mobile phone top ups
- Cigarettes
- To buy items for their own flat

It is positive to see that approximately two thirds (62%) of those over 16 are receiving help with budgeting and money management. The transition from care to adulthood should be helped by effective pathway planning and the support of a Personal Adviser to build skills for adulthood and independent living.

**Education, Training and Employment**

The Care Leavers Aged 16 -18 Statistical Bulletin 2011/2012 reported that 62% were in education or training, 5% were in employment and 33% were unemployed or economically inactive. It also reported that care leavers were approximately one and a half times more likely to be unemployed than those in the general population. In contrast, a very large majority (92%) of OLC participants aged 16 to 18 were in education, training or employment. This is an increase of 16% from 2011.

The main purpose of the Children (Leaving Care) Act (NI) 2002 is to improve the life prospects of young people who are looked after as they make the transition to adulthood. We found that for those preparing to leave care, having support to make this transition is still of high priority. VOYPIC supports a multi-agency approach by key service providers to prepare and support young people through transition from care to adulthood, independent living and economic stability.

4.7 Contributing positively to community and society

The OFMDFM’s children’s strategy includes contributing positively to community and society as one of its high level outcomes. The number of young people who participate in youth activities is one of the indicators for the achievement of this outcome.

**Including children in care in local communities**

Children and young people are often aware of the stereotypes that can be associated with them because they are growing up in care. Negative views about being in care can limit a young person’s participation and integration in their wider community. We explored views and experiences about community and involvement in it.
Although there has been a slight decrease (2%) from 2011 in participants having good friends, it is encouraging to see a large majority (88%) enjoying good friends and 62% reporting they could talk to their friends about their problems.

Over half (54%) said that they get on well with the young people in their neighbourhood and a large majority (92%) reported feeling safe in their neighbourhood. This is an encouraging increase of 18% from 2011.

Others have a different experience:

- I feel scared
  Female, 14

- I am not allowed to hang out with my friends anywhere but the youth club and I would love some more freedom but I am not trusted enough to be allowed out
  Female, 14

- I would trust them with my life
  Female, 16

It is important for children and young people in care to feel part of their local community. Foster carers, support workers and social workers should be supported to promote community engagement as a way to increase inclusion in community and society.

We gave children and young people a list of options and asked them to identify where they felt it was safe for them to spend time with their friends. The top places were the local park or youth club (19%), local shops (18%), town centre (17%), local streets (16%) and a skate park or other area (4%). Only 4% said that none of these places were safe for them.
Priorities for Youth (DENI) sets out a new vision for youth work in Northern Ireland. The policy specifically targets those who may be at greater risk of social exclusion, marginalisation and isolation, including:

- Children and young people in care and care leavers
- Young people engaged in risk taking behaviour
- Young people who are NEET

We are encouraged to see children in care and care leavers as a priority for youth work. Priorities for Youth has the potential to underpin many of the policy goals set out in other government initiatives eg the Ten Year Strategy for Children and Young People, the Children and Young People’s Strategic Partnership (CYPSP), and the Safeguarding Board for Northern Ireland.

Expanding on their answers, children and young people added that they felt safe at their friends’ houses and community drop in centres. It is encouraging that children and young people can identify a variety of locations where they feel safe and enjoy age appropriate play and leisure.

Figure 8. Safe places to spend time with friends
Getting on at school and beyond

Children in care may have been moved to placements away from their family and from their community and neighbourhoods and are faced with the challenge of fitting into a new home environment and community.

**KEY FINDINGS 2011**

- 9% have been on a school council
- 18% have been captain or vice captain of a sports team
- 40% joined local youth or community groups
- 50% helped a charity
- 36% volunteered
- 90% can pursue their hobbies

**KEY FINDINGS 2012**

- 15% have been on a school council
- 24% have been captain or vice captain of a sports team
- 47% joined local youth or community groups
- 55% helped a charity
- 38% volunteered
- 89% can pursue their hobbies

A school council is a group of pupils elected by their peers to represent them and their views. It is encouraging to see an increase in participants who have been on a school council and that almost a quarter (24%) have been captain or vice captain of a sports team.

The Young Life and Times Survey 2009 reported that 54% of participants had volunteered in the previous 12 months. In similar fashion, our 2012 survey asked about involvement in the local community. Nearly half (47%) had joined a local youth or community group, 55% had helped a charity by raising or donating money and over a third (38%) have given their time to help others as a volunteer in the previous 12 months. It is encouraging to see that a growing number of children in care are getting involved in volunteering in their local community which challenges negative stereotypes.

School and community activities should be encouraged as they promote social interaction with children and young people in the local community, which will help looked after children feel more settled and at home in their placement.

Children and young people should not suffer negative stereotyping and stigma but seen as individuals and part of their local communities. There should be multi-agency action to promote these and other positive images and aspects of life in care.
We asked if children and young people could pursue their hobbies as much as they would like to and a large majority (89%) can all or most of the time. The remaining 11% who said they were unable to pursue their hobbies identified travel, finance and location among the top reasons preventing this. Staffing levels and issues in children’s homes were also given as reasons.

