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**Abstract**

Improving the subjective well-being of all children has become a policy goal of national and international governments. To meet this goal there have been substantial efforts to identify what makes a good life and to find ways to measure it. In the UK, the Children's Society and Office of National Statistics (ONS) have involved children in identifying domains of subjective well-being and the indicators that measure those domains. However, very little is known about whether looked after children identify the same domains and indicators as those identified by children in the general population. Here we report on findings from 18 focus groups with 140 looked after children and young people on what was important to their well-being. This article reports specifically on the key areas of well-being identified by looked after children. The focus groups were the first stage of a project which has since used the findings to develop and pilot an online well-being survey for looked after children (work ongoing). Although there was agreement with children in the general population about the importance of some domains of well-being (e.g. relationships), looked after children identified others specific to their situation (e.g. having a good understanding of their life history). The article therefore argues that there is a need for a specific well-being measure for looked after children.

**Keywords:** subjective well-being, happiness, looked after children, focus groups, relationships



## **Title page**

Looked after children and young people's views on what matters to their subjective well-being

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## Introduction

The Bright Spots project began in 2013, when (withheld for peer review) commissioned a partnership between (withheld for peer review) and (withheld for peer review ) to: a) identify local authorities (LAs) in England who were providing good experiences for children in their care and b) to promote the practices that made good experiences possible. However, we were unable to identify LAs providing good care experiences due to lack of data. The National Audit Office (2014) reported that there were no indicators that measured the efficacy of the care system although £2.5 billion was spent during 2012-13 on the care of children in foster and residential homes. Data on objective measures such as educational qualifications, teenage pregnancies etc. are published but there are no data on looked after children's own views on their well-being (SWB).

Unlike objective measures that rely on factual information, SWB is a person's own assessment of how life is going and involves questions that ask people to rate their feelings. It allows domains that are very hard to measure objectively to be measured (e.g. quality of relationships). SWB has been found to predict future health, mortality, productivity, and income (Helliwell, et al., 2013) and better educational results (Department for Education, 2011). There is now substantial evidence, mostly from the US, of associations between low SWB and other issues in children's lives such as violence, aggression and offending behaviour; likelihood of victimisation; risky behaviours; eating disorders; depression, loneliness, suicidal thoughts and running away (Proctor, et al., 2009; Rees, 2011).

In recent years, child well-being has become a priority in many countries (<http://www.oecd.org/els/family/child-well-being-2015.htm>). However, a review of the evidence base (Goswami, et al., 2016) highlights that whilst there have been enormous strides in understanding well-being, measures of children's well-being have often originated from the work on adult well-being and have used a limited number of well-being domains.

### ***Defining and measuring well-being***

Well-being is a contested construct, although for most people they have an instinctive understanding of what it means (Ben-Arieh, et al., 2014). Available definitions are often descriptions. For example Shah and Marks (2004) state, *Well-being is more than just happiness. As well as feeling satisfied and happy, well-being means developing as a person, being fulfilled, and making a contribution to the community* (p2). Seligman (2011) states that well-being is made up of several measurable domains each contributing but none defining well-being. Those domains are: positive emotion, engagement, relationships, meaning and accomplishment. Similar domains appear in most discussions and measures of adult and child well-being.

There are two broad approaches to measuring well-being. The first approach uses objective factual measures such as educational results, or the number of teen pregnancies whilst the second approach asks people how they *feel* about aspects of their own lives. This latter approach, where people self-report, is known as subjective well-being (SWB). SWB is seen as increasingly important in understanding *what matters to people* and in developing policy that supports our quality of life (ONS 2011). The Measuring What Matters programme (ONS 2011) that began in England in 2010/11 concluded that people's objective circumstances can improve but this does

not necessarily translate into *feeling* that life is improving. For example, crime can go down but people are more fearful of crime. Similarly, a local authority can improve placement stability but does that result in looked after children feeling more secure? It is important to understand both objective circumstances and subjective experiences.

In this study we were influenced by the work of the New Economic Foundation (NEF) (Figure 1 Foresight 2008) and used SWB to mean how children feel (e.g. happiness, life having meaning) and how they are functioning and flourishing (e.g. relationships, self-efficacy, life getting better)

Figure 1 about here

NEF's model suggests that personal resources (e.g. self-esteem, optimism) play a key role in maintaining well-being but research (e.g. Ungar, 2013) highlights how children who have been subjected to traumatic experiences are less able to use their own resources and rely much more on external factors to maintain well-being. In those situations, the role of Children's Services becomes of greater importance in improving well-being. Seligman's (2011) concept of flourishing is also particularly apt in conceptualising and measuring looked after children's well-being.

