



## The well-being of children in public care

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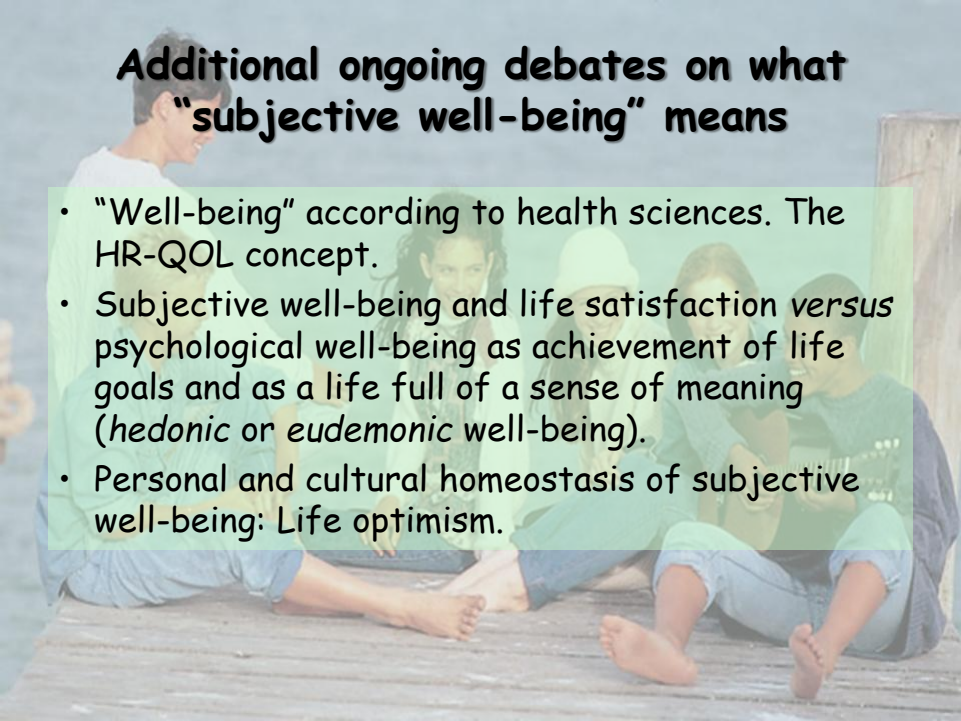
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## The challenges of living in poverty and experiencing maltreatment on children's future

Padova, 5th June 2014

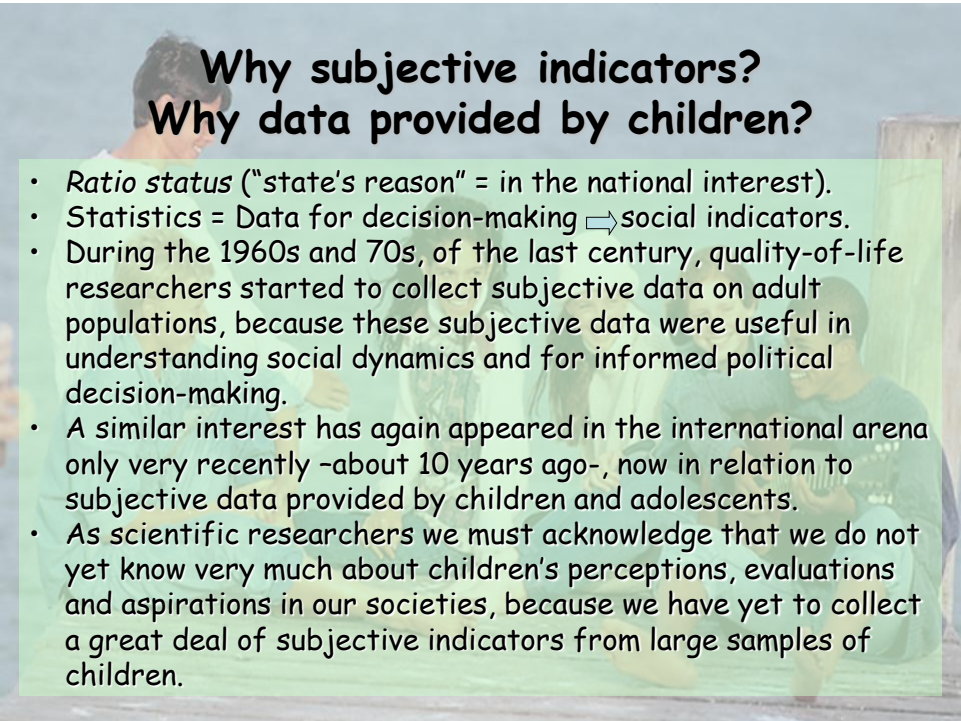
### What “subjective well-being” means?

