

“I wish someone would explain why I am in care”: The impact of children and young people's lack of understanding of why they are in out-of-home care on their well-being and felt security

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Abstract

Having a good understanding of one's origins and history is known to be significant in identity development. Drawing on a large-scale online survey of looked after children's subjective well-being, this paper demonstrates that a significant number of children and young people (age 4–18 years) did not fully understand the reasons for their entry to care. The paper explores the effect of this lack of knowledge on children's well-being and on their feelings of being settled in their current placement. The study reiterates the need for professionals to be honest and open with children in out-of-home care and the need to specifically address, perhaps repeatedly, why a child is not living with their birth family.

KEYWORDS

gender difference, identity, life story, out-of-home care, stability, subjective well-being

1 | INTRODUCTION

Understanding who we are and where we come from is a crucial component of identity development, enabling recovery from previous trauma and the development of a positive sense of self and well-being (Cooke-Cottone & Beck, 2007; NICE, 2014; Rose & Philpot, 2013). For children living away from their birth families in foster or residential care or those adopted from care, incomplete knowledge of their birth families and/or the reasons for their entry to care, may contribute to difficulties in their personal and social development and may adversely affect their mental health and well-being (Colbridge, Hassett, & Sisley, 2017), which in turn may increase placement instability (Care Inquiry, 2013). Children in out-of-home care (OHC), whose care experience has been characterized by discontinuities, repeated losses, and inconsistent attempts to help them understand and navigate their histories, may need additional support. The meanings that children in OHC attribute to being taken into care are key to understanding their present feelings and behaviours (Atwool, 2017).

In England and Wales, the Adoption and Children Act 2002 and the Adoption Regulations 2005 mandate that the placing agency must

obtain information about the child and their family and produce a life story book for an adopted child. Adoptive parents can use the book to help their child understand their history, adding to and amending the story book as additional information becomes available. There is no such mandate for children in foster or residential care (Care Inquiry, 2013) and, although life story work is widely recommended within research and policy documents (e.g. Bazalgette, Rahilly, & Trevelyan, 2015), the instability of placements and high turnover of social workers may mean that there is no consistent person able to ensure that the details of the child's history are accurate and complete. The responsibility for supporting children in OHC in assimilating information and building a coherent narrative about their families and care histories may be shared between foster carers, residential care staff, and/or qualified, unqualified, or trainee social workers. How openly and effectively this task is shared will depend on the quality of relationships between those involved, placement moves, changes in staff, the involvement of birth parents, the accuracy and detail recorded in case files, the quality of life story work, and so forth. Life story work may be somewhat of an afterthought, with limited consideration given to the particular tools used—for example, with young people

commenting that life story books are "childish" and are not representative of their age or level of maturity. Sharing background information with a child is a complex process that may not be prioritized when a child enters care or may be completed in a way that is unhelpful and hurried (Coman, Dickson, McGill, & Rainey, 2016; Selwyn, Meakings & Wijedasa, 2015).

Discussing with a child why they have become looked after may be a difficult conversation to initiate and conduct, especially when the child is very young and/or the reasons are distressing for the child and painful for the worker to convey (Feast, 2010; McGill, Coman, McWhirter, & O'Sullivan, 2018; Watson, Meineck, & Lancaster, 2018). There may also be inherent tensions in building a narrative, such as the potential conflict between the right of the child to knowledge about their background and the right of the birth family to privacy and confidentiality (Besson, 2007; Feast, 2010; Winter & Cohen, 2005). Furthermore, there is considerable debate over whether life story work should be conducted by relatively untrained foster carers or social workers or be completed by specialist life story workers or therapists (Bazalgette et al., 2015).

Drawing on data from online surveys conducted in 2017–2018 in 23 English and Welsh local authorities, this paper highlights the number of children and young people in OHC who felt that they had not been given a full explanation of the reasons for their entry to care. The paper explores the impact this lack of knowledge and understanding may have on their subjective well-being (SWB), defined here as feeling good and functioning well. In particular, the paper considers the views of young children (4–10 years) in OHC, which have been largely absent from previous research, as well as the views of older (11–18 years) young people.

