



'Learning to LUMP it?'

How to improve the mental health of children in public care. Is it just a matter of building resilience?

BUCHANAN, A.

Abstract

This paper argues that before promoting resilience in young people in public care in England and Wales, we need to tackle the *structural* problems in the system that has been set up to safeguard and promote their well being. Currently this system places looked after children at further risk of poor mental health. Key structural factors and possible ways to reduce their impact are discussed before *strategies to promote resilience* and better mental health among children who are looked after by the state are outlined.

Key words: resilience, public care, mental health problems, looked after children

Introduction

I am always concerned when I hear that to improve the health of young people in public care, we need to teach them how to be more resilient. When I was a child and I complained that things were 'unfair' my mother would respond that life was unfair and that you just had to learn how to LUMP it. Now, in my situation that was acceptable because if I was suffering a major injustice, I was pretty sure that my mother or my father or one of my three brothers would rout for me with the school, with my community, with the world or with whoever was causing the wrong. Teaching young people in public care how to be more resilient who may not have this support and who may have little control on what happens to them, may appear like learning to LUMP it. Surely, if we want to improve their mental health, we first have to tackle some of the *structural* problems, which are beyond their control and which impact on their mental health.

This paper first considers the extent of mental health problems amongst children and young people in public care in England and Wales and remind us of the outcomes for these children. Second, it explores the *structural* problems that are impacting on these children's mental health and considers what we as a society need to do to ameliorate the situation. Finally it considers *strategies to promote resilience* amongst looked after children. We cannot expect children who are looked after to do it all themselves. We all have a responsibility to promote their well being.

What is the extent of mental health problems amongst children in care?

A recent survey has suggested that 45% of children in care in England and Wales aged 5 to 17 have mental disorders. This figure is four times higher than for all children (Meltzer et al., 2003).

Earlier studies by the author, using data from children born in 1958 in the National Child Development Study (Cheung & Buchanan, 1997; Buchanan & Ten Brinke, 1997) demonstrated that children and young people who had been in care were 4/5 times more likely to have mental health problems than those brought up in a range of disadvantaged settings. The two figures taken some 40 years apart suggest that, despite all the initiatives, rates of mental health problems amongst the care population have not improved. The NCDS findings were quite stark with mental health risks, particular for young men who had been in care, extending into adult life. Tragically in the long term many young men who had previously had anti-social disorders became depressed and suicidal as adults. Further research (Harnden & Stewart-Brown, in press) indicates that such young people may be more prone to major diseases such as cardiac problems and cancer. Quite apart from the humanitarian tragedy, the long term economic and health cost implications are great.

What are the outcomes for children in public care in England and Wales?

We know that in England and Wales, children who enter public care are gravely disadvantaged *before* they ever enter care (Bebbington & Miles, 1989). Society has intervened in the lives of these young people with the aim of safeguarding and promoting their welfare but the reported *outcomes* give little credence that this has happened. As reported by the recent Social Exclusion Unit report on the Education of Children in Care in (2003): 'between a quarter and a third of rough sleepers were (previously) in care; young people who have been in care are two and a half times more likely to be teenage parents and around a quarter of adults in prison spent some time in care as children' (SEU, 2003). In 2001/2002 only 8 per cent of children in care achieved five or more A*-C grades at GCSE (the entry qualification to further education) compared to 50% of children in the general population and just 1 per cent of care children went on to university. In 2001-2002 only 46% of care leavers were known to be in employment, education or training at age 19 compared to 86% of all 19 year olds (SEU, 2003).

What, we may ask, comes first, the poor outcomes or mental health difficulties? Undoubtedly some children are at risk from their pre-admission experiences, but there is growing evidence that experiences in the public care may have exacerbated or even caused their later difficulties (Cheung & Buchanan, 1997; Buchanan & Ten Brinke, 1997). These cannot be resolved by teaching young people to become more resilient. We need to tackle the structural problems that threaten their mental health.

What are the structural factors that lead to mental health difficulties?

