

# CAT Survey\_master

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## Welcome

**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 give us an email address for this to be sent to you and select the '**FINISH**' button at the end.

We would like you to answer all the questions, but you can choose not to answer any that you do not want to or you find 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 be able to identify who you are as you will be given an ID 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.
- 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](mailto:mh-cat@bristol.ac.uk).

If have read and understood the information about this survey and would like to continue,

please select **NEXT**.

# About you

**1. 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. Make sure you press the finish button at the end to receive the gift voucher

**2. How old are you?** (Please write age as a number)

Please enter a whole number (integer).

Please make sure the number is between 0 and 20.

**3. What gender do you identify as?**

- Male
- Female
- Prefer not to say
- Other

**3.a.** Please tell us how you identify yourself:

**4. What is your ethnic group?**

- White
- Mixed or multiple ethnic groups
- Asian or Asian British
- Black or African or Caribbean or Black British
- Other

4.a. Please tell us how you identify yourself:

## Being in care and the place where you currently live

5. **How old were you when you first came into care?** (Please write age as a number)

Please enter a whole number (integer).

Please make sure the number is between 0 and 20.

6. **What type of placement do you currently live in?**

- Foster care (not with a relative)
- Foster care (with a relative)
- Residential care or children's home
- With birth parents
- Independent living (in a flat, lodgings, bedsit, B&B or with friends)
- With adoptive parents
- Other

6.a. Please tell us where you currently live:

7. **Roughly how long have you been living in your current placement?**

- 3 months or less
- 4 to 6 months
- 7 months to 1 year
- Between 1 and 2 years
- Between 2 and 3 years

3+ years

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

Please enter a whole number (integer).

Please make sure the number is between 1 and 50.

**9. Do you have any brothers or sisters?**

No

Yes

**9.a. Do you live with any of your brothers or sisters?**

No

Yes

**10. Are there any other children who you live with, who are not your brothers and sisters?**

No

Yes

**10.a. Who are these other children?**

Other children in care

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)?

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

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

Please enter a whole number (integer).  
Please make sure the number is between 0 and 7.

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

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel safe in my placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel happy where I live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I can be myself in my placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in the area where I live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that my life is better now that I am in care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



I feel that my views are listened to when adults make decisions about my care



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

- No
- Yes
- I don't know

**14.a. How much do you agree with the following statement 'I find my life story book useful'?**

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

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

- No
- Yes – once
- Yes – more than once

**16. What type of school or college do you attend?** You can ask an adult if you are not sure.

- Primary school
- Secondary school (state/academy/free school or grammar school)
- Independent school or private school (not boarding)
- Boarding school or residential school
- Post-16 College or Sixth Form
- Pupil Referral Unit (PRU)
- Home schooled or home tutored
- Other type of education setting
- I do not attend a school or college

**16.a.** Please tell us what type of school or college you attend:

# 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.

**17. Please tick the statement which best describes your schooling situation during the coronavirus pandemic:**

- I stopped going to school/college because of the Coronavirus pandemic
- I went to school/college for some days
- I went to school every weekday

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

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I felt worried that not going to school will affect my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I liked being home schooled/not going into school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt safer because I was not at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I like going into school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think going to school will help me in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Daily  
 Weekly  
 Monthly  
 1 to 2 times a year  
 Never

**21. Please state how much you agree with the statements about your teachers:**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My teacher(s) really try to help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my teacher(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**22. Have you ever been excluded from school or college?**

- No
- Yes

**22.a. In which way(s) were you excluded? Tick ALL that apply**

- Fixed term / temporary exclusion / suspension
- Permanent exclusion / expulsion from school or college

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

Please enter a whole number (integer).

Please make sure the number is between 0 and 25.

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

- No
- Yes
- I don't have to do 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

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My carer(s) really try to help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get the emotional help and support I need from my carer(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my carer(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My carer(s) is willing to help me make decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust my carer(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**26. Please state how much you agree with the statements about your social worker:**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My social worker really tries to help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get the emotional help and support I need from my social worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my social worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My social worker is willing to help me make decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust my social worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**27. Currently, how do you feel about the level of contact you have with your social worker?**

I would like more contact

I have enough contact

I would like less contact

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

No

Yes

**29. Do you have one or more friends?**

No

Yes



30. Please state how much you agree with the statements about your friend(s):

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My friends really try to help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can count on my friends when things go wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friends with whom I can share my joys and sorrows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- No
- Yes