2 | IDENTITY, SECURITY, AND WELL-BEING

Supporting children to understand and integrate their history has been recognized as a critical developmental task for children in OHC (Brodzinsky, 2011; NICE, 2014; van Kraayenoord, 2010). This process is complex especially for those who have experienced multiple moves between their birth family and different placements. Understanding what precipitated being taken into care may have an impact on identity development, the process of settling in and adjusting to new placements, and on feelings of trust and safety within a new placement. Coman et al. (2016) argue that to be able to adjust to a new placement, children need to understand why they are in care:

For the child, having a clear understanding of why they are in care is an important step towards orienting and adjusting psychologically to the new set of circumstances. It helps the child redefine their relationships with self, parents and siblings now that they are living apart from them. This understanding is also important for promoting placement stability. How can a child be

free to join another family and accept their rules, routines and rituals if they do not understand what was wrong with, or not working in, their birth family? How can they be free to experience a sense of belonging in the new family, even temporarily, if they are preoccupied with why they cannot live in their previous home? (Coman et al., 2016, p. 51).

The model developed by Henry (2005) suggests that the first question a child in OHC should be helped to answer is, "What happened to me?". Helping the child to answer this question can enable the child to identify and make sense of events and clarify what is real and what is unreal. Building a consistent narrative allows the development of a congruent understanding of the child's history, rather than a fragmented or partial picture, where the child and others are not sure who knows what or what can be talked about with whom (Coman et al., 2016). Having a shared understanding and common language about experiences can help children feel psychologically safe and secure in their current placement (McGill et al., 2018). However, Brodzinsky (2011) cautions that children may learn the "correct" language with which to discuss their precare and care experiences but may not truly understand. Adults may overestimate children's comprehension, leading to conversations about their entry to care being inappropriately curtailed.

The development of identity for children and young people in OHC may best be understood through a social constructionist approach, which incorporates a holistic view of identity development that is affected by social contexts (Buchanan, 2014). A strong sense of identity requires an individual to have knowledge about their social and genetic antecedents and the ability to incorporate their personal history into a consistent narrative (Winter & Cohen, 2005). Children in OHC who lack knowledge or understanding of any of these elements may struggle to develop a consistent sense of identity, or may develop feelings of self-dislike, shame, or distrust (Colbridge et al., 2017; Winter & Cohen, 2005).

A lack of knowledge about the reasons for entry to care can also lead to overly positive fantasies and "magical thinking" about birth parents or care history (McGill et al., 2018). A child's inability to tolerate ambiguity leads to gaps in understanding being filled with children's own explanations of events: explanation that may be inaccurate and myths created that can have a negative influence on children and their relationships (Coman et al., 2016). It is not uncommon for children to feel that they are to blame for being taken into care and/or to inaccurately remember events (Colbridge et al., 2017; Crettenden, Wright, & Beilby, 2014).

A jigsaw metaphor is often used (e.g. Brodzinsky, 2011; Buchanan, 2014; Henry, 2005; Rose, 2012) to illustrate how gaps in knowledge about precare and care histories need to be filled with appropriate detail in an honest way to enable children to have a complete picture. Withholding information from a child may cause further trauma and undermine the child's ability to trust others if they later discover that their foster carer, social worker, or other significant adult had not given them the true facts. Conversely, Atwood (2017)

concludes that helping a child to understand their life story can build a sense of trust with social workers and caregivers and facilitate the development of secure attachments in new situations.

3 | THE VIEWS OF CHILDREN IN OHC IN ENGLAND AND WALES

Most of the literature on life story work are texts on how to create life story books. A few studies (e.g. Holland, Floris, Crowley, & Renold, 2010; Shaw, 1998) have examined children's views on life story work, but less has been written specifically about their understanding of the reasons for entry to care. The available research suggests that a small but significant proportion of children in OHC in England and Wales do not fully understand why they were taken into care and between a fifth and a quarter would like more information. For instance, the Children's Rights Director for England (2011) found, in a sample of 107 children and young people in OHC, 9% said that they did not understand why they had been taken into care, and a further 20% were unsure of the reasons. The social care questionnaire distributed by OFSTED (2018) and completed by 3,157 children in OHC in England found 8% of young people in residential care and 5% of foster children felt they did not have a good understanding of why they were in care. Small-scale studies with young people in OHC in South Wales found that most had gaps in their knowledge about their birth family and their time in care, and that information was also missing from their records (Holland et al., 2010; Willis & Holland, 2009).

Most of the previous research on children's understanding of the reasons for admission to care and knowledge of their backgrounds has been conducted with practitioners, older young people, or care leavers and/or has included a relatively small sample size. This paper adds to the existing knowledge by exploring children's responses to an online survey of their SWB and in particular whether they feel they understand why they are in care.