Separation from family and entry into the care system may be traumatic

In England and Wales at any one time, around 60,000 children are in care with just over 40% aged 10 or under. Eight out of 10 of these children enter care because of abuse or neglect, or for family reasons (SEU, 2003). Whatever psychological damage they may have experienced before entry in care, the process of separating from their family may in itself be highly traumatic. Harwin et al. (2003) in a study of 22 children, 21 months after the end of the legal proceedings that brought them into care found that 36% were significantly maladjusted as measured by the Strengths and Difficulties Questionnaire (Goodman, 2001). For those children who are admitted via a Care Order, Brophy (2003) has highlighted some of the complexities of the court system and the confusion often felt by families involved in this process which must also impact on children. Delay in the legal proceedings is another factor that further adds to their trauma (Hunt, 2000). There is still much that could be done to reduce the trauma of the court processes.

A system that struggles to cope

The SEU Report (2003) highlights five underlying problems of the system which impact on children who are looked after. First there are too many vacancies in children's social care workforce and insufficient training. Social workers change; young people who are looked after are left with no one to progress their needs. Second, there is a problem in management and leadership with a lack of commitment and time at senior level to support frontline staff. Third, funding in real terms means many local authorities struggle to provide adequate services. Fourth, there is a widespread lack of joint working between front line workers and between local authority officers in different departments so that planning children's futures can be disjointed. Finally, although child care workers are positive about looked after children, other workers can have negatives attitudes. The increased funding now allocated to the public care system may help (SEU, 2003), but these are crucial structural problems that need to be sorted.

Young people 'not knowing'

One of the results of the system is that many children enter a 'limbo' world not quite understanding where they have come from and where they might be going. One of the first studies into this area by the author, *'Answering Back: the views of young people who are looked after on the Children Act 1989'* (Buchanan et al., 1993) highlighted how little most looked after children know about their rights. The inspiration for the study was a visit to a children's residential home in 1989. A young person was asked what he knew about the Children Act. He replied:

'I do not know, no one tells me anything'. (Buchanan et al., 1993)

Although more information is now available to children who are 'looked after' and statutory reviews monitor their progress, a lack of planning equates to a lack of knowing and direction in

their lives (SEU, 2003). More could be done to help children understand the options available to them. As will be discussed later, a sense of control is an essential requirement in developing resilience. Children need more advocates to ensure their rights are protected. The Government has produced National Standards for the Provision of Children's Advocacy Services to clarify the role of advocates (SEU, 2003) which may be a step in the right direction.

The lack of stability

Once in care, research consistently highlights the importance of *stability* (Jackson & Thomas, 1999), but over a third of 'looked after' children change schools twice a year or more and 1 in 7 have more than 3 placements a year (SEU, 2003). Under half of placement moves are planned. Quite apart from the difficulty of making relationships with caring adults, children complain that it is also difficult to relate to peers and to keep friendships going (Buchanan et al., 1993).

Young man: I'm 18 going on 40. I have nothing in common with people who have not been in care. (Buchanan et al., 1993)

Disrupted education

'I am doing very well at school. I have done every piece of homework so far and I have got one of the main parts in the school play.' (10-year-old male with parents)

'I've been out of school for a year and a half and I've realised how important it is.' (15-year-old male, foster care) (SEU, 2003)

Lack of stability also affects education. Unsettled children are not generally able to learn as effectively as those in more stable environments (Buchanan et al., 1999). Education is an important 'normalising' experience. It is something all children are expected to do, so if you are out of education you are different. About three quarters of children in care are educated in mainstream schools, around one in 10 in special schools and the remainder are either in other settings such as Pupil Referral Units or residential special schools or do not have a school place (DoH, 2003). Most children in care want to attend mainstream school but they miss out because they may not have a school place, they may have been excluded or they do not attend. Those who have moved away from their original area are particularly vulnerable to missing school as it can be difficult for social workers to find school places (SEU, 2003). Schools are concerned about their leagues tables and may not want children who will not do well in examinations. Children in care are also 10 times more likely to be permanently excluded than their peers (Department of Health, 2003). Although there is little hard facts about attendance, anecdotal evidence suggest that attendance is a significant issue for some children in care, with some children homes having a culture of non-attendance (SEU, 2003). Tackling school related problems and non attendance is therefore central to improving the mental health of children in public care.