- Quality of life and subjective well-being in social sciences: The social indicators movement in the 1960s.
- $QOL = f(Me, PSe)$
- Subjective well-being, defined as **perceptions, evaluations and aspirations** of people regarding their lives (Campbell, Converse and Rodgers, 1976) was agreed to be relevant to understand and measure quality of life.
- The PSe includes subjective well-being as a component of QOL.



## Additional ongoing debates on what "subjective well-being" means

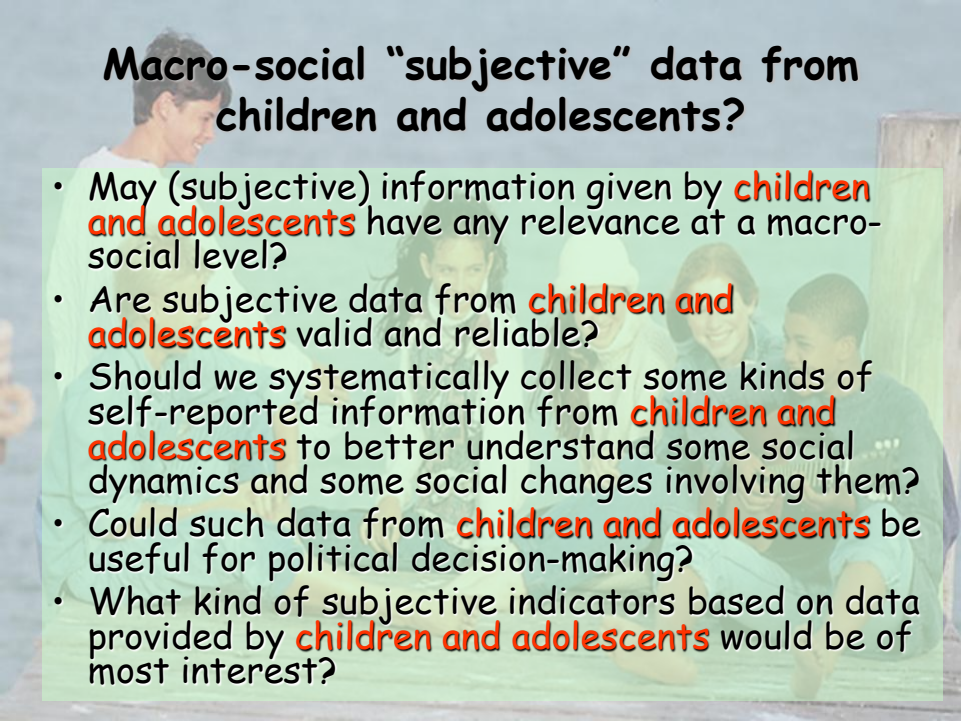
- "Well-being" according to health sciences. The HR-QOL concept.
- Subjective well-being and life satisfaction *versus* psychological well-being as achievement of life goals and as a life full of a sense of meaning (*hedonic* or *eudemonic* well-being).
- Personal and cultural homeostasis of subjective well-being: Life optimism.



