

Exploring Local Authority Variation in Looked After Young People's Subjective Well-being

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Abstract

There has been growing interest in the Local Authority (LA) variation in rates of admission to care and provision of services but less is known about whether young people's experience of care varies by LA. Using survey data from 4,994 looked after young people (aged eleven to eighteen years) from thirty-six English LAs, the analyses focused on LA variation in their subjective well-being. There was a statistically small LA variation in young people's responses to individual survey questions except for a question that asked if young people felt they had a trusted adult in their lives. Between 66 per cent and 100 per cent of young people had a trusted adult depending on the LA caring for them. Positively associated with overall well-being were, being looked after by a non-London LA, a longer length of time in care, fewer placement moves, children's positive perceptions of a reciprocal trusting relationship with their carer, having a good friend and being male. Counter-intuitively, LAs with an outstanding or good Ofsted social care or education judgement were associated with a higher proportion of their young people having low well-being.

Keywords: children in care, local authority variation, Ofsted, subjective well-being

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Introduction

Historically, children's well-being was measured using only objective measures such as their educational attainment or infant mortality rates. However, over the last twenty years, there has been increasing

recognition that children's views (subjective well-being) are as important as objective measures (The Organisation for Economic Co-operation and Development (OECD), 2013). Improving children's well-being has become a United Nations (UN, 2018) policy goal for Member States, and substantial efforts have been made to identify what makes a good life for children and to find ways to measure it (OECD, 2021). The OECD Child Well-Being Data Portal (<https://www.oecd.org/social/family/child-well-being/data/>) gathers data on child well-being providing information on children's family life, health and safety, education, activities, life satisfaction and links the data to available information on public policies that affect children. The OECD notes the progress made in the availability of objective data but large gaps remain in subjective measures, particularly from vulnerable groups such as children with a disability and the views of maltreated children (<https://www.oecd.org/wise/measuring-well-being-and-progress.htm>).

Defining well-being

Most of the theoretical work has focused on adult well-being although an agreed definition remains elusive (Huppert, 2014). Different definitions prioritise either the emotional elements (hedonic) such as happiness and the balance between positive and negative emotions (e.g. Kahneman and Krueger, 2006) or the eudaemonic elements of how well a person functions (e.g. Ryff, 1989). More recently, scholars (e.g. Seligman, 2011, Diener, 2012, Ruggeri *et al.*, 2020) have combined the two elements to view well-being as multi-faceted and made up of many domains (e.g. relationships, engagement, positivity, self-acceptance, having a purpose). Whilst much has been learnt about well-being, debates continue. For example, little is known about the way the domains interact, as surveys tend to focus on one specific area (e.g. educational experiences). Whilst most well-being frameworks contain multiple domains they differ in content (Huppert, 2017) and emphasis (although relationships are central to all), inevitably producing very different proportions of those with low or high well-being (Hone *et al.*, 2014). Neither is there academic agreement on the relationship between mental (ill) health and well-being. Are they, as some argue (e.g. Huppert and So, 2013) at either end of the same continuum or is it a two continua model as others propose (e.g. Keyes, 2002; Kinderman *et al.*, 2015) with mental health and well-being different but related constructs?

Measuring child well-being in the general population

In the UK, leading the way in the measurement of children's subjective well-being has been the University of York and The Children's Society

(Rees *et al.*, 2010). Surveys are conducted annually, and findings are published in The Good Childhood Report (The Children's Society, 2020). That data as well as objective well-being measures from other national surveys are collated by the Office for National Statistics (ONS, 2018) to present a set of domains and indicators on children's well-being in the UK. A review (ONS, 2020) of the UK indicators has highlighted the same gaps in data as those identified by the OECD (2021).

The subjective well-being of children in care in England

Until the Bright Spots Programme began, little was known about whether the same domains and indicators were as important to the well-being of children in care, as those set out for children in the general population (The Children's Society, 2020). The Department for Education (2021) publishes outcomes for children in care (80,850 children were in care in England in 2021), but the outcomes focus mainly on the negative (e.g. number involved with the criminal justice system, teenage pregnancies). There are no national subjective measures on how children feel about their care experience although the current annual cost of children's social care is £5.7 billion (Competition and Markets Authority, 2022).