Fun and Games

We asked what children and young people did in their spare time and what their hobbies were.

- Listening to music
- Dancing
- Singing
- Art
- Shopping
- Cinema
- Social media
- Computer games
- Youth Club
- Cooking
- Going out with friends
- Visiting families
- Going to the park
- Walking the dog
- Sport

We asked if children and young people could pursue their hobbies as much as they would like to and a large majority (89%) can all or most of the time. The remaining 11% who said they were unable to pursue their hobbies identified travel, finance and location among the top reasons preventing this. Staffing levels and issues in children’s homes were also given as reasons.

To be an art teacher and help young people when they are in school
Female, 15

I would like to be a youth worker, social worker, midwife, nurse or teacher because I would be good at them
Female, 13
Ambitions, dreams and goals

Young people in care may suffer and be labelled with negative stereotypes but they still have ambitions, dreams and goals. We asked them about these.

I would like to be a professional footballer and play for Liverpool, I would like to play basketball professionally and be in the Olympics for Rio 2016 or the next one
Male, 11

I want to be able to drive and have my own car when I’m older so I can bring my foster mum out
Female, 10

I would like to go to university and get a good education
Male, 14

To be a better person
Female, 8

To have a fun filled life
Male, 16
To be a chef and to own my own restaurant
Male, 16

To be a fire-fighter and save peoples' lives
Male, 9

Work with young people in care like myself
Male, 16

To travel the world and move to America. To do well in school and get a job
Male, 15

Finally, one young man shared his comprehensive ambition

To be happy with my life, have a family, friends, nice things and a job that I enjoy and want to do for the rest of my life
Male, 17
5.0 Recommendations

There is a legislative and policy framework in Northern Ireland that enables the protection and support of children in care and care leavers. There is also a significant amount of departmental, cross-sector and inter-agency work reviewing and planning key legislation, regulation, standards and practice. Mindful of this, we make a number of general and specific recommendations from Our Life in Care. We are committed to playing our part in taking forward these recommendations and working with others to fully enact the rights and entitlements of children and young people in care.

**Care and pathway planning**

All children and young people in care should be encouraged and supported to contribute to the development and review of their care plan and pathway plan.

**Contact**

All children and young people should enjoy safe, beneficial contact which is planned, enabled and managed to allow them to stay in touch with their families and friends.

The complex issue of contact should be researched through a comprehensive, long-term study into practice, impact and outcomes for children in care.

**Support relationships**

The care system should place quality and continuity of relationships at its heart and promote the ability of those who are important to children to provide the care and support they need.

**Life story work**

All children and young people should benefit from effective life story work as part of their care planning and support to promote a sense of identity.

**Placement moves**

There should be more data analysis on multiple placement moves, the reason for them and the impact and outcomes for children and young people.

All children and young people should enjoy stability and permanence and have a choice of placement.
Education

The DHSSPS and DE should publish a joint progress report on the introduction and management of PEPS.

The level, reasons for and impact of suspension and expulsion from school of children and young people in care should be researched comprehensively.

The model of Going the Extra Mile Scheme (GEMS) should be reviewed to secure similar opportunities and advantages for young people living in children’s homes who would benefit from continued support in a care placement to pursue education or training.

Community involvement

Foster carers, support workers and social workers should be supported to promote school and community engagement of children and young people to increase inclusion.

Transition to adulthood

Young people preparing to leave care should be motivated and supported to find and secure work opportunities when appropriate and engage with HSCT employability schemes.

Challenging stereotypes

Positive images and messages about children and young people in care should be promoted to challenge negative stereotypes and promote school and community integration.
6.0 Methodology

The survey

Our Life in Care (OLC) is VOYPIC’s Computer Assisted Self Interview (CASI) survey. It can be completed online via VOYPIC’s website or offline with downloaded software. A child or young person can complete it alone or with assistance. The benefits of using a CASI are that children and young people are familiar with computers and technology, it is a more accessible format, it is age and ability appropriate, building self confidence with use and responses are easily anonymised.

Our Life in Care has three age appropriate questionnaires which were developed in consultation with young people. Key questions focus on the care experience - the quality of care; safety and stability, key relationships and participation in care planning. Other questions reflect all the high level outcomes in the OFMDFM children’s strategy.

Eligibility

The survey is open to children and young people aged 8 to 18 who are currently looked after by a HSC Trust in Northern Ireland. Participation is voluntary on the part of children and young people.

Ethical approval and oversight

To ensure the safety of participants, VOYPIC secured ethical approval from ORECNI (Office of Research Ethics Committees, Northern Ireland) and each of the five HSC Trusts’ governance procedures. After reflecting on the 2011 survey VOYPIC made a small number of changes to the approval including

- Introduction of an incentive (prize draws)
- Additions to list of people who can provide referral consent to include foster carers, key workers or PAs

There is an advisory group of representatives from the five HSC Trusts, DHSSPS, HSCB, PHA, OFMDFM, CiNI and Queens University. This group provides advice and comment on methods and instruments to obtain the required information, on the development of the survey and quality assures all outputs.
Consent
Invitations and information about the survey were sent to children and young people, their parents and carers. We asked social workers to discuss the survey with children and complete a referral form for under 16s. Young people aged 16 to 18 can complete and return their own referral form. Passive parental consent was required in four of the five HSC Trusts with active consent required by one.