## Why subjective indicators? Why data provided by children?

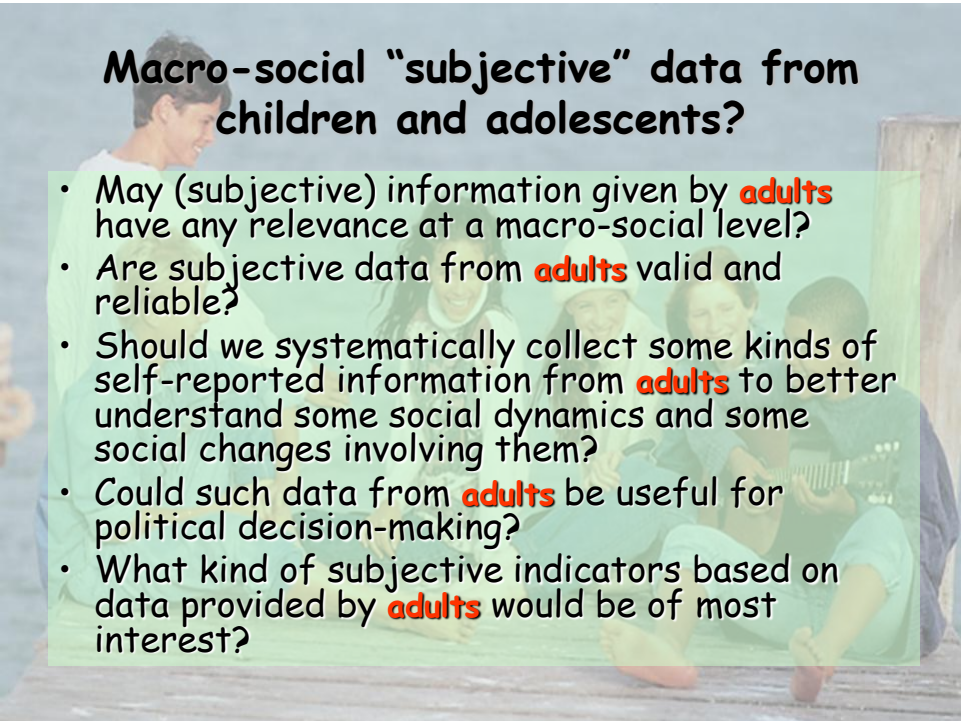
- *Ratio status* ("state's reason" = in the national interest).
- Statistics = Data for decision-making  $\Rightarrow$  social indicators.
- During the 1960s and 70s, of the last century, quality-of-life researchers started to collect subjective data on adult populations, because these subjective data were useful in understanding social dynamics and for informed political decision-making.
- A similar interest has again appeared in the international arena only very recently -about 10 years ago-, now in relation to subjective data provided by children and adolescents.
- As scientific researchers we must acknowledge that we do not yet know very much about children's perceptions, evaluations and aspirations in our societies, because we have yet to collect a great deal of subjective indicators from large samples of children.





## Macro-social “subjective” data from children and adolescents?

- May (subjective) information given by **children and adolescents** have any relevance at a macro-social level?
- Are subjective data from **children and adolescents** valid and reliable?
- Should we systematically collect some kinds of self-reported information from **children and adolescents** to better understand some social dynamics and some social changes involving them?
- Could such data from **children and adolescents** be useful for political decision-making?
- What kind of subjective indicators based on data provided by **children and adolescents** would be of most interest?



## Macro-social “subjective” data from children and adolescents?

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- What kind of subjective indicators based on data provided by **adults** would be of most interest?

## These questions referring to adults....

- ... were the starting point for the birth of the "social indicators movement" on the 1960s (just delete "children and adolescents" in the previous slide...) (Casas, 1989).
- The point of view of all social agents involved is very important in understanding complex social realities and assessing the well-being of populations in concrete social and cultural contexts.
- Are **children and adolescents** important social agents in terms of social dynamics?
- Should we be asking them for their **perceptions, evaluations and aspirations**, referring to some social dynamics and social changes (as we ask adults), so to understand them better?

## The "Child Indicators Movement"

- Ben-Arieh (2008) talks about the birth of the *child indicators movement*, which is based on:
  - The normative concept of children's rights
  - The new sociology of childhood
  - Ecological theories of child development and related to 3 methodological issues
  - The emerging importance of the subjective perspective
  - The child as the unit of observation
  - The expanded use of administrative data and the growing variety of data sources.