The Bright Spots Programme began in 2013 with approval from the ethics committee at the University of Bristol and has been funded since the start by The Hadley Trust enabling the Programme to develop. To understand what mattered to children in care, eighteen focus groups were held involving 140 children and young people asking, 'What made a good life?' Some of the same indicators identified in The Good Childhood Reports (e.g. liking school) were also identified by children in care but they also emphasised very different indicators such as the importance of having a trusted adult in their lives, satisfaction with family contact, having a say, and not being made to feel different because of being in care (Wood and Selwyn, 2017, Selwyn *et al.*, 2017). Based on the focus group findings, the *Your Life, Your Care* online surveys were developed for children aged four to seven years, eight to ten years and young people aged eleven to eighteen years. The surveys contain four domains of relationships, rights, resilience and recovery with indicator questions for each domain (see Supplementary material), as well as having space for text comments. Survey validation is reported elsewhere (Zhang and Selwyn, 2020).

Conceptually, the surveys cover eudaemonic (e.g. positive about the future) and hedonic (e.g. happiness) aspects of well-being with subjective well-being defined as, feeling good and functioning well at an individual and interpersonal level (Keyes and Annas, 2009). The survey questions reflect the multi-faceted approach to well-being and the two continua

model of well-being and mental health. The choice of the two continua approach was influenced by the initial focus groups where young people described having a mental health diagnosis (e.g. anxiety/depression) but felt they were doing well because of the support provided by professionals and carers. Young people described having poor mental health but good well-being.

The Programme has been rolled out nationally through a partnership between Coram Voice (a children's rights charity) and The Rees Centre, University of Oxford. Individual local authorities (LAs) commission the surveys. Each LA receives a detailed report on their children's views with responses compared to the average response of looked after young people in other LAs, those of peers in the general population (where comparative data are available) and change over time for LAs who repeat the surveys. The LAs also take part in webinars and seminars to compare and share best practices and an online resource bank has been established for examples of innovation (<https://coramvoice.org.uk/for-professionals/bright-spots/practice-bank/>).

LA variation

Preparing the individual LA reports drew our attention to the LA variation in responses. LA variation has been found in all areas of practice; in referrals (e.g. [Emmott *et al.*, 2021](#)), rates of entry to care ([Dickens *et al.*, 2005](#); [Pearson *et al.*, 2019](#)) and the demand for and provision of services ([Bywaters *et al.*, 2016a](#)) but to our knowledge, not examined by children's experience of care. We also noticed that young people's ratings of their care experience did not always correspond to the judgement made by Ofsted (the regulatory body that inspects Children's Services). For example, one LA was inspected by Ofsted at the same time as they were distributing their surveys. Whilst most children provided positive comments, their inspection resulted in the LA being placed under special measures.

The inspection process has been criticised (e.g. [Wastell *et al.*, 2010](#); [Munro, 2011](#); [Hood *et al.*, 2016](#)) for a focus on processes rather than children's and families' experiences and for a failure to take account of area deprivation. In response, a new system of inspecting LA children's services (ILACS) was introduced in 2018. The ILACS framework is intended to take a more individualised approach and shift the focus from processes to social work practice and to what matters to children ([Ofsted, 2019](#)). Published documentation ([Ofsted, 2020](#)) however, does not reveal what weight is given to children's views in judgments.

Whilst previous research has explored LA variation in respect of inputs and outputs, a recent merging of all our survey data (2016–2020) provided the opportunity to examine LA variation in young people's

experience and well-being and consider the factors that might explain that variation.

Method

In 2020, the survey data from 4,994 young people aged eleven to eighteen years cared for by thirty-six English LAs and completed between 2016 and 2020 were merged. The average LA response rate was 34 per cent (range between 14 per cent and 84 per cent) and 138 was the average number of young people responding per LA. Findings can be found at <https://coramvoice.org.uk/for-professionals/bright-spots/bright-spots-publications/>

Here we report a new analysis using the merged data set to examine the LA variation on each of the individual indicators, as well as variation in the proportion of young people with low or high well-being.