4 | METHODOLOGY

SWB is widely acknowledged as an important dimension in the study of children's development and quality of life (Ben-Arieh, Casas, Frønes, & Korbin, 2014; Casas, 2016; Rees, Main, & Bradshaw, 2015). There is no agreed definition of SWB, although it is widely accepted that it is made up of different indicators and domains (Hone, Jarden, Schofield, & Duncan, 2014). For example, the Office of National Statistics (2018) publishes 31 indicators in seven domains on children's well-being; some of which are measures of SWB. Although there has been research (e.g. Bradshaw, 2016; Rees, Bradshaw, Goswami, & Keung, 2010; The Children's Society, 2018) to understand the SWB of the general child population, there has been far less research on the SWB of children in OHC. Furthermore, there have been few studies on the SWB of younger children, with most research conducted with those aged above 10 years (Andresen, Bradshaw, & Kosher, 2019; Rees, 2019). Work that

has been completed with very young children (age 4–6 years) has demonstrated that their perceptions of their quality of life may not correlate with their caregivers' perceptions, emphasizing the need to ask young children themselves (Vieira & Formiga, 2018).

Collaborating with Coram Voice (a children's rights charity), we began our research by holding focus groups with 140 looked after children asking them "What makes a good life?" and "What really matters to you?". Ethical approval for the study was granted by the research ethics committee of the School for Policy Studies, University of Bristol. From children's responses, consultations with professionals and reviews of the literature the survey questions were created. The surveys were piloted and cognitive interviews undertaken, before being edited and tested again (Selwyn, Wood, & Newman, 2017; Wood & Selwyn, 2017; Zhang & Selwyn, 2019). Conceptually, our surveys covered eudaimonic and hedonic aspects of SWB with well-being defined as, "a combination of feeling good and functioning effectively" (Huppert & So, 2013, p. 838).

During 2017–2018, the online survey 'Your Life, Your Care' was distributed in 23 English and Welsh local authorities to children and young people in OHC. Surveys were created for three age groups of children: 4–7 years (16 questions), 8–10 years (to include those at primary school; 31 questions), and 11–18 years (to include those at secondary school; 46 questions), with a core set of 16 questions appearing in all three of the surveys. All the questions were optional so that children could choose to answer as few or as many questions as they wished. The surveys were completed anonymously, usually in school over a 2-week period, with a trusted adult present (such as a teacher or learning mentor) if help was needed. A few local authorities chose to use the statutory looked after child reviews with help provided by the independent reviewing officer. The average response rate was 34% with a response range of 21–84% depending on the local authority. There was no statistical difference in the response rate depending on whether the survey had been completed in school or at the time of the child's review.

Various reports have been published setting out the main findings from the surveys (see Coram Voice, 2019), but here, we wanted to analyse in greater depth (a) children and young people's understanding of why they had entered care and (b) whether or not having an explanation was associated with their SWB. In contrast to other studies (e.g. OFSTED, 2018), we asked whether the young people felt that someone had explained why they had entered care, rather than whether they understood the reasons. In doing so, we hoped to explore the extent to which an adult had taken responsibility for this task, rather than children's perceived understanding (which, when probed further, may reveal an interpretation based on self-blame or "untruths"). Data were entered into SPSS V25 and analysed using tests for frequency, association (chi-square and Cochran-Armitage test of trend), and predictive tests (linear regression). At the end of the surveys, children and young people were asked if they wanted to provide any additional text comments or write about "What would make care better?" The text responses were analysed thematically and searched for comments on understanding the reasons for being in care, and are used here to illuminate the statistical findings.

5 | FINDINGS

5.1 | Characteristics of the children and young people (n = 3,314)

Table 1 provides an overview of the age and gender of the children and young people (n = 3,314) who responded to the survey in 2017–18. The demographic characteristics suggests that boys (51%) were slightly underrepresented in the survey responses, as in England boys make up 56% and in Wales 54% of the total care populations (Department for Education, 2018; Statistics Wales, 2018). Therefore, weights were calculated (boys 1.09 and girls 0.89) and applied in the analyses. Age could not be weighted, as tables published by the Department for Education (2018) do not use the same age categories as those used in the survey. In respect of ethnicity, 77% identified as white, and 23% defined themselves as being from an ethnic minority background: a similar proportion as reported in the national statistics where 25% are identified as nonwhite.