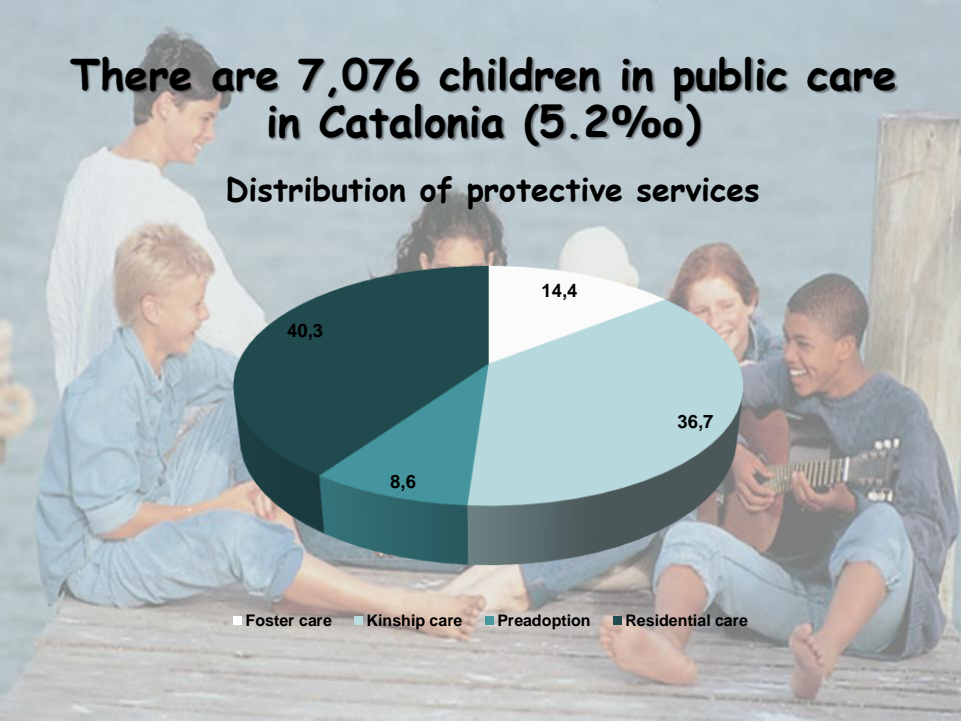
## Epistemological considerations

- Children and adolescents are “**experts**” and **key informants** about their own lives.
- As social agents, children may agree or disagree with adults on their perceptions and evaluations of their social environments. Like among adults, the key scientific question is not **Who is right?**, but **Why different social agents disagree?**
- One of the most important factors in assessing whether a particular environment is conducive to children attaining their best potential is the perception of their own **subjective sense of well-being**.
- This is best done by **asking children directly** and by allowing them to give an assessment of their own perception of their well-being.



## Who are children in care?

- There is no common definition among European countries. It depends on legal, technical and political positions.
- They usually come from **families** who suffer **severe deprivation**. They are only removed from their homes in extreme circumstances. **Most of them** have suffered serious **abuse and/or neglect** (Jackson, 2010).
- But, what is understood by each country's official policies as “**extreme circumstances**”?
- Surprisingly, usually there are many more in countries with lower poverty. The number depends of the country's **social and political sensitivity to childhood** and ...of the **budget**!



**Educational pathways of children in care in Catalonia (2009-2010)**  
(YIPPEE project) (Montserrat, Casas & Bertran, 2010)

	Overall population	In care
Expected level at age 15	69.4%	31.7%
Repeat year during Compulsory Secondary Education (ESO)	9.1%	64.5%
Graduated at age 16	60%	20.6%
Graduated when in Year 4 of ESO	81.9%	59.6%
Special Education School	1.1%	10.6%

## A systems approach to child protection

(Wulczyn et al., 2009; Fluke & Wulczyn, 2010)

- CPS = comprehensive and sustainable approach to **preventing** and **responding** to child protection issues. A holistic service structure. (In some countries CPS = system responding to child abuse and neglect)
- A systems approach can be infused into global, national, and local efforts aimed at addressing children's rights and **improving their well-being**.
- Determining the **impact** of events and structures on the **status and well-being of children** is undoubtedly one of the more important functions of a monitoring and evaluation effort.
- A CPS impacts **multiple outcomes**.
- How the performance of a CPS could be measured?
- Measuring response to child abuse & neglect = the more children best. Measuring prevention = the less best.

## The performance of a child protection system (CPS)

- **Program evaluation** is a tool we have to know whether our actions (interventions) achieve the goals we aimed to.
- Which are the **goals of a child protection system**?  
Individual goals (**outcomes**)? Social goals?
  - To keep children safe (from violence), well-protected?
  - To "**efficiently**" or "**effectively**" support their personal development until they become adults? (well-becoming?)
  - To compensate their emotional problems?
  - To prevent them from future mental health problems?
  - To prevent society from the costs of socially excluded people and from future social problems?
  - To ensure children have a profession and an employment when they become adults?
  - To improve their lives?
  - .....???



