

Survey of Children in Care: Wave 1

Version: 5.4

Date: June 2020

Notes

1. This online survey has been created for children and young people aged 11-17, who have been in State care for at least 12 months.
2. The questions in **red** are questions/answers/blurbs which cannot be changed (unless wording is not appropriate for target group) as they validated tools or survey questions with comparable national data.
3. Abbreviated Text in the '[]' brackets after question are codes created for use by the research team. They will not be shown in the online survey.

Survey introduction text

Thank you very much for considering taking part in the MH-CAT survey.

What this survey is about

This survey is about the wellbeing and mental health of children and young people in care. It has been created by a team of researchers at the University of Bristol, and it should take about 20 minutes to complete.

It's completely up to you whether you take part. As a thank you for taking part, you will receive a £15 gift voucher via email. You need to select the 'finish' button and give us an email address for this to be sent to you.

We would like you to answer all the questions, but you can choose not to answer any that you do not want to or if you would find them upsetting. Please be as honest as you can, there are no right or wrong answers. If you feel you need help you can ask your carer, trusted adult, or social worker

What will happen to your answers?

- The research team will not know who you are as you will be given a number instead of your name. All the answers you give will be anonymised so no one will be able to identify you from any reports or publications.
- Your answers are confidential which means that we will not tell anyone what you have said. However, if we are worried that you or someone else is at risk of serious harm, then we will let your social worker know by giving them the number given to your survey.
- We ask for your email address or email address of an adult that you live with so we can send you the gift voucher, this will not be stored with your survey answers.

Please [click here](#) for more information about this research. Please read this before continuing.

If you have any questions, you can email us on mh-cat@bristol.ac.uk.

If you have read and understood the information about this survey and would like to continue to the survey, please select 'Next Page >>'.

[email id](#)

Please enter an email address so that we can send you your £15 gift voucher. This could be either yours or one of an adult who you are living with. We will not use this email address to contact you for any other reason.

Please make sure that you have to press the submit button at the end of the survey to receive the gift voucher.

Please re-enter the email address:

About you

1. We would like to send you a £15 gift voucher as a thank-you for doing this survey. Please could you give an email address that we send the gift voucher to you? This could be either yours or one of an adult who you are living with (We will not use this email address to contact you for any other reason) [EMAIL]
2. How old are you [AGE]
{Enter numeric value – label years}
3. What gender do you identify as? [GENDER]
 1. Male
 2. Female
 3. Prefer not to say
 4. Other (please tell us) {free text}
4. What is your ethnic group? [ETHNICITY]
 1. White
 2. Mixed/multiple ethnic groups
 3. Asian/Asian British
 4. Black/ African/Caribbean/Black British
 5. Other

Being in care and the place where you currently live

5. How old were you when you first came into care? please give your age [AGE_LAC]
6. What type of placement do you currently live in? [PLC]
 1. Foster care (not with a relative)
 2. Foster care (with a relative)
 3. Residential care/children's home
 4. With own parents
 5. Independent living (in a flat, lodgings, bedsit, B&B or with friends)
 6. With adoptive parents
 7. Other type of placement {please say where}
7. Roughly how long have you been living in your current placement? [PLC_DUR]
 1. 3 months or less
 2. 4 to 6 months
 3. 7 months to 1 year
 4. Between 1 and 2 years
 5. Between 2 and 3 years
 6. 3+ years

8. Since coming into care for the first time, how many placements have you lived in?
[PLC_NUM]

9. Do you have any brother or sisters? [SIBLING]

1. No
2. Yes

IF 9 = 'NO' MISS a

a. Do you live with any of your brothers or sisters? [SIBLING_LIVE]

1. No
2. Yes

10. Are there any other children who you live with, who are not your brothers and sisters?
Select all that apply. [OTH_CHILD]

1. No
2. Yes

IF 10 = 'NO' ASK a

a. Who are these other children

1. Other children in care
2. Children of foster carer

11. In the last week, how many days did you go outside to a 'green space' (play areas, public gardens, woods, playing fields or sports pitches, beaches or other types of natural open space) [GREEN_FRQ]

1. Not at all
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

12. In the past week, on how many days have you eaten at least one meal together with some or all the people you live with? [PLC_MEAL]

13. How much do you agree or disagree with the following statements?

{agreement scale for each statement: Strongly disagree, Disagree, Neither agree or disagree, Agree, Strongly agree}