The majority of children and young people were placed with foster carers (Table 2) reflecting the national placement patterns for children in OHC (Department for Education, 2018; Statistics Wales, 2018).

5.2 | Children and young people's understanding of why they became looked after

All of the children and young people were asked whether an adult had explained why they were in care. Table 3 shows that just over half of the younger children (4–7 years) felt they had received sufficient explanation, but 48% felt they had not. There was a statistically significant association between the level of understanding and the child's age, with older young people being more likely to feel that they had received a satisfactory explanation ($\chi^2(2)$ 167.47, $P < .001$, Cramer's V .228: a moderate effect size). Although older children felt more certain, a third of those aged 8–10 years and 20% of 11–18 years wanted to know more or felt they had not received an explanation.

All the local authorities had the same pattern of the youngest children being more likely than older young people to feel they had not received an explanation. However, there was local authority variation: the proportion of positive responses (Yes, I've received an explanation) ranged from 40–83% among those aged 4–7 years, between 35–85% among 8–10-year-olds, and between 55–85% among 11–18-year-olds. For that latter older group, girls were more

TABLE 2 The placements of children and young people

Placement type	%
Foster care	70
Kinship care	18
Residential care	8
Other ^a	4

^aMother and baby homes, semi-independent living, a hostel, or placed with a parent.

TABLE 3 Children and young people's responses when asked if an adult had explained why they were in care (n = 3,190)

Response options	4–7 years n = 479 (%)	8–10 years n = 828 (%)	11–18 years n = 1,883 (%)
Yes explained	247 (52)	554 (67)	1,507 (80)
Yes, but I'd like to know more	90 (19)	167 (20)	272 (14.5)
No-one has explained	141 (29)	107 (13)	104 (5.5)

likely than boys to report dissatisfaction with the extent of their knowledge ($\chi^2(1)$ 5.280, $P < .002$, ϕ .053: a strong effect size). Surprisingly, length of time in care was not associated with having had an explanation. Neither was the presence or absence of contact with a parent associated with positive responses. However, those aged 11–18 years who had fewer placement moves were more likely to give a positive response. The Cochran-Armitage test of trend found a linear trend between having fewer placements and the proportion of 11–18-year-olds who felt they had received an explanation ($P = .001$).

Children and young people had the opportunity to make comments at the end of the survey. Comments were searched and analysed around two main themes: (a) wanting more information about their pasts and their families and (b) needing an adult to talk to who would be honest about their family histories and the plans for their future.

5.3 | Needing more information

Children and young people wrote about their uncertainty and confusion about why they were in care, and their desire for more information. For example, children wrote:

TABLE 1 Age and gender of children and young people who completed the surveys (n = 3,314)

Gender	4–7 years n	8–10 yrs n	11–18 yrs n	Total n
Girls	234 (45%)	377 (45%)	951 (48%)	1562 (47%)
Boys	281 (54%)	454 (54%)	967 (50%)	1702 (51%)
Preferred not to give gender	4 (1%)	11 (1%)	35 (2%)	50 (2%)
Total	519 (100%)	842 (100%)	1953 (100%)	3314 (100%)

For me to understand why my adopting parents put me into care and why I cannot go home again to live with them. (11–18 years)

Why can't my mum look after me? (11–18 years)

Knowing the reason for being there. (8–10 years)

Knowing why we are in care. (4–7 years)

They call it life story work ... but they don't really do it. I have a memory box, but I want information and facts To know more about how I came into care. I think I should have been told years ago. (11–18 years)

Alongside not fully understanding the reasons for care, the children's comments indicated that they wanted to know much more about what was happening in their families, such as whether or not they had siblings and the identity of their fathers. Children wrote:

I think I have half brothers and sisters—I would like to find out about this. (11–18 years)

I don't know anything about my Dad—I don't know if he is very nice or not. I feel nervous and scared. (11–18 years)

I would like to know more about my birth parents. (8–10 years)

Children and young people also wanted tangible objects and reminders of their family such as photos of their families and of themselves as infants. For example, they wrote:

I would like someone to talk to about my feelings and tell me about my past. I would like to see a picture of my dad, so I know what he looks like. I would like to see a picture of me as a baby. I have never seen a picture of me. I have a lot of questions that no-one answers. (11–18 years)

I want to know a lot more stuff about my family—more photos. (11–18 years)

I'd like to know who my real dad is. (8–10 years)

5.4 | Honesty and talking about the past and future

Children and young people asked for a clear account of their histories and some wrote about the importance of adults being honest. A trusted adult helping a girl (11–18 years) to complete the survey wrote

"She has no idea why she is in care—she feels she is told lies about it." Another child (8–10 years) wrote "Why do people not tell me the whole truth [about] not being able to talk to my birth mother?"