The survey contains demographic questions and thirty-one questions (indicators) that the young people who co-created the surveys thought were associated with their well-being. Most of the questions use response options of 'always/most of the time', 'sometimes', 'hardly ever' and 'never'. Three questions used by the [ONS \(2018\)](#), as indicators of the well-being of young people in the general population are included. The three questions ask about (i) satisfaction with life as a whole, (ii) feeling happy yesterday and (iii) feeling that the things done in life were worthwhile. The questions are on a zero to ten scale with zero representing the lowest point and ten the highest score. A fourth question using a zero to ten scale—feeling positive about your future—is no longer used by the ONS but continues to be included in our surveys, as looked after young people felt it was an important question to retain. All these questions are optional and make up the domains that young people identified as key to their well-being (see [supplementary material](#)).

Our research questions were:

- Were there differences by LA in the distribution of responses on each of the thirty one indicators?
- Were there differences by LA in the percentage of young people with low or very high subjective well-being?
- If there were LA differences, what might explain that variability?

Analysis

The survey data were not weighted because there is no reliable published data on what our sample should look like. The Department of Education (2021) publish data on the age groups of ten to fifteen years

and sixteen to eighteen years, whilst our survey groups age and sex by those in primary education (four to ten years) and those in secondary school (eleven to eighteen years). Neither does the national data link age with ethnicity: each is reported separately. We suspect that boys were underrepresented in our eleven to eighteen years age group.

The first step in the analysis was to examine whether there was variability in young people's responses to the thirty-one indicator questions. Missing responses in the key variables had no systematic pattern and were less than 5 per cent. [Table 1](#) presents the selected set of indicators included in the analysis. All were binary (Yes or No).

A multilevel modelling framework was used as it accounts for the nesting structure in the data (e.g. young people looked after by different LAs). It also enabled group-level characteristics to be included in the model, which was best suited to carry out the hypotheses testing on LA-level factors. Models tested in this study were random intercept models. Stata version 15 was used for modelling.

Initially, an unconditional random intercept model (a null model) was run for each of the thirty-one indicators. Group-level variability was quantified by a parameter that is assumed to follow a normal distribution. The null model allowed testing on whether the group-level variability was meaningful for further investigation by comparing a multilevel model and a linear regression model that did not take the hierarchy in the data into account. This comparison was made using the likelihood-ratio (LR) test, which follows the Chi-square distribution with one

Table 1. Domains and indicators of well-being examined for LA-level variability

Domains	Indicator
Relationship	Has no contact with either parent (derived variable)
	Satisfaction with contact with mother
	Satisfaction with contact with father
	Satisfaction with contact with sibling(s)
	Has a really good friend
Resilience	Has a trusted adult
	Given chances to be trusted
	Likes school
	Feels that carer is interested in their education
	Takes part in hobbies or activities outside school
Rights	Has opportunities to learn life skills
	Knows has the right to speak to social worker alone
	Ease of getting in touch with the social worker
	Feels included in decision making
Recovery	Always feels safe where they live
	Has sufficient explanation of the reasons for being in care
	Likes bedroom in placement
	Thinks carer notices how they are feeling
	Has worries about own feelings or behaviour
	Does similar things to friends

degree of freedom and accounts for the fact that variance can only take a positive value.

To answer our second research question as to whether there were differences by LA in the overall well-being of young people, the four 0–10 scale questions (satisfaction with life, happiness yesterday, doing things in life worthwhile and positivity about your future) were used to categorise young people's ratings into low (scoring 0–4), moderate (5–6), high (7–8) and very high (9–10) well-being. To identify those with 'low' well-being, young people who rated themselves as 'low' on two or more of these four questions were selected as likely to have low well-being and similarly those who rated themselves as 'very high' on two or more were classified as 'very high' well-being. Outcome variables were modelled using a multi-level logistic regression model.

The models were created by, first, extending the null model to a conditional random intercept model that included individual-level variables, such as young people's demographic characteristics (e.g. sex and ethnicity) and other information including the type of placement, length of time in care and number of previous placements. Broad categories of ethnicity were available and tested in the model. However, only the binary variable that distinguished white and non-white ethnicity subgroups was found to add to the model.

Some of the individual-level variables were highly correlated with each other. For example, feeling settled in the current placement was highly correlated with feelings of safety (polychoric correlation: 0.798). These variables may measure a similar (latent) concept and were not included in a model due to potential issues relating to multicollinearity. Instead, the variables were tested for their relative contribution, and the one with the most predictive power was retained in the model.