## How to evaluate performance of a CPS?

- How to measure the achievement of such goals? (good indicators).
- What "performance" mean in this context?
- What are desirable outcomes at child level?
- Are there desirable outcomes at social level?
- Are there desirable outcomes for the individual child which can be measured using subjective indicators?
- Are there desirable social outcomes which can be measured using subjective indicators?
- CPS should contribute the children's subjective well-being both at individual and system level?
- In a CPS that achieves goals effectively - should children be more happy with their lives? - should children be more satisfied with services provided to them?

## The subjective well-being of children in care (1)

- Very few studies are available on the SWB of children in care. It is very difficult to get access to children in care to ask about their evaluation of the services they are provided and of their life satisfaction.
- It is also very difficult to get enough sub-samples of children in care in representative samples of the overall population of children.
- Most available results are deeply challenging for our societies, both for the adult population in general and for policy-makers. There are big temptations to discredit and to hidden subjective data provided by children, as it happened with subjective data provided by adults during the 60s and 70s.



## The subjective well-being of children in care (2)

- In a survey with a representative Spanish sample of children in the first year of Secondary Education developed with UNICEF, using the ISWeB questionnaire, a 2.7% of the children reported not to live with their own family (Casas, Bello et al., 2012). This is a strange figure, because officially only 0.6% of children are in the child protection system (Gaitán, 2011). Anyhow, children reporting not to live with their family scored significantly lower in all measures of SWB.
- In a re-exploitation of the data of the research by Casas, Bello et al. (2012) both adolescents in care and adolescents living in single parent families scored lower in all measures of subjective well-being than overall population of same age, with no difference between the two first groups (Dimisman, Montserrat & Casas, 2012).

## The subjective well-being of children in care (3)

- In a multi-method research with young people that had been in care, and that had been able to continue studying after leaving care, interviewed reported they were satisfied with their lives, because their educational pathways were more successful than for the majority of their colleagues leaving care. Achieving their educational goals appeared as determinant to have more qualified job and to feel more similar to the overall population, and therefore, to feel that life is satisfactory (Montserrat et al., 2011).
- These young people displayed similar scores in overall life satisfaction and in school satisfaction than the overall population of the same age (Montserrat et al., 2011).

## The subjective well-being of children in care (4)

- Llosada (2013) presented in a conference in Jerusalem data on SWB from a sample of adolescents in residential care born between 1998 and 2000 victims of child abuse in Catalonia (N = 357 children; 53.8% boys and 46.2% girls) aged 12 to 14.
- Because he used a similar questionnaire, results from this sample could be compared with the subsample of Catalan children in the national representative Spanish sample (N=491). However, in order to make the two samples more comparable, only answers of 12 and 13-year olds in residential care have been used (N=226).
- On 2014, this researcher has obtained an additional sample of children in foster care (N=49) and kinship foster care (N=239) of the same age, also in Catalonia.

## Methodology: Instruments included

The **International Survey of Children's Well-Being (ISCWeB)** includes several items on satisfaction with the domains, as proposed in the **Personal Well-Being Index-School Children (PWI-SC)** (Cummins and Law 2005) and also additional items on satisfaction with other domains.

### *Satisfaction items included:*

- Your health
- Opportunities in life
- Your relationship with people, in general
- The school you attend
- How safe you feel
- All things you have
- How you use your time