Bullying and unrecognized distress

'There was my little brother on the floor. They were beating the daylight out of him...I told them to stop but they wouldn't. They hurt him quite badly.'

'I was so sick of f... care and all it involves... I decided to end it all.' (Buchanan et al., 1993)

The earlier research by Buchanan et al. (1993) vividly illustrated high levels of bullying and distress amongst young people in care. In this study one in ten young people had actively attempted suicide. In a recent review of research on the impact of government policy on children at risk of social exclusion, (Buchanan et al., in press), studies reported high levels of bullying amongst children. Some 50% of children in schools had experienced being bullied and almost one in ten was a victim of bullying several times a week. A third of children were bullied outside school in locations including streets, parks, at home and at shops. Given that children who are 'different' in any way are often the targets for bullies (Katz, Buchanan & Bream, 2002), children who are looked after are likely to be a very vulnerable group.

Although the government in England and Wales are now doing more to counteract bullying in school (SEU, 2003), we need to think what else we can do to protect looked after children.

Young people in public care have also reminded us that sometimes well-meaning kindness can inadvertently heighten their feelings of 'difference' and distress:

'I hate it when people feel sorry for you just because you are in care. It makes you feel yuk.' (Buchanan et al., 1993)

Being the same as other young people is what most teenagers want. Being seen as a victim may not always be helpful.

Responding to their mental health needs

Another structural problem is giving the children and young people the help they need for their mental health problems. Child and Adolescent Mental Health Services (CAMHS) are overstretched throughout the country (SEU, 2003) sometimes with waiting times up to 18 months. Sometimes children are incorrectly referred resulting in longer waiting times (SEU, 2003). Speech and language problems are also often undetected which can impact at school. A recent survey found that 14% of children in care had speech and language problems (Cross, 1999).

More could be done, however, by those working directly with children and young people who are looked after. There is a growing realisation that a range of evidence-based strategies can be used by child care professionals to promote better mental health. Most of the strategies deal with specific problems – such as helping young people to manage anger better and do not require extensive training (Buchanan & Ritchie, 2004). Such professionals however need to know the limits of their competence and when to refer on.

Promoting resilience in children

In the final analysis, children and young people are not placid consumers of resources but actors in their own right who, from an early age, powerfully influence those around them and the course of their future lives (Prout, 1998). This where promoting resilience comes in.

A central finding in all the literature on psycho-social adversities is that some children despite prolonged and severely negative experiences survive intact. What is this 'X' factor? Certainly personal attributes play a part ('the born survivor') but there is also much that can be done to promote resilience. Bruce Compas (1995), in studies on children's coping strategies, found

that one of the biggest threats to children's mental health is the *persistent* presence of minor irritants rather than occasional major stressors.

In New Zealand, the Christchurch longitudinal study (Fergusson & Lynksey, 1996) compared two groups who scored highly on a family adversity index. Assessed at age 15-16 the resilient group had low self-reported offending ratings, police contact, conduct problems, alcohol abuse, and school drop out, whereas the non-resilient group had high ratings on these factors. The first finding was that in this high risk group, the resilient young people *had significantly lower adversity scores*.

In the NZ study, those with multiple problems usually had the highest scores. Resilient young people tended to have higher IQs at 8 years; had lower rates of novelty seeking at age 16 and were less likely to belong to delinquent peer groups. Girls were no more resilient than boys. There was little difference between the two groups on parental attachment, and other individual features were not linked to the variations in resilience.

What are the implications of this study? Firstly, even with children who experience multiple adversities, lightening the load may free up energy that can be used productively. Secondly, in adolescence the key influence is not so much the family but the peer group. Common sense strategies to divert young people away from delinquent peer groups seem to be supported by research.

Rutter (1995) in reviewing all the research, hypothesises that resilience in young people may be promoted by:

1. Reducing sensitivity to risk by giving young people opportunities to succeed in challenging activities.
2. Reducing the impact of the risk by parental supervision; positive peer group experience; avoidance of being drawn into parental conflict; and opportunities to distance oneself from the deviant parent.
3. Reducing negative chain effects resulting for example from suspension from school; truancy; drug and alcohol abuse.
4. Increasing positive chain effects by eliciting supportive responses from other people e.g. linking a young person with someone who may help in getting a job.