Once the model with the individual characteristics was built, LA-level factors were added to each of the models. Data on LAs were obtained from publicly available sources, such as the Public Health England gateway (<https://fingertips.phe.org.uk>), from the online LA interactive tool (<https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>) and the Ofsted website (<https://www.gov.uk/find-ofsted-inspection-report>).

The LA variables that were added were:

- a. LA type (Metropolitan district; Unitary; Shire County; London);
- b. size of the LA care population and rate per 10,000 population;
- c. LA deprivation using the English Indices of Deprivation (IoD) 2019 and Income Deprivation Affecting Children Index (IDACI). The IoD rank is made up of seven domains: Income deprivation, employment deprivation, education, skills and training deprivation, health deprivation and disability, crime, barriers to housing and services and living environment deprivation;

- d. average mental health score of looked after children using the total score on the Strength and Difficulties Questionnaire (SDQ: [Goodman, 1997](#));
- e. LA spending on children's social care (known as Section 251 data): total spend (in £mil), specific spending on children looked after (CLA), and spending per capita using the LA budgets; and
- f. the LA's Ofsted judgement for looked after children (a subcategory judgement that contributes to the overall judgement) and the Ofsted judgement on the quality of education in the LA. In respect of judgements on the care of looked after children before the pandemic, 48 per cent of all LAs were judged as 'good' or 'outstanding', 38 per cent required improvement to be good and 12 per cent were judged as 'inadequate' ([Ofsted, 2020](#)).

Limitations

The *Your Life, Your Care* surveys have limitations. The exact age of the young people was not collected, as young people who helped to create the surveys thought that such a question might reduce response rates for fear of identification. For similar reasons, asylum-seeking young people are not identified. In terms of the LA-level variables, all the data were at the LA-level and therefore does not observe variation *within* LAs. Section 251 data on LA spend are currently the only publicly available information on spending on children's services. However, it is widely perceived to be of poor quality due to differences in the way LAs complete the submission and differences in their care populations (e.g. [Freeman and Gill, 2014](#)).

The wide range in response rates across LAs (14–84 per cent) limits findings. An analysis of response rates and outcome variables found no pattern in the proportion responding and the proportion reporting low/high well-being (see [Supplementary material](#)). However, the possibility of underrepresentation of certain groups may contribute to explaining different well-being levels.

Findings

Characteristics of the LAs who participated in the bright spots programme

The thirty-six LAs had chosen to take part and were not randomly selected. To examine how representative the participating LAs were of all 150 English LAs, who have children in care, they were compared on; region, Ofsted judgement, size of their looked after population and rate

per 10,000 population, spending, IoD and IDACI scores, and the average SDQ scores of their care population. Results of this comparison showed that their characteristics were broadly comparable to those of all English LAs. Importantly, they were not the LAs with the most positive Ofsted judgements: 41 per cent of the Programme LAs had been judged as outstanding/good compared with 47 per cent of all 150 LAs in England.

Characteristics of the young people who completed the surveys

Table 2 shows the characteristics of the looked after young people. Comparing the sample with the national data published on looked after children (Department for Education, 2020), girls (48 per cent) were slightly overrepresented compared with the care population where 44 per cent were girls. The types of placements (e.g. foster and residential care) showed a similar distribution as reported in the national statistics. More than a third (36 per cent) identified as being of a minority ethnicity compared with 26 per cent of all children (zero to eighteen years) in care. But the extent of overrepresentation may not be severe. We would expect the proportion of young people who self-identify as minority ethnic to rise in the eleven to eighteen years age group, as previous research (e.g. Bywaters *et al.*, 2016b) has found that Black children tend to enter care later than White children and unaccompanied asylum-seeking young people mainly enter care during adolescence. Proportions of

Table 2. The characteristics of young people who completed the survey ($n = 4,994$)

Individual Characteristics	Category	Percentage (%)
Sex	Girls	48
	Boys	52
Ethnicity	White	64
	Mixed	14
	Black	10
	Asian	7
	Other	4
Placement type	Foster care	71
	Parents, extended family or friends	11
	Residential care	12
	Other	6
Length of time in care	Less than one year	15
	One to three years	27
	Three or more years	53
	I do not know	5
Number of placements	One placement	34
	Two to four placements	48
	Five plus placements	14
	I do not know	4

minority ethnic young people also varied across LAs. London authorities tended to have considerably higher proportions of ethnic minority young people in care compared with regional LAs.