- a. I feel safe in my placement [PLC_SAFE]
- b. I feel happy where I live [PLC_HOME]
- c. I feel I can be myself and not worry what others think of me [PLC_SELF]
- d. I feel safe in the area where I live [AREA_SAFE_HBSC]
- e. I feel that my life is better now that I am in care [LIFE_IMPROV]
- f. I feel that my views are listened to when adults make decisions about my care [LOC_CARE]

14. Do you have a Life Story Book (a collection of photographs and information about your past) or something similar? [LIFE_STORY]

- 1. No
- 2. Yes
- 3. I don't know

IF 14 = 2 ASK 14a

a. How much do you agree with the following statement 'I find my life story book useful [LIFE_STORY_USE]

{agreement scale: Strongly disagree to Strongly agree.}

- 1. Strongly disagree
- 2. Disagree
- 3. Neither agree or disagree
- 4. Agree
- 5. Strongly agree

15. Have you ever run away from a placement for one or more nights? [PLC_MISS]

- 1. No
- 2. Yes – once
- 3. Yes – more than once

Education

This section asks about your school or college life. We know that things might not be 'normal' at the moment because of the Coronavirus pandemic, but please try and answer these questions as best you can. If you are currently on school holidays, please think about the last school term.

16. **Before the schools/colleges closed for some students due to the Coronavirus pandemic**, what type of school/college did you attend? You can ask an adult if you are not sure [SCH_ATTEND]

- 1. Primary school
- 2. Secondary school (state/academy/free school or grammar school)
- 3. Independent school or private school (not boarding)
- 4. Boarding school or residential school
- 5. Post-16 college or sixth Form
- 6. Pupil Referral Unit (PRU)
- 7. Home schooled or home tutored
- 8. Other type of education setting
- 9. I did not attend a school/college

IF 16 = 6 or 8 MISS QUESTIONS **Error! Reference source not found.** TO 21

17. Please tick the statement which best describes your schooling situation during the coronavirus pandemic [SCH_CURRENT]

1. I stopped going to school/college because of the Coronavirus pandemic
2. I went to school/college for some days
3. I went to school every weekday

IF 17 = 1 OR 2 ASK 18

18. Thinking about your schooling situation during the coronavirus pandemic, how much do you agree or disagree with the following statements?

{agreement scale – strongly disagree to strongly agree}

- a. I felt worried that not going to school will affect my future [HS_FUT]
- b. I liked being home-schooled/not going into school [HS_ENJ]
- c. I felt safer because I was not at school [HS_SAFE]

19. Thinking about schooling generally, how much do you agree or disagree with the following statements?

{agreement scale – strongly disagree to strongly agree}

- a. I like going into school [SCH_ENJ]
- b. I feel safe at school [SCH_SAFE]
- c. I think going to school will help me in the future [SCH_FUT]

20. Generally, how often have you missed school without letting an adult know, even if for only for a half day or single lesson? [SCH_TRUANT]

1. Daily
2. Weekly
3. Monthly
4. 1 to 2 times a year
5. Never

21. Please state how much you agree with the statements about your teachers {agreement scale – strongly disagree to strongly agree}

1. My teacher(s) really try to help me [TEACHER_HELP_MSPSS]
2. I can talk about my problems with a teacher(s) [TEACHER_TALK_MSPSS]

22. Have you ever been excluded from school or college? Please tick all which apply [SCH_EX]

1. No

2. Yes

IF 222 = 'YES' ASK a

- a. In which way(s) were you excluded? Tick all that apply
1. Fixed term / temporary exclusion / suspension
 2. Permanent exclusion / expulsion from school or college

23. How many times have you had to change schools because of a change in placement?
[CHANGE_SCH)

24. Do you have access to a computer, tablet or a laptop to do your school work at home?

People and support

25. Please state how much you agree with the statements about your carer(s) (by carer we mean the main adults who care for you. e.g, foster carers, residential carer/s, parents).