The younger children in particular expressed concern that they did not know why they were in care and what was going to happen to them. For example, they wrote:

If I knew why I had a social worker I would understand more (4–7 years)

Why do I live with my carer? (4–7 years)

It has been scary but my foster carer has been very kind to me. It is difficult not having Mummy to talk to when I am scared. I now live in a different place and go to a different school, I don't know anyone. I am told that everyone will do what is best for me but I don't think they know what that is yet... That is why I don't feel settled (4–7 years)

I don't really know what is going on and I want to know everything; ... (8–10 years)

Importantly for each age group, there was a statistical association, with a moderate effect size, between not having received an explanation of the reasons for being in OHC and feeling unsettled in their placements.

5.5 | The impact on subjective well-being

The survey for young people (11–18 years) included four 11-point scales (with 0 being low and 10 being high) that ask about happiness yesterday, overall life satisfaction, whether the things you do in life are worthwhile, and positivity about the future. The questions were not asked of the younger children. To examine the effect of whether or not young people felt they had received a sufficient explanation of why they were in OHC on the scores of the four scales, linear regressions were undertaken. All the variables in the data sets were ordinal or nominal, and therefore, dummy variables were created. Into the model were entered gender, placement type (foster, residential, kinship, or other), number of placements (a binary variable of one to four placements or five or more placements), length of time in care (less than a year, 1–3 years, or 4 or more years), and whether the child or young person felt they have received an explanation of why they were in OHC (Yes/No). Test assumptions were met. Placement type was not significant on any of the four scales and was excluded from the final models. Results show that feeling that an adult had not explained why a young person was in OHC had a negative impact on each of the four scales (Tables 4, 5, 6, and 7). Results for the "life satisfaction" scale and the "positive about the future" scales (when the other factors were held constant) were

TABLE 4 How satisfied are you with your life as a whole?

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
Constant	7.160	.349		20.525	.000
OHC-less than one year	-.481	.373	-.066	-1.289	.198
OHC-one to three years	.165	.356	.029	.464	.643
OHC-four or more years	.393	.174	.150	2.255	.024
Female	-.579	.121	-.111	-4.776	.000
Feels care not explained	-1.002	.153	-.152	-6.541	.000
Five or more placements	-1.122	.171	-.156	-6.560	.000

Abbreviations: OHC, out-of-home care; Sig., significance; Std., standard.

TABLE 5 How happy did you feel yesterday?

Model	Unstandardized coefficients		Standardized coefficients		Sig.
	B	Std. Error	Beta	t	
Constant	7.491	.381		19.654	.000
OHC-less than one year	-0.569	0.407	-.072	-1.397	.163
OHC-one to three years	-0.284	0.389	-.046	-0.730	.466
OHC-four or more years	0.198	0.190	.070	1.043	.297
Females	-0.755	0.133	-.134	-5.685	.000
Feels care not explained	-0.797	0.168	-.112	-4.743	.000
Five or more placements	-10.088	0.187	-.140	-5.821	.000

Abbreviations: OHC, out-of-home care; Sig., significance; Std., standard.

TABLE 6 Overall to what extent do you feel the things you do in your life are worthwhile?

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	T	
Constant	7.342	0.344		21.350	.000
OHC-less than one year	-0.279	0.368	-.040	-.759	.448
OHC-one to three years	0.317	0.351	.057	0.903	.367
OHC-four or more years	0.338	0.172	.134	1.966	.049
Female	-0.448	0.120	-.089	-3.740	.000
Feels care not explained	-0.767	0.152	-.121	-5.050	.000
Five or more placements	-0.985	0.169	-.142	-5.843	.000

Abbreviations: OHC, out-of-home care; Sig., significance; Std., standard.

that having lived in five or more placements, feeling that an adult had not explained the reasons for being in OHC, being in OHC for less than a year, and being female all had a negative impact on scores. Being in OHC for 4 or more years had a positive effect only on the life satisfaction score.