LA variation in the individual indicators

Each of the indicators (Table 1) was tested to examine LA variability. All, except one (whether the young person had contact with their father), showed statistically significant LA variability. However, for most indicators, the Log LR test results showed that whilst the variability was statistically significant, the extent of variability that could be explained by the young person being in the care of a particular LA was very small. The effect size was too small for any further investigation to be meaningful.

One indicator did have significant LA variability. The survey question asked young people, ‘Do you have an adult who you trust, who helps you and sticks by you no matter what?’ Nearly one in ten (9 per cent) of the young people reported not having a trusted adult in their lives with a LA variation of 66–100 per cent with a trusted adult. The LR test result was statistically significant (adjusted Chi-square test statistic 132.44 (1), $p < 0.001$).

The most powerful explanatory variable in this model (Table 3) was the quality of the young person’s relationship with their carer. Young people who thought that their carers noticed how they were feeling increased the odds of reporting that they had a trusted adult 4.5 times compared with young people who felt their feelings went unnoticed.

Unsurprisingly, having contact with at least one parent increased the odds by 2.2 times of having a trusted adult compared with those with no contact, although the strength of association was weaker than expected. Peer relationships were also important; young people who had a really good friend or did similar things to their friends were found to have higher odds, by 4.3 and 1.8 times, respectively. Liking their bedrooms was associated with higher odds (by 2.7 times), perhaps indicating that they had a place where they felt comfortable and could make their own. Feeling included in decision-making about their lives also increased the odds 2.4 times compared with those who did not feel included.

Being of minority ethnicity and having a greater number of placements was associated with a reduction in the odds of young people having a trusted adult in their life. Young people of minority ethnicity had 0.71 times the odds (i.e. 29 per cent decrease in odds) in comparison with those who were White, controlling for other variables. Stability implied in the young people’s responses was found to be important: the odds of having an adult to trust were 1.6 times higher for those who had been in care for three years or more when compared with those who were newer entrants. Similarly, the odds of having a trusted adult were 0.58 times

Table 3. Multilevel model of young people having an adult to rely on and trust

Indicators	Factors (Reference category in bold)	Odds ratio	Std. err
Ethnicity	White		
	Non-white	0.711*	0.107
Number of placements	One to four placements		
	Five or more placements	0.584*	0.103
Time in care	Less than three years		
	More than three years	1.622*	0.234
Has contact with either parent	Having no contact with either parent		
	Having contact with at least one parent	2.263*	0.324
Has a really good friend	No		
	Yes	4.355*	0.695
Does similar things to friends	Hardly ever or never		
	All or most the time	1.862*	0.283
Feels included in decision-making	Hardly ever or never		
	All or most the time	2.412*	0.377
Likes own bedroom	No		
	Yes	2.773*	0.502
Young person thinks that their carer notices how they are feeling	Hardly ever or never		
	Sometimes, or all or most times	4.567*	0.746
London Authority	London authority		
	Non-London authority	2.732*	0.488
Number of observations		3,931	
Group level variance	Final model	0.078	
Log likelihood	Final model	-841.6	

lower (i.e. 42 per cent decrease in odds) for those who experienced five or more placements compared to those with one to four placements.

The only LA-level factor influencing the model was whether or not the young person was cared for by a London LA. Being looked after by an authority outside London increased the odds 2.7 times of having a trusted adult.

LA variation in young people with low or very high well-being

The three 0–10 scales (life satisfaction, happiness, things done being worthwhile) and the positivity about the future scale were categorised using the [ONS \(2018\)](#) reporting method: 0–4 low, 5–6 moderate, 6–8 high and 9–10 very high. Between 16 per cent and 20 per cent of young people scored low on each of these scales in comparison with 4–7 per cent of their peers in the general population. Young people who scored 0–4 on any two of the four scales were categorised as having ‘low’ well-being and those who scored 9–10 on two or more scales were categorised as high.