Promoting resilience in children who are looked after

The ideas expressed above are related to children generally but many have particular relevance to looked after children. Rutter does not mention, however, another key finding from resilience research, the importance of control (Newman, 2002). New research on 'agency' links to this sense of being 'in control' but takes the idea one step further.

Promoting 'agency'

Research is showing that outcomes for children are strongly related to the extent to which they feel they can exercise their own 'agency' (Little et al., 2002; Little, 2002), or the extent to which they believe their actions (such as how hard they work in school) will influence how much control they have over their future. The implications for children who are looked after, is if we allow young people in public care more 'agency', they will be better able to help themselves. How do we give them more agency? Perhaps for a start we need to give them more information about their situation, their educational options, and their possible goals.

Breaking the chain

Resilience research also shows us that risk factors are cumulative. If the 'chain' can be broken, most children can recover. This is particularly relevant for children in care. Rutter (1995) quotes a case of a young girl who suffered a fractured spine as a result of abuse and was confined to a wheel chair. Happily she was placed with foster parents who were highly computer literate. Through them, the girl learned computer skills that took her to University and a well-paid future. These transition points, for example coming into care, are therefore, threats but also opportunities.

'Managed' and 'Unmanaged' exposure to risk

Another finding from resilience research is that children only learn to cope through 'managed' exposure to risk. Increased self-esteem, and competence in a young person may come from this 'managed' exposure. The dilemma for the public parent is that it is more difficult to allow children to take the types of risk that would be accepted for their own children. Risk activities therefore become 'unmanaged', because the child cannot talk about non-permitted activities. The possible result of 'unmanaged' risk is that increased self-esteem may be achieved by delinquency and offending (Buchanan, 2003).

Developing strong social networks

Resilience in children also shows the importance of developing strong social networks (Newman, 2002). Most young people have their families to go to for help when in need as well as a group of young friends who they may have grown up with who give social support and friendship. Keeping in touch with friends is a particular problem for looked after children (Buchanan et al., 1993). More could be done to help young people keep links from previous schools and placements.

The importance of men and father figures

Another important area from well-being research is the importance of fathers and father figures (Welsh, Buchanan, Flouri & Lewis, 2004). Children who have an involved father or father figure are more likely to have positive social, emotional and educational outcomes than those children without such figures. This association is stronger when the father or father figure is living with the child (Welsh et al., 2004). There is a caution. Making links between a young person and a very seriously antisocial father figure may not be helpful (Jaffe et al., 2003). Male figures may be especially important for young men who may have come from a single parent family or who may have never experienced care from a non-violent male.

The value of expectations

All children need positive school experiences. In particular they need teachers and carers who believe in them and have expectations for them (Newman, 2002). Low expectations for young people who are in care is a major concern (SEU, 2003). Whereas parental interest and involvement is strongly associated with academic attainment (Desforges & Abouchaar, 2003), children in care often do not have this support (SEU, 2003). Research from the National Children's Bureau (Harker et al., 2004) notes that young people say the most important factor

in making educational progress is encouragement from their carers, teachers and social workers. One 12 year old was reported as saying:

'When I have done well, my foster carer is really proud. That makes me want to keep doing my best.' (Harker et al., 2004)

The report from the Social Exclusion Unit, (2003) also *highlights* the importance of help with homework and support from home for schoolwork.

Jackson (2002), in a study comparing educational resiliency in a group of high-achieving young people who had been in care with another lower-achieving group, found the factors associated with high achievement were: stability and continuity in placement; early reading; having a parent or carer who valued education and saw it as the route to a good life; having friends outside care who did well at school; developing out of school interests and hobbies (which also helped to increase social skills and bring them into contact with a wider range of non-care people). But one of the most important factors was a significant adult who offered consistent support and encouragement and acted as a mentor and possibly a role model.

Developing aspirations

If the young person who is being looked after is to exercise 'agency' they need to develop a belief in themselves and achieve some personal goals and aspirations. Schoon and Parsons (2002) in the UK have explored where these beliefs come from:

'The developing individual is embedded in an interconnected set of contexts, which either have a direct or indirect impact... the formulation and realization of teenage aspirations involves negotiations with oneself, with others, and with the wider socio-historical context... (future) development is influenced by both individual and contextual factors, including the overall socio-historical context that dictates opportunities and possibilities.' (Schoon & Parsons, 2002)

For children who are looked after, promoting aspirations is especially important. We need to develop the context in which this is possible.