For the “How happy did you feel yesterday” and “Things done in life are worthwhile” scales, length of time in care was not significant, but as with the other two scales, having five or more placements, being female, and having no explanation all had a negative effect on happiness scores.

The same scale questions are used by The Children's Society in their surveys of the general child (age 10–17 years) population (ONS, 2017; The Children's Society, 2017) enabling comparisons to be made. The majority (85%) of young people in OHC reported having moderate to high well-being (scores of between 5 and 10), but there was a subgroup of young people in OHC who had very low scores (scoring 0–4) on the individual scales (Table 8). There was a larger proportion of young people in OHC with low scores compared with those with low SWB in the general child population. Young people's evaluation of their overall life satisfaction was

TABLE 7 How positive are you about your future?

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
Constant	7.724	0.336		23.006	.000
OHC-less than one year	−0.825	0.359	−.120	−2.296	.022
OHC-one to three years	−0.172	0.343	−.032	−0.501	.616
OHC-four or more years	0.080	0.168	.032	0.476	.634
Female	−0.382	0.118	−.077	−3.249	.001
Feels care not explained	−0.678	0.149	−.109	−4.557	.000
Five or more placements	−0.891	0.166	−.131	−5.372	.000

Abbreviations: OHC, out-of-home care; Sig., significance; Std., standard.

TABLE 8 A comparison of low SWB: young people (11–18 years) in OHC and young people (11–17 yrs) in the general population

	Low scores in OHC sample <i>n</i> = 1,953%	Low scores in national child population <i>n</i> = 2,500%
Happiness yesterday	19.5	8
Overall satisfaction with life	15.7	5
Finds things done in life worthwhile	11.9	6
Positivity about the future	11.5	7

Abbreviation: OHC, out-of-home care.

particularly poor compared with their peers in the general population. Eighteen per cent of the sample scored 0–4 on two or more of the four scale questions.

6 | DISCUSSION

This study demonstrates that, despite guidance promoting life story work for looked after children (NICE, 2014; Rees, 2018; Ryan & Walker, 2016), a significant proportion of children and young people felt they had received no explanation or only a partial explanation for why they were in care. We expected to find a linear relationship between length of time in care and understanding reasons for entry, but that was not the case. Older young people (11–18 years) more frequently than younger children felt they had been given an explanation, but that was not associated with how long they had been in care. This study cannot explain that finding, but it could be because social workers might feel more at ease in sharing difficult information with teenagers and less able to have intellectually honest conversations with younger children. Alternatively, teenagers themselves may be more insistent in their requests, may be more likely to recognize their Article 12 rights (UNCRC, 1989), and may be more able to comprehend information. However, it was clear from younger children's text responses that they did want an adult to explain and wanted to know what was happening. Just over half of the younger children were satisfied with the explanation they had been given. This reflects other studies that have shown that young children's SWB is higher when the child felt that they were listened to, respected, and treated fairly,

as well as feeling safe in their home (Kutsar et al., 2019). The local authority variation shows that some local authorities are able to help young children understand more effectively than others. Further research is needed to understand the practices and policies that are in place in local authorities where their children report feeling that they have received a full explanation, for example, exploring whether some authorities have particular training or guidance on how to talk to very young children about their entry to care.

It was also surprising that having contact with parents was not associated with understanding the reasons for entry to care. In our survey, 21% of those aged 11–18 years who felt that they had been given no, or only a partial, explanation for why they were in care were having face to face contact with at least one parent. Related research (Wrobel, Ayers-Lopez, Grotevant, McRoy, & Friedrich, 1996) on adopted children's accounts of their curiosity about their birth parents found that the level of curiosity did not differ by the openness of their adoption. Perhaps children who are having contact feel unable to ask their parents difficult questions and blame themselves in the absence of information; it is also possible that parents may not be truthful with their children, either wanting to protect themselves or shield their children from potentially traumatic knowledge. Thus, there is the potential for conflicting stories and contradictory messages to be given by parents, carers, and other professionals. These findings raise questions about whether there are assumptions made by social workers that contact in itself will ensure children have the necessary information they need to develop a coherent narrative of their histories and reinforces the importance of life story work. Less surprising was the finding that young people who had experienced multiple

placements felt they had a poor understanding of their histories. It may be that, in some local authorities, work with children about their entry to care is not undertaken until decisions about their long-term future have been made (for example, when they move into the permanence team).