The outcome variables of 'low' and 'very high' well-being were modelled in the same way, as had been done for the indicator 'having a trusted adult'. Each outcome was binary—those with low well-being compared to those with moderate/high/very high well-being and those with very high well-being compared to all the other categories (Table 4).

Low well-being

Girls were more likely to report low well-being than boys, controlling for other variables (1.2 times the odds). Being of minority ethnicity also increased the odds of having low well-being compared to those of white ethnicity. Ethnicity was initially statistically significant but lost its significance once care characteristics were added to the model. Young people who had recently come into care were found to have the highest chance of reporting low well-being.

Relationships with carers, social workers and friends were found to be important factors. The stronger a reciprocal trusting relationship with their adult carer(s) was, the lower the odds of having low well-being. The trust relationship with adult carers was examined using a variable with four categories depending on whether the young person trusted the adult carer and/or whether they felt trusted and were given opportunities to show they could be trusted. Compared to those who did not trust their carers nor felt trusted by them, young people who trusted their carers and felt that they had chances to be trusted had a 71 per cent reduction in the odds of having low well-being. Similarly, those who trusted their social worker at least 'some of the time' had around half the odds of low well-being compared to those who trusted their social worker 'hardly ever or never'. The odds further decreased by 69 per cent for those who trusted their social worker 'most of the time' or 'always' compared to who hardly or never trusted their social worker. Having a really good friend and doing similar things to friends were also associated with lower odds of having low well-being by 39 per cent and 54 per cent, respectively.

How young people felt about their placements was also relevant to explaining a low level of well-being. Young people who 'always' felt safe at home had about 46 per cent decreased odds of low well-being, compared to those who did not always feel so. The more young people liked school, the lower odds of having low well-being were; liking school 'a lot' compared to not liking it or liking not much showed a 67 per cent reduction in the odds of having low well-being.

Not surprisingly, having worries was positively associated with a higher chance of low well-being. Young people who recorded that they 'never' worried about their feelings or behaviour were found to have a 57 per cent reduced odds of reporting low well-being.

Table 4. Multilevel models of 'low' well-being and 'very high' well-being

Indicators	Responses (Reference category in bold)	Low well-being		Very high well-being	
		Odds ratio	Std. err	Odds ratio	Std. err
Sex	Boy				
Time in care	Girl	1.248*	0.132	0.834*	0.0596
	Less than one year				
	One to three years	0.620*	0.0944	1.656*	0.196
	Three years or more	0.519*	0.0719	2.058*	0.222
Has a really good friend	No				
	Yes	0.614*	0.0966	2.003*	0.310
Trusting relationship with adult carer(s)	Lacks trust in carer and lacks chances to be trusted				
	Lacks trust in carer but always has chances to be trusted	0.736	0.140	1.836*	0.350
	Always trusts carer but lacks chances to be trusted	0.439*	0.0641	2.624*	0.369
	Always trusts carer and always has chances to be trusted	0.294*	0.0461	5.461*	0.738
Likes school	Not much or do not like it				
	Like a bit	0.456*	0.0575	1.749*	0.185
	Like a lot	0.337*	0.0458	3.597*	0.378
Trusts social worker	Hardly ever or never				
	Sometimes	0.478*	0.0677		
	All or most the time	0.317*	0.0456		
Feels safe in placement	Not always				
	Always	0.541*	0.0731		
Has worries about feelings/behaviour	Always or sometimes				
	Hardly ever/never	0.439*	0.0540		
Does similar things to friends	Hardly ever or never				
	All or most the time	0.465*	0.0576		
Feels included in decision-making	Hardly ever or never				
	All or most the time			1.729*	0.222
Spends time doing hobbies/activities outside school	Hardly ever or never				
	Sometimes or most of the time			1.893*	0.314
Likes own bedroom	No				
	Yes			1.753*	0.339
Ofsted Looked after Children's judgement	Requires improvement or inadequate				
	Outstanding or Good rating	1.452*	0.163	0.724*	0.0535
CLA population size	(Continuous variable)	1.001*	0.000125		
Spending per CLA after (£ '000) in 2019	(Continuous variable)	0.984*	0.00464		

(continued)

Table 4. (continued)

Indicators	Responses (Reference category in bold)	Low well-being		Very high well-being	
		Odds ratio	Std. err	Odds ratio	Std. err
Ofsted Education ratings	Proportion of state-funded schools with Good or Outstanding judgement (continuous variable)			0.982*	0.00688
Number of observations		3,847		4,060	
Group level variance	Final model	0.057		< 0.001	
Log likelihood	Final model	−1219.4		−2314	

Statistical reporting of results were represented in *Italics*.