### **Independent variables:**

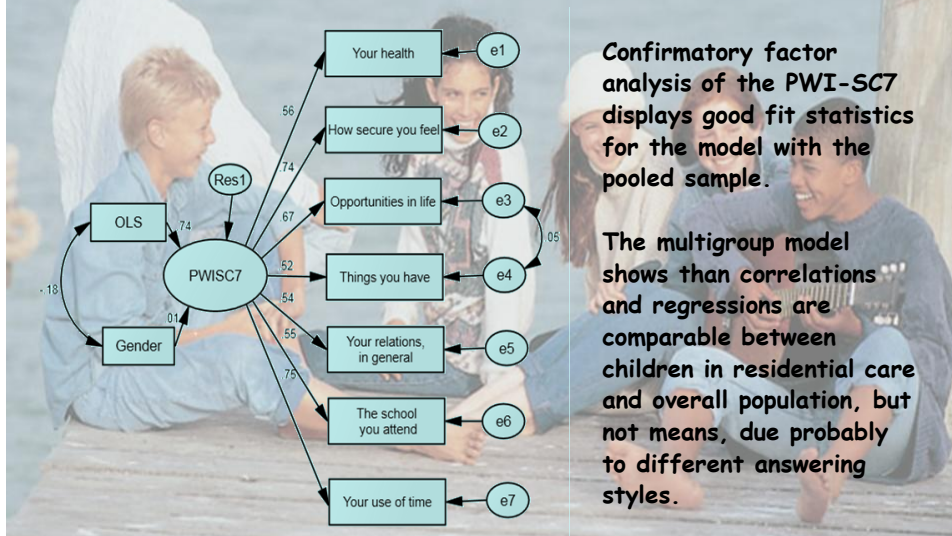
- **Gender**
- **Type of child abuse:** sexual abuse, physical abuse, psychological abuse, neglect and other types of abuse
- **Time in the protection system:** <2 years and ≥ 2 years in the system
- **Number of residential centers where children have lived:** 1 center and ≥ 2 centers



## Descriptive results for the PWI-SC items and for the OLS

		Overall population	Children in residential care		
Satisfaction with:			Boys	Girls	Total
Your health	Mean	9.48	8.84	8.31	8.61
	sd	1.13	1.85	2.45	2.15
How secure you feel	Mean	8.88	7.99	7.13*	7.61
	sd	1.66	2.27	2.85	2.57
Opportunities in life	Mean	8.84	7.57	6.97	7.31
	sd	1.60	2.91	3.04	2.98
Things you have	Mean	9.27	7.23	7.32	7.27
	sd	1.23	2.61	2.62	2.61
Your relations in general	Mean	9.05	8.08	8.31	8.18
	sd	1.29	2.09	2.01	2.05
The school you attend	Mean	8.87	7.85	7.28	7.60
	sd	1.63	2.52	3.24	2.86
Your use of time	Mean	8.47	7.50	7.21	7.37
	sd	1.85	2.54	2.50	2.52
PWI-SC7	Mean	89.8	78.7	75.0	77.1
	sd	8.94	16.40	18.72	17.52
OLS	Mean	9.08	7.60	6.47*	7.10
	sd	1.39	2.99	3.23	3.14

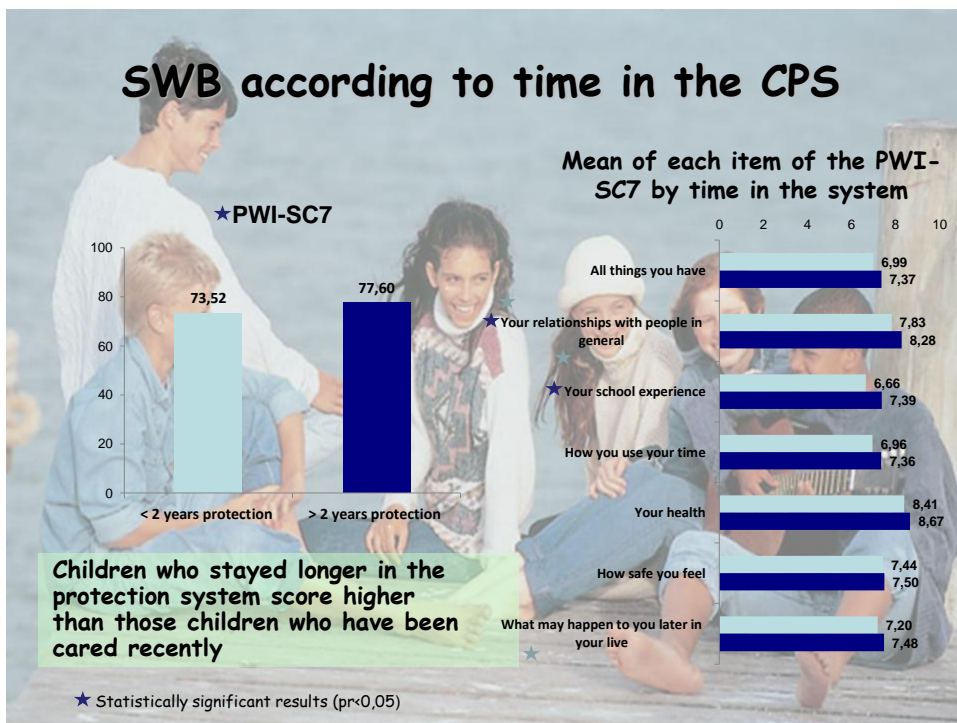
## Multigroup SEM relating the PWI-SC7 to the OLS and gender. Standardized weights for the in-care population. Constrained loadings