Combating 'learned helplessness'

One of the problems for looked after children is that an early life of disadvantage – of poverty, discrimination, child abuse or domestic violence – perhaps with intergenerational patterns, may be associated with a deeply-held belief that nothing can change. The theory of 'learned helplessness' (Seligman, 1979), a model of human behaviour, explaining depression may be strongly associated with a young person with a care experience. The implication is that some children may need a more directive helping hand to develop the confidence, skills and strategies to escape from their learned helplessness.

For some people, it may not be enough to reduce risk factors and present opportunities. A more directive approach such as mentoring, advisors and in the final analysis some compulsion may be necessary. This was a finding from the recent review undertaken by the author for the Social Exclusion Unit (Buchanan et al., in press). Research on mentoring in education as well as with young people at risk of antisocial behaviour is proving promising (SEU, 2003; DuBois, Holloway, Valentine & Cooper, 2002). There is some suggestion however, that mentoring programmes may not be effective with young people who are already truanting, involved in criminal activities, misusing substances or who are aggressive (Lucas & Liabo, 2003).

Conclusion

The challenge of ensuring better mental health for young people in care is great. Evidence from the US and Australia points to how hard it is for the administrative parent to be a good parent (Buchanan, 2003). As has been argued here, it is not only about helping children and young people become resilient, it is also about creating a system that better promotes their well being.

References

- BEBBINGTON, A., & MILES, J. (1989). The background of children who enter local authority care. *British Journal of Social Work*, 19, 349-68.
- BROPHY, J. (2003). *Significant harm: Child litigation in a multi-cultural setting*. Research Series 1/103, Lord Chancellor's Department.
- BUCHANAN, A. (2003). *Safeguarding children; social policy and the global perspectives*. Paper to the European ISPCAN conference, Warsaw, 2003.
- BUCHANAN, A., BENNETT, F., SMITH, T., SMITH, G., RITCHIE, C., & HARKER, L. (in press). *The impact of government policy of children age 0-13 at risk of social exclusion*. Social Exclusion Unit.
- BUCHANAN, A., FLOURI, E., & TEN BRINKE, J. (2002). Emotional and behavioural problems in childhood and distress in adult life: Risk and protective factors. *Australian and New Zealand Journal of Psychiatry*, 36, 521-527.
- BUCHANAN, A., & RITCHIE, C. (2004). Revised edition: *What works for troubled children?* London: Barnardo's.
- BUCHANAN, A., & TEN BRINKE, J.-A. (1997). *What happened when they were grown up? Outcomes from parenting experiences*. York: Joseph Rowntree Foundation.
- BUCHANAN, A., WHEAL, A., WALDER, D., MACDONALD, S., & COKER, R. (1993). *Answering Back. The views of young people being looked after on the Children Act 1989*. CEDR, University of Southampton.
- CHEUNG, S.I., & BUCHANAN, A. (1997). High Malaise Scores amongst children and young people who have been in care. *Journal of Child Psychology and Psychiatry* 38, 575-580.
- COMPAS, B.U. (1995). Promoting successful coping during adolescence. In M. RUTTER (Ed.), *Psychosocial disturbances in young people* (pp. 247-73). Press Syndicate, University of Cambridge.
- CROSS, M. (1999). Lost for Words. *Child and Family Social Work*, 4(3), 249.
- DESFORGES, C., & ABOUCHAAR, A. (2003). *The impact of parental involvement, parental support and family education on pupil achievement and adjustment: A review of the literature*, Research Report 433, Department for Education and Skills.
- DU BOIS, D., HOLLOWAY, B., VALENTINE, J., & COOPER, H. (2002). Effectiveness of mentoring programs for youth: A meta-analytic review. *American Journal of Community Psychology*, 30(2), 157-197.
- DEPARTMENT OF HEALTH (2003). *Outcome indicators for looked after children: Twelve months to 10 September 2002*, England. London: Department of Health.
- FERGUSON, D.M., & LYNSEY, M.T. (1996). Adolescent resilience to family adversity. *Journal of Child Psychology and Psychiatry*, 9(4), 483-494.
- GOODMAN, R. (2001). *Information about the Strengths and Difficulties Questionnaire*. At www.sdqinfo.com.
- HARKER, R., DOBEL-OBER, D., BERRIDGE, D., & SINCLAIR, R. (2004). *Taking care of education*, London: National Children's Bureau.
- HARNDEN, A., SHEIKH, A., & STEWART-BROWN, S. (in press). *Childhood determinants of adult health*. In A. HARDEN (Ed.), *Key aspects of child health surveillance*. London, Royal College Of General Practitioners.