In terms of the LA-level factors, Ofsted’s CLA judgement, the CLA population size and spending per CLA were retained in the final models. Against expectations, the odds of low well-being were higher (1.4 times) for young people who were looked after by a LA with a good or outstanding Ofsted CLA judgement, controlling for other variables, and the odds of having very high well-being reduced for LAs with a good or outstanding judgement for their looked after services or positive judgments on their education services. This direction of association was surprising as we had anticipated that a judgement of good or outstanding would be associated with a quality service, hence, better outcomes for young people in care. We also considered whether the new ILACS framework of inspection affected the results by comparing before and after 2018 when the new framework was introduced. The result remained the same.

Two other LA factors, care population size and spending per head, were found statistically significant, but the extent of their effects was not substantial. According to the model, if the care population size increased by 100, the young people’s odds of having low well-being would increase by 1.04 times, whilst an increase in spending by £10,000 per head was linked to a 1.4 per cent reduction in odds of low well-being. Unlike previous studies (Bywaters *et al.*, 2016a, b) pointing to the importance of poverty in understanding use of children’s social care, neither IoD nor IDACI were found to be statistically significant in young people’s experience of care.

‘Very high’ well-being

Key factors that explained ‘low’ well-being, such as sex, time in care, having a good friend and liking school, were also found to be relevant to understanding ‘very high’ well-being (Table 4). Girls were less likely

to report very high well-being (17 per cent decreased odds). Compared to young people who had been in care for less than one year), those in care for one to three years (1.6 times) or three or more years (two times) had greater odds of having high well-being.

A reciprocal trusting relationship was also found to be important. Compared to those having a weak trust relationship with their carer(s) those who had a good relationship had a 5.4 times increase in the odds of very high well-being. The results show that feeling that they were trusted even if the young people did not fully trust their carer was associated with an increased chance for very high well-being (1.8 times the odds).

The factors that contributed to explaining low well-being, such as trusting their social worker, feeling safe in placement, having worries or doing similar things to friends, were found not statistically significant and removed from the model. Increasing the odds of very high well-being were feeling included in decision making (1.7 times), spending time doing hobbies/activities (1.8 times) or liking their bedroom (1.7 times).

The counterintuitive relationship found indicating a negative relationship between a higher Ofsted CLA judgement and low well-being was also found in the model for very high well-being. Looked after young people in LAs with a good or outstanding Ofsted judgement had a 28 per cent reduction in their odds of their young people having 'very high' well-being. However, comparing before and after the introduction of ILACS, the finding no longer remained significant.

A 1 per cent increase in the proportion of state-funded schools with a good or outstanding rating in the LA was linked to approximately a 2 per cent decrease in the odds of very high well-being. Differently from the low well-being model, the CLA population size and the spend per head were found to not add to the model.

Discussion

Our findings provide new evidence from over 4,000 young people aged eleven to eighteen years on the factors associated with their well-being, the LA variation and a potential mechanism for intervention. However, the analysis was limited by the quality of data available on LA-level factors and the inability to ascribe causation. Whilst the focus of this article has been on LA variation in young people's views of their well-being, it is also important to recognise that most young people reported 'moderate' to 'high' levels of well-being although, in comparison with peers, there was also a larger proportion with low well-being. It may be a surprising finding that the majority of young people felt they were satisfied with their lives, were feeling good and felt they were functioning well when previous research has consistently found elevated levels of mental

health difficulties in care populations (e.g. Ford *et al.*, 2007; Hiller and St Clair, 2018). As noted in the introduction the two continua model sees mental health and well-being as two separate but related constructs. We found that young people who had a lack of connection to carers, social workers, friends and places more frequently had low well-being.