**32. Who did you talk with or receive support from?** (Please select **ALL** that apply)

- I did not ask for support
- I asked for support but didn't get any
- Parent(s)
- Friend(s)
- Carer(s)
- Social worker
- Counsellor or therapist
- A telephone helpline, text service or an online service (e.g. The Mix, Childline, Big White Wall)
- Someone at a local charity, drop-in centre or youth club
- I was admitted to a hospital
- Other

**32.a.** If you selected 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?**

- I wasn't accessing support immediately before the pandemic
- I no longer have access to mental health support
- It is less often than before
- It is more often than before

**34. In the last month, have you felt you need to talk to someone or receive**

**support with your mental health?**

- No
- Yes

**35. Who did you talk with or receive support from?** (Please select **ALL** that apply)

- I did not ask for support
- I asked for support but didn't get any
- Parent(s)
- Friend(s)
- Carer(s)
- Social worker
- Counsellor or therapist
- A telephone helpline, text service or an online service (e.g. The Mix, Childline, Big White Wall)
- Someone at a local charity, drop-in centre or youth club
- I was admitted to a hospital
- Other

**35.a.** If you selected Other, please tell us:

## Contact with birth family

**36. Are you in contact with your birth family?**

- No
- Yes

**36.a. Who are you in contact with?** Tick **ALL** that apply

- Mother
- Father
- Sister(s)
- Brother(s)
- Grandfather/grandmother
- Other

**36.a.i.** If you selected Other, please tell us who:

**37. How do you feel about the level of contact you have with your birth family?**

## 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 of each 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	None of the time	Rarely	Some of the time	Often	All of the time
I have flashbacks or nightmares that affect me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have difficulty sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that no one understands me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that no one cares about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that nothing will ever get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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	Somewhat true	Certainly true
I try to be nice to other people. I care about their feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am restless, I cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get a lot of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually share with others (food, games, pens etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get very angry and often lose my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am usually on my own. I generally play alone or keep to myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually do as I am told	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have one good friend or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I fight a lot. I can make other people do what I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often unhappy, down-hearted or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people my age generally like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



I am easily distracted, I find it difficult to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am nervous in new situations. I easily lose confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often accused of lying or cheating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other children or young people pick on me or bully me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often volunteer to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think before I do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take things that are not mine from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get on better with adults than with people my own age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have many fears, I am easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I finish the work I'm doing. My attention is good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strengths and Difficulties Questionnaire is © Robert Goodman, 2005

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

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
How well you get on in this world is mostly a matter of luck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you work hard at something, you'll usually succeed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**42. Do you have a hobby that you enjoy and which helps you relax?**

- No
- Yes

# Your health

**43. Over the past 7 days, on how many days were you physically active for at least 60 minutes per day?** Physical activity can be done in sports, playing with friends or walking to school. Some examples of physical activity are brisk walking, running, biking, dancing, skateboarding, swimming.

Please enter a whole number (integer).

Please make sure the number is between 0 and 7.

**44. On WEEKDAYS during the last week, how many hours a day of your free time did you spend using a screen** (eg TV, online videos or games)?

Please enter a whole number (integer).

Please make sure the number is between 0 and 24.

**45. Over the last WEEKEND, how many hours a day of your free time did you spend using a screen** (eg TV, online videos or games)?

Please enter a whole number (integer).

Please make sure the number is between 0 and 24.

**46. How often do you ...**

Never

Have tried  
once or twice

Sometimes but not  
every week

Every  
week

Every  
day

Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke electronic cigarettes (vape)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use illegal or recreational drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

No  
 Yes

**48. Do you have a health concern or disability which affects your day to day life?**

No  
 Yes

**48.a. How would you describe your health concern or disability?** Tick **ALL** that apply

Vision (for example blindness or partial sight)  
 Hearing (for example deafness or partial hearing)  
 Mobility (for example walking short distances or climbing stairs)  
 Dexterity (for example being able to lift and carry objects, or use a keyboard)  
 Learning or understanding or concentrating  
 Memory  
 Mental health  
 Stamina or breathing or fatigue

- Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)
- Other

**48.a.i.** If you selected Other, please tell us what:

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

- No
- Yes, from school
- Yes, from another support service

**49. Due to Coronavirus do any of the below apply to you?**

- I have had Coronavirus (either suspected or formally diagnosed)
- Serious illness of someone important to me
- Death of someone important to me
- Someone where I currently live has had suspected or diagnosed Coronavirus
- 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?**

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

# Final page

**Finished! Thank you very much for taking part. We will email you your gift voucher within a week.**

If you have any questions, please email us on [mh-cat@bristol.ac.uk](mailto: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.

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