- HARWIN, J., OWEN, M., LOCKE, M., & FORRESTER, D. (in press). *A study to investigate the implementation of care orders made under the Children Act 1989*. Department of Health.
- HUNT, J. (2000). Making and implementing timely decisions for children: Research on a court sample. In A. BUCHANAN, & B. HUDSON (Eds.), *Promoting the well being of children*. Oxford OUP.
- JACKSON, S. (2002). Reducing risk and promoting resilience in vulnerable children. *IUC Journal of Social Work* issue 4; http://www.bemidjstate.edu/sw_journal/issue4/contents.
- JACKSON, S., & THOMAS, N. (1999). *What works for creating stability for looked after children?* London: Barnardo's.
- JAFFEE, S.R., CASPI, A., MOFFITT, T.E., TAYLOR, A., & DICKSON, N. (2001). Predicting early fatherhood and whether young fathers live with their children: Prospective findings and policy reconsiderations. *Journal of Child Psychology and Psychiatry*, 42, 803-815.
- KATZ, A., BUCHANAN, A., & BREM, V. (2002). *Bullying in Britain: Testimonies of teenagers*, London: Young Voice.
- LITTLE, T.D. (2002). Agency in development. In W.W. HARTUP, & R.K. SILBEREISEN (Eds.), *Growing points in developmental science: An introduction* (pp. 223-240). Psychology Press, xiv.
- LITTLE, T.D., HAWLEY, P., HEINRICH, C., & MARSLAND, K. (2002). Three views of the 'agentic' self: a developmental synthesis. In E.L. DECI, & R.M. RYAN (Eds.), *Handbook of self-determination research* (pp. 389-404). University of Rochester Press.
- LUCAS, P., & LIABO, K. (2003). *One-to-one, non-directive mentoring programmes have not been shown to improve behaviour in young people involved in offending or anti-social activities*. What Works for Children, 14 pp. (Evidence Nugget). Available at http://www.whatworksforchildren.org.uk/nugget_summaries.htm.
- MELTZER, H., GATWARD, R., CORBIN, T., GOODMAN, R., & FORD, T. (2003). *The mental health of young people looked after by local authorities in England*, ONS/The Stationery Office.
- NEWMAN, T. (2002). *Promoting resilience: A review of effective strategies for child care services*. London: Barnardo's.
- PROUT, A. (1998). *Studying children as social actors. A programme of research in the United Kingdom*. Association paper: American Sociological Association.
- RUTTER, M., & SMITH, D. (Eds.) (1995). *Psychosocial disorders in young people*, Chichester, John Wiley and Sons Ltd.
- SELIGMAN, M. (1980). *Human helplessness: Theory and applications*. Academic Press.
- SCHOON, I., & PARSONS, S. (2002). Teenage aspirations for future careers and occupational outcomes. *Journal of Vocational Behavior*, 60(2), 262-288.
- SOCIAL EXCLUSION UNIT (2003). *A better education for children in care*. Office of the Deputy Prime Minister.
- WELSH, S., BUCHANAN, A., FLOURI, E., & LEWIS, J. *Involved fathering and child well being*. London: Joseph Rowntree Foundation/National Children's Bureau.

Author note

Ann Buchanan, PhD
 Director
 Centre for Research into Parenting and Children
 University of Oxford
 Barnett House, Wellington Square
 Oxford OX1 2ER
 Contact: e-mail: ann.buchanan@socres.ox.ac.uk
 Tel. 01865-270339