The analysis set out to understand the LA variation in young people's responses and the factors associated with any variation. Unlike previous research highlighting the association between poverty and LA variation in rates of entry to care, the deprivation rankings were not associated with how young people experienced being looked after. There may have been other factors linked to deprivation that were not included in the models, such as turnover of social workers and use of agency staff, that might also be associated with LA variation in young people's well-being.

The new Ofsted inspection framework continued to show a negative association between LAs with higher judgments and young people who had 'low' well-being whilst judgements were more closely aligned for those with 'very high' well-being. It is of concern that LAs with larger proportions of young people with low well-being compared to other LAs were receiving good and outstanding judgements. There may be several reasons for the discrepancy such as the judgments still being dominated by processes completed within set times, giving insufficient weight to young people's views or not considering how LAs are supporting the most vulnerable. It may also take time for the framework changes introduced in 2018 to bed in. Further research is needed.

The percentage of young people with low and very high well-being varied by LA, ranging between 2 and 25 per cent for low well-being and between 28 and 56 per cent for very high well-being. Whilst 'low' and 'very high' well-being shared some common factors, there were appreciable differences. Maslow's (1943) model of a hierarchy of needs suggests that the basic needs at the bottom of the pyramid, such as safety and belonging, should be satisfied before the higher-level needs can be fulfilled and their potential reached. A lack of basic needs was reported by young people with 'low' well-being. In comparison, the basic needs were not statistically significant in the model of 'very high' well-being suggesting they had been met. Instead, those indicators nearer the top of the pyramid engaging in activities/hobbies, feeling what they did was purposeful, and engaged in education reached statistical significance for those with very high well-being.

Looked after girls had an increased risk of low well-being than boys: a finding that replicates the sex difference in well-being in the general population (The Children's Society, 2020). Differences in how girls and boys experience care are not well understood, which prevents the development of individualised care packages and targeted interventions (Staines and Selwyn, 2020; González-García, *et al.*, 2022).

The analysis highlights the importance of supporting young people's relationships and the association between good relationships and well-being; a finding also reported in international studies of the well-being of children in care (e.g. Fattore *et al.*, 2009; Llosada-Gistau *et al.*, 2020). Whilst all but one of the individual indicators showed significant variation by LA, only the presence of a trusted adult had enough variation by LA to be meaningful. It is a mechanism where practice could be improved. In some LAs, 34 per cent of their looked after young people did not have a trusted adult in their lives. The London LAs, in particular, had poorer results on this indicator, which may be because they had greater proportions of unaccompanied asylum-seeking and young people of minority ethnicity compared with other LAs, or perhaps young people felt less connected in the city. Understanding why being of minority ethnicity is associated with the lack of a trusted adult needs further exploration.

Research on the recovery of children who experienced traumatic events has highlighted the protective role of a trusted adult (Whitehead *et al.*, 2019). Having a trusted adult is also the most important single factor to prevent children from being (re)abused and the importance is reflected in many of the social work texts encouraging practice to support the development of resilience (e.g. Gilligan, 2001). There has been a renewed interest in supporting relationships with projects such as Lifelong Links (<https://frg.org.uk/lifelong-links/>) aiming to ensure that every young person in care has a trusted adult in their life and supportive network to help during their time in care and into adulthood as care leavers. However, the focus on supporting relationships should not just be in adolescence but at every age and from the point of entry to care.

The role of independent visitors (IVs) is even more important when children have no family contact. In England, IVs are adult volunteers who visit and befriend looked after children and should be appointed when in the child's best interests (The Children Act, 1989). Research (Jones and Walker, 2019) has found, however, that over two-thirds of LAs had a waiting list of children waiting to be matched with an IV, two-thirds of those waiting were of minority ethnicity and ten LAs did not provide the service at all.

Overall, the presence of a trusted adult and the quality of the young person's relationship with their carer were associated with young people having better well-being. It was not simply having a stable placement that was associated with a higher level of well-being but young people feeling that they could trust their carer and in turn were themselves trusted. LAs have rightly focussed on reducing placement moves; however, to improve well-being, the focus must also be on the quality of relationships—promoting contact when in the young person's best interests, allowing carers to make more decisions that allow young people to

be given opportunities to be trusted and embedding the concept of a trusted adult for every child into policy documents and practice.

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Supplementary material

[Supplementary material](#) is available at *British Journal of Social Work Journal* online.

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