Gender differences in SWB have long been recognized in the research on children in the UK general population (e.g. The Children's Society, 2017). There has been less recognition of how gender may affect the care experiences and SWB of young people in OHC. Tarren-Sweeney and Hazell (2005) reported that girls seemed to be more adversely affected than boys when separated from their siblings in OHC whereas other European studies (Llosada-Gistau et al., 2019; Montserrat, Dinisman, Baltatescu, Grigoras, & Casas, 2015) of the SWB of young people in residential, foster, and kinship care have reported lower SWB for girls in comparison with boys. Similarly, our findings show a larger proportion of girls in OHC in England and Wales with lower SWB compared with boys. Findings reported here show that girls more frequently wanted to understand why they were in care and their lack of knowledge negatively affected their SWB. Related research from the USA on adopted young people's wish to know more about their birth families has also shown that girls were more likely than boys to be preoccupied with understanding their identity (Kohler, Grotevant, & McRoy, 2002).

The findings from this study indicate that a lack of knowledge about care origins contributes to feeling unsettled in placement and low SWB for some young people. It may be that lack of information leads some children and young people to develop low self-worth or feelings of rejection (Coman et al., 2016). Young people may resist formal life story work as they find it traumatic, especially if they are asked to relive difficult memories in front of adults they do not know or trust. They may also feel harassed and feel that the attention given to their care status reinforces their negative self-image. The balance perhaps lies in ensuring young people are provided with opportunities to ask and receive information about their families and backgrounds at a time that suits them, rather than directing them to participate in life story work at any prescribed point in the period of care.

The children and young people's comments concur with recent research on the importance of objects, mementoes, and photographs for looked after children (Watson, Hahn, & Staines, 2019). Children and young people wanted to know who their parents were and to have photos to see if they shared physical characteristics or attributes, echoing arguments that looked after children need knowledge about their genealogy and heritage (Henry, 2005; Winter & Cohen, 2005).

It is clear from this research and other studies that talking to children about their background and reasons for entry into care cannot be viewed as a linear process nor a "one-off" occurrence (Brodzinsky, 2011; Henry, 2005), and children may need different explanations at different ages to reflect their growing knowledge and experience. As Coman et al. (2016) argue, a child entering care is likely to be given a significant amount of information to process emotionally and intellectually, and some of that information may be lost, misinterpreted, or misremembered. Some children may actively resist (either consciously

or subconsciously) engaging in a conversation about their backgrounds, due to the stress and anxiety such a conversation can engender, such that they do not hear the information being shared with them (Coman et al., 2016). The information may need to be reiterated in different formats and reviewed over time, with everyone around the child working together to build a coherent narrative for the child. Specific training and support may be needed for carers and professionals working with very young children, to ensure that they have the skills and language to communicate potentially complex and traumatic information. Social workers need to be enabled to reflect on their practice in this area so that they feel better equipped and prepared to have such conversations. It is also necessary to ensure that the child has heard and understood the explanation given—as this study shows, many adults working with children and young people would argue that they had explained the reasons for the child's entry to care, but a significant proportion of the children and young people had a different perspective.

7 | CONCLUSIONS

Although this paper focuses on the particular context of England and Wales, the implications of this study have resonance for professionals and carers working with children in OHC across the world. The study adds further evidence to arguments that providing all children and young people with age-appropriate accounts of why they are in care is essential and can contribute to improved well-being and feelings of being settled. Conversely, having gaps in knowledge about the reasons for entry to care and family backgrounds can lead to children and young people feeling insecure, not wanted or belonging, and feeling responsible for being taken into care—all contributing to low self-worth and well-being. The study reiterates the need for honesty and openness with children and young people, so that they do not feel betrayed or unable to trust those around them. Particular attention needs to be paid to explaining to young children the events that led up to their removal from home; it should not be assumed that they do not want to know, or are unable to comprehend, why they have become looked after.

It is acknowledged that it is not easy for care professionals to prioritize life story work with children and young people, particularly within the context of austerity, staff shortages, and increased pressures. It is also recognized that it is not an easy process for carers, social workers, or the young people themselves. However, this study demonstrates that delaying or avoiding such discussions can have a negative impact on well-being for some young people and can potentially contribute to placement instability. Furthermore, this study highlights the need to specifically address, perhaps repeatedly, why a child is not living with their birth family—whether because they are in care, adopted, or otherwise displaced—and to provide the child or young person with opportunities to ask questions about their family and their heritage.

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