{agreement scale – strongly disagree to strongly agree – 5 point scale}

1. My carer(s) really try to help me [C_HELP_MSPSS]
2. I get the emotional help and support I need from my carer(s)
[C_SUPPORT_MSPSS]
3. I can talk about my problems with my carer(s) [C_TALK_MSPSS]
4. My carer(s) is willing to help me make decisions [C_DEC_MSPSS]

26. **Currently**, how do you feel about the level of contact you have with your social worker?
[SW_CON]

1. I would like more contact
2. I have enough contact
3. I would like less contact

27. Please state how much you agree with the statements about your social worker
{agreement scale – strongly disagree to strongly agree}

1. My social worker really tries to help me [SW_HELP_MSPSS]
2. I get the emotional help and support I need from my social worker
[SW_SUPPORT_MSPSS]
3. I can talk about my problems with my social worker [SW_TALK_MSPSS]
4. My social worker is willing to help me make decisions [SW_DEC_MSPSS]

28. Do you agree with the following statements?

1. I trust my carer (s) [C_TRUST]
2. I trust my social worker [SW_TRUST]

3. I have at least one adult in my life who I can trust

29. Do you have at least one friend?

1. No
2. Yes

IF 289 = 'NO' do not ask 30

30. Please state how much you agree with the statements about your friend(s) {agreement scale – strongly disagree to strongly agree}

1. My friends really try to help me [FRI_HELP_MSPSS]
2. I can count on my friends when things go wrong [FRI_CNT_MSPSS]
3. I have friends with whom I can share my joys and sorrows [FRI_JOY_MSPSS]
4. I can talk about my problems with my friends [FRI_PROB_MSPSS]

31. **Have you ever** wanted to talk to someone or receive support with your mental health?
[SUP_EVER]

1. No
2. Yes

IF 311 = 1 ASK move to 'contact with birth family' section

32. Who did you talk with/receive support from? Please select all that apply
[SUP_EVER_WHO]

1. I did not ask for support
2. I asked for support but didn't get any
3. Parent(s)
4. Friend (s)
5. Carer (s)
6. Social worker
7. Counsellor or therapist
8. A telephone helpline, text service or an online service (e.g. The Mix, Childline, Big White Wall)
9. Someone at a local charity, drop-in centre or youth club
10. I was admitted to a hospital
11. Other {please tell us}

33. If you were accessing mental health support **just before the coronavirus pandemic** has your access changed since the social distancing measures/'Coronavirus' pandemic?
[SUP_CHANGE]

1. I wasn't accessing support immediately before the pandemic
2. I no longer have access to mental health support
3. It is less frequent than before
4. It is more frequent than before

34. **In the last month**, have you felt you need to talk to someone or receive support with your mental health? [SUP_DUR]

1. No
2. Yes

IF 34 = 2 ASK 35

35. Who did you talk with/ receive support from? Please select all that apply [SUP_NOW_WHO]

1. I did not ask for support
2. I asked for support but didn't get any
3. Parent(s)
4. Friend (s)
5. Carer (s)
6. Social worker
7. Counsellor or therapist
8. A telephone helpline, text service or an online service (e.g. The Mix, Childline, Big White Wall)
9. Someone at a local charity, drop-in centre or youth club
10. I was admitted to a hospital
11. Other {please tell us}

Contact with birth family

36. Are you in contact with your birth family? please select all that apply [BIRTH_CON]

1. I have no contact with my birth family
2. Mother
3. Father
4. Sister(s)
5. Brother(s)
6. Grandfather/grandmother
7. Other {please specify}

37. How do you feel about the level of contact you have with your birth family? {free text} [BIRTH_CON_FT]

Your thoughts and feelings

This section asks you about your thoughts and your feelings. As with the rest of the survey, please be honest as we are interested in how you feel. There are no right or wrong answers.

38. Below are some statements about thoughts and feelings. Please select which best describes your experience over the **last 2 weeks**

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future [WEMHWS_1]					
I've been feeling useful [WEMHWS_2]					

I've been feeling relaxed [WEMHWS_3]					
I've been dealing with problems well [WEMHWS_4]					
I've been thinking clearly [WEMHWS_5]					
I've been feeling close to other people [WEMHWS_6]					
I've been able to make up my own mind about things [WEMHWS_7]					

39. Here are some more statements. Please select which best describes your experience of over the **last 2 weeks**

{none of the time, rarely, some of the time, often, all of the time}

1. I have flashbacks/nightmares that affect me [PTSD_FLS]
2. I have difficulty sleeping [PTSD_SLEEP]
3. I feel that no one understands me [PTSD_MISS]
4. I feel that no one cares about me [NEG_CARE]
5. I feel that nothing will ever get better [NEG_BET]

40. Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

	Not true (1)	Somewhat true (2)	Certainly true (3)
I try to be nice to other people. I care about their feelings [SDQ_1]			
I am restless, I cannot stay still for long [SDQ_2]			
I get a lot of headaches, stomach-aches or sickness [SDQ_3]			
I usually share with others (food, games, pens etc.) [SDQ_4]			
I get very angry and often lose my temper [SDQ_5]			
I am usually on my own. I generally play alone or keep to myself [SDQ_6]			
I usually do as I am told [SDQ_7]			
I worry a lot [SDQ_8]			
I am helpful if someone is hurt, upset or feeling ill [SDQ_9]			
I am constantly fidgeting or squirming [SDQ_10]			
I have one good friend or more [SDQ_11]			
I fight a lot. I can make other people do what I want [SDQ_12]			
I am often unhappy, down-hearted or tearful [SDQ_13]			
Other people my age generally like me [SDQ_14]			

I am easily distracted, I find it difficult to concentrate [SDQ_15]			
I am nervous in new situations. I easily lose confidence [SDQ_16]			
I am kind to younger children [SDQ_17]			
I am often accused of lying or cheating [SDQ_18]			
Other children or young people pick on me or bully me [SDQ_19]			
I often volunteer to help others (parents, teachers, children) [SDQ_20]			
I think before I do things [SDQ_21]			
I take things that are not mine from home, school or elsewhere [SDQ_22]			
I get on better with adults than with people my own age [SDQ_23]			
I have many fears, I am easily scared [SDQ_24]			
I finish the work I'm doing. My attention is good [SDQ_25]			

41. How much do you agree or disagree with the following statements?

{agreement scale – strongly disagree to strongly agree}

1. How well you get on in this world is mostly a matter of luck [LOC_EXT_LSYPE]
2. If you work hard at something, you'll usually succeed [LOC_INT_LSYPE]

42. Do you have a hobby that you enjoy, which helps you relax [HOBBY]

1. No
2. Yes

Your health

43. Over the past 7 days, on how many days were you physically active for at least 60 minutes per day? (some examples include, brisk walking, running, swimming, biking, sport, dancing) [PA_7DAY_PACE]

44. On WEEKDAYS during the last week, how many hours a day, in your free time, did you spend using electronic devices, playing games or watching TV, videos (including YouTube or similar services), DVDs, and other entertainment?

45. Over the WEEKEND, during the last week, how many hours a day, in your free time, did you spend using electronic devices, playing games or watching TV, videos (including YouTube or similar services), DVDs, and other entertainment?

46. How often do you

{never, have tried once or twice, sometimes but not every week, every week, every day}

1. Smoke cigarettes [SMOKING]
2. Smoke electronic cigarettes (vape) [ECIG]
3. Drink alcohol [ALC]
4. Use illegal or recreational drugs [DRUGS]

47. Have you needed medical help, visited a GP or hospital in the last 12 months because of alcohol or drug use? [RISK_HELP]

1. No
2. Yes

48. Do you have a health concern/disability which affects your day to day life? Please select all that apply [DISAB]

1. No
2. Yes

IF 48 = 2 ASK a AND b

a. How would you describe your health concern or disability? Tick all that apply

1. Vision (for example, blindness or partial sight)
2. Hearing (for example deafness or partial hearing)
3. Mobility (for example walking short distances or climbing stairs)
4. Dexterity (for example being able to lift and carry objects, or use a keyboard)
5. Learning or understanding or concentrating
6. Memory
7. Mental health
8. Stamina or breathing or fatigue
9. Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)
10. Other

b. Are you currently receiving support (from the school or any other service), to help with your needs? (select all that apply)

1. I do not need support for a disability or health concern
2. No I don't receive any support
3. Yes, from school
4. Yes, from another support service

49. Due to Coronavirus do any of the below apply to you? Please tick all that apply [COVID]

1. I have had Coronavirus (either suspected or formally diagnosed)
2. Serious illness of someone important to me
3. Death of someone important to me
4. Someone where I currently live has had suspected or diagnosed Coronavirus
5. None of above

50. If you could change anything about being in care, where you currently live, your schooling, the support you get and contact with your birth family what would it be?
[ANY_FT]

51. Is there anything that could improve your mental health and make you feel happier?

Text at the end of survey

Finished! Thank you very much for taking part. We will email you your gift voucher. If you have any questions, please email us on mh-cat@bristol.ac.uk.

If you would like support with mental health and wellbeing, there is a list of places [here](#) which you can download or view now. You could also talk to your carer, your social worker, or a trusted adult.