## Multigroup structural equation model relating OLS and gender to the PWI-SC7, with constrained loads. Standardized estimates

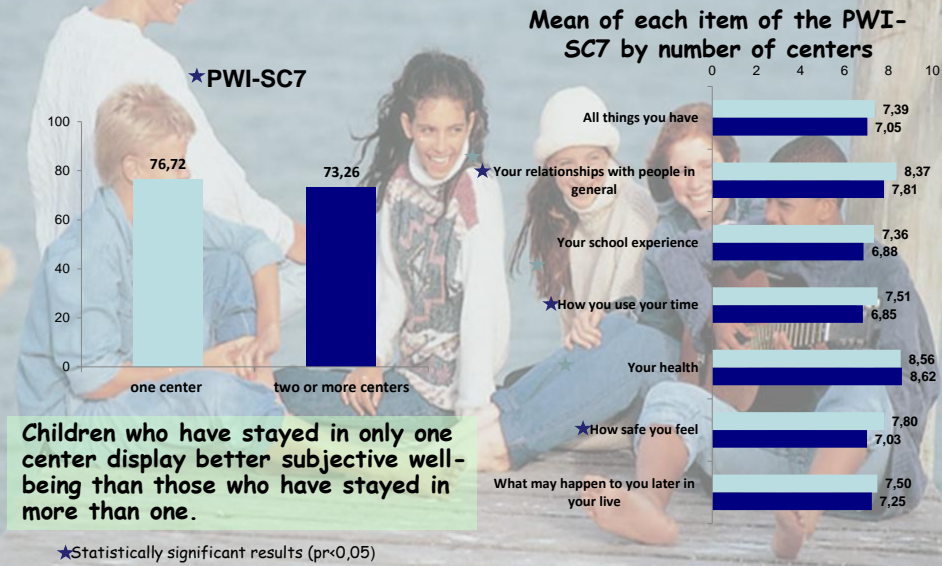
Bootstrap ML. 95% confidence intervals. Resamples = 500			general population			residential care		
			Estimate	Lower	Upper	Estimate	Lower	Upper
PWISC7	<---	OLS	0.646	0.529	0.751	0.743	0.643	0.825
PWISC7	<---	gender	0.051*	-0.038	0.136	0.009*	-0.108	0.119
OLS	<-->	gender	-0.012*	-0.091	0.075	-0.180	-0.309	-0.039
Your health	<---	PWISC7	0.488	0.360	0.621	0.557	0.415	0.687
How secure you feel	<---	PWISC7	0.570	0.452	0.674	0.741	0.632	0.827
Opportunities in life	<---	PWISC7	0.537	0.410	0.640	0.674	0.548	0.770
Things you have	<---	PWISC7	0.389	0.289	0.482	0.524	0.391	0.657
Your relations in general	<---	PWISC7	0.494	0.377	0.596	0.542	0.398	0.677
The school you attend	<---	PWISC7	0.454	0.358	0.546	0.553	0.409	0.689
Your use of time	<---	PWISC7	0.550	0.433	0.652	0.745	0.640	0.843