Confidentiality and child protection
All survey participants were allocated a unique log in code and password to access the survey.

Responses to the survey are anonymous but each participant was advised that confidentiality would be breached if there was a child protection concern. A small number of questions was flagged and monitored as part of a protocol between VOYPIC and HSC Trusts for safeguarding children and young people. A total of 48 notifications were passed on and in most cases the concern was already known and in hand by the local Trust.

Information about support helplines is included at the end of the survey.
7.0 References

**ARK** Kids’ Life and Times Survey 2012

**Barnardo’s, Care Leavers’ Association, National Care Advisory Service (NCAS), The Fostering Network, The Who Care Trusts and VOICE.** Still Our Children Case for reforming the leaving care system in England (May 2013)

**The Care Inquiry** (30 April 2013) Making not Breaking, Building Relationships for our Most Vulnerable Children

**Children and Young People’s Strategic Partnership** Northern Ireland Children’s Services Plan 2008-2011

**Children (Leaving Care) Act (Northern Ireland) 2002**

**Children (Northern Ireland) Order 1995** Guidance and Regulations

**Department of Education Northern Ireland** Priorities for Youth: Improving Young People’s Lives through Youth Work, 2005-2008

**Department of Enterprise, Trade and Investment** United Kingdom Labour Force Survey October to December 2011

**Department for Children, Schools and Families** Children Looked After in England (including adoption and care leavers) year ending 31 March 2009 [Statistical Bulletin]

**Department of Health** (2009) Statutory Guidance on Promoting the Health and Well-being of Looked after Children

**Department of Health, Social Services and Public Safety** (March 2007) Care Matters in Northern Ireland – A Bridge to a Better Future

**Department of Health, Social Services and Public Safety** Children in Care in Northern Ireland 2010/2011 Statistical Bulletin

**Department of Health, Social Services and Public Safety** Children Order Statistical Tables for Northern Ireland 2011/2012

**Department of Health, Social Services and Public Safety** Children’s Social Care Statistics for Northern Ireland 2011/12

**Department of Health, Social Services and Public Safety** Fit and Well - Changing Lives consultation document 2012 - 2022

**Department of Health, Social Services and Public Safety** Northern Ireland Care Leavers Aged 16-18 Statistical Bulletin 2011/2012

**Health and Social Care Board**

**Health Promotion Agency (2009)** School food: the essential guide


**Northern Ireland Assembly** (AQW 11323/11-15) Alex Easton MLA Written Assembly Question to Minister of Education John O’Dowd on 18 May 2012

**Northern Ireland Statistics and Research Agency** Attendance at grant-aided primary, post-primary and special schools 2011/12: summary statistics

**Northern Ireland Statistics and Research Agency** (2011) Study into how the education system can improve the attendance of looked after children at post primary school
Northern Ireland Statistics and Research Agency Young Persons’ Behaviour and Attitudes Survey 2010

Northern Ireland Executive (2012) Pathways to Success: Preventing exclusion and promoting participation of young people


Office of the First Minister and Deputy First Minister Improving Children’s Life Chances - The First Year, A report on the Assembly as required by the Child Poverty Act (May 2012)


OFSTED (2011) Children’s Care Monitor: Children on the state of social care in England Reported by the Children’s Rights Director for England


Welsh Government (January 2013) “When I’m Ready”: Planning Transition to Adulthood for Care Leavers

Ongoing Research studies:

Queens University Belfast School of Sociology, Social Policy and Social Work Addressing the over-representation of disabled children and young people who are looked after in NI. Principal Investigator Dr Berni Kelly

Queens University Belfast School of Sociology, Social Policy and Social Work Mind Your Health: The physical and mental health of looked after children and young people in Northern Ireland. Principal Investigator Dr Dominic McSherry

Queens University Belfast School of Sociology, Social Policy and Social Work Transitions and outcomes for care leavers with mental health and/or intellectual disabilities. Principal Investigator Dr Berni Kelly
We welcome comments and feedback on this publication. Contact us

Belfast
VOYPIC
9-11 Botanic Avenue
Belfast
BT7 1JG
Tel: 028 9024 4888
Fax: 028 9024 0679

Derry-Londonderry
VOYPIC
13 Queen Street
Derry-Londonderry
BT48 7EG
Tel: 028 7137 8980
Fax: 028 7137 7938

Ballymena
VOYPIC
25 Castle Street
Ballymena
BT43 7BT
Tel: 028 2563 2641
Fax: 028 2565 5934

Lurgan
VOYPIC
Flat 12, Mount Zion House
Edward Street
Lurgan
BT66 6DB
Tel: 028 3831 3380
Fax: 028 3832 4689

www.voypic.org

Follow us on Twitter @VOYPIC
Like us on Facebook