## SWB according to time in the CPS

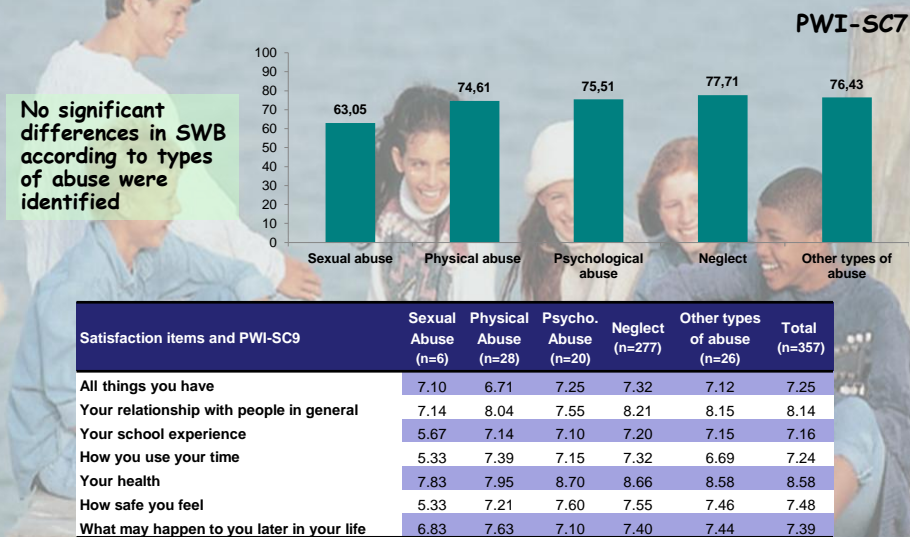




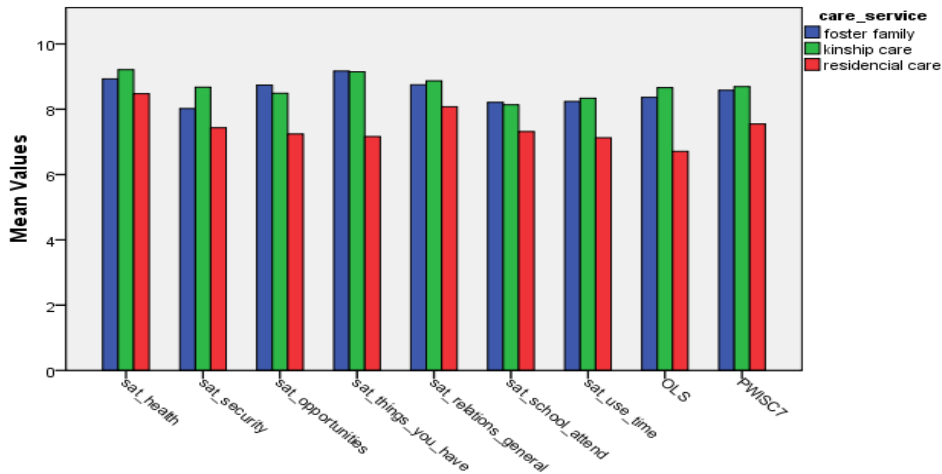
## SWB according to the number of residential institutions each child has been in care



## SWB according to the type of child abuse



## Differences in SWB according type of care



## Reflexions (I)

- The PWI-SC7 displays good fit statistics in a CFA with the pooled sample of 12-year old children in care and a sample of the overall population of similar age.
- Children in residential care who have been for longer time in the protection system score higher in SWB. Children that have been in only one center score higher then those that have been in two or more. These results suggest that stability has an important positive influence on SWB.
- Multigroup SEM of the PWI-SC7 supports the comparability of correlations and regressions, but not means, between the two samples. Satisfaction with any life domain contributes higher to overall life satisfaction among children in care than among overall population.






## Reflexions (II)

- Although not strictly comparable, children in residential care display significantly lower scores in overall life satisfaction and in satisfaction with all life domains than the overall population of children of the same age.
- Children in residential care display lower SWB in all indicators used than children in foster or kinship care, including OLS, and all items included in the PWI-SC7 (i.e.: satisfaction with safety, satisfaction with things I have and satisfaction with time use).
- The fact of being in residential care is correlated with the lowest scores in all subjective well-being indicators.
- Foster care alternatives should be promoted if CPS want to take seriously into account the perspective and the best interest of the child.



## Reflexions (III)

- Children in residential care are good informants if we know how to listen them.
- We face many obstacles to accede to raise questions to children in public care.
- Dissemination of such results is uncomfortable for policy-makers.
- A common strategy is needed to make the evaluation of the children public care services compulsory in all countries - and such evaluation should include subjective indicators based on the children own evaluation of the services they are provided.
- A big present social and scientific challenge is to end with the invisibility of children's subjective well-being data.



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