### ***Research on children's subjective well-being***

In England, the research led by the Children's Society and the University of York has been instrumental in creating national surveys that have resulted in the annual Good Childhood Reports (e.g. Children's Society 2015, 2016). Beginning in 2005, the researchers consulted with 8,000 children asking what they thought were the most important ingredients in having a good life (Rees, et al., 2010). Children identified a common set of domains (ibid): relationships (family and friends), environment (home, school, neighbourhood, possessions), satisfaction (with

appearance, life overall), happiness (current, sense of a future and life worthwhile life), safety (free from bullying) and choice (a say in decision-making, opportunities). The findings informed the development of the International Children's Worlds surveys (2015) that have been completed by over 90,000 children in 22 countries and the surveys developed by the ONS measuring national well-being in England (Beardsmore, 2014). Although the evidence base on children's SWB has improved there are major gaps with looked after children, ethnic minority groups, disabled children, refugees and young children's views not well represented (Bradshaw and Mahew, 2005 and <https://whatworkswellbeing.org/>). Little is known on whether the domains identified as important for the SWB of children in the general population also hold true for these children.

### ***Research on looked after children's subjective well-being***

Research in other countries has begun to examine the SWB of looked after children: for example in Spain (Llosada-Gistau, et al., 2015), Australia (<http://www.australianchildwellbeing.com.au>) and New Zealand (Fulcher and Garfat, 2013) but there has been little work done in the UK. There have been a number of literature reviews in the UK which explore children's views on their care experience (e.g. Davies and Wright, 2007; Dickson, et al., 2009; Statham and Chase, 2010; Dex and Hollingworth, 2012; author's own 2014) but these do not focus specifically on SWB.

Holder and colleagues (2011) conducted one of the only UK studies that *directly* asked looked after children about their well-being but did so using a *predefined* set of domains. Based on the researcher's review of the literature nine possible domains were identified: physical care; feeling safe and secure; school support; help and encouragement; communicating; feeling understood and being involved; recreation and leisure; relationships with family; relationships with friends.

Twelve young people (aged 13 years and above) were asked to test the domains in focus groups. The researchers concluded that the domains did not capture everything that was important for looked after children and that much more work was needed to understand looked after children's SWB.

## **Aims and method**

Here we report on one stage of a research project that set out to a) understand what well-being meant for looked after children and b) to use the information to create surveys that could be used by local authorities to improve services. The research differs to that of Holder and colleagues in that: larger numbers of looked after children were involved (18 focus groups were conducted with 140 looked after children); a wider age range (5-24 years) was included; and children and young people were able to decide what mattered to their well-being rather than using a predefined set of categories. There were between five and ten young people in each focus group. Two of the focus groups were held with very young children (aged 5 – 10) and the rest with teenagers and young care leavers. The majority of the young people in the focus groups were living with foster carers, but some were living in residential homes. The number of ethnic minority young people attending the focus groups was reflective of national statistics on ethnic minority young people living in care.

Our research was informed by a children's rights framework (James and Prout, 2005) with an emphasis on the child as an active agent and of being competent and able to express an opinion. Whilst, a children's rights-based approach to research is now quite common it has been rarely used in relation to survey measures. Unicef (2016) have recommended that children's voices



should always be built into data collection processes stating: “children need to be able to shape the questions asked in surveys of their own lives and well-being” (p.41).

The Bright Spots research was launched with a press release that generated interest from 13 English LAs: nine of whom participated during the focus group stage. A young people’s project group established by (withheld for peer review) advised and helped to design the recruitment leaflets that the nine LAs distributed to looked after children in their care. The LA participation worker collected consent forms and set up the focus groups but did not attend the group, although was available in case of any distress. Specialist focus groups were also run for children under 10 years old, care leavers, and refugee and asylum-seeking young people and children with disabilities.

Each focus group was facilitated by a participation worker from (withheld for peer review) and the same researcher from (withheld for peer review) attended every group. The research had ethical approval from (withheld for peer review). Focus groups provided a way of being able to listen to the views of many children and have been previously been used to understand children’s thoughts on their quality of life (e.g. Ronen, et al., 2001; Ellermann, 2007). They can be an effective way of encouraging children to share opinions without necessarily drawing on their direct experience, which might be sensitive and personal (Tisdall, et al., 2008). The children and young people attending the groups were keen to participate but also let us know that they were “fed up” with answering questions and completing forms that made no difference to their lives.

A variety of exercises were used as a springboard to discuss well-being and to test out the domains used by the Children Society in their surveys. Exercises included asking children and

young people to write down all the people they knew, and to identify their three most important people and to think about why they had chosen them. Other activities included: transition maps, where the young people were asked to draw a map of their life journey, indicating significant moments, such as starting school, or moving placement and then, if they wished, to talk through the way they felt at those times and what helped them or might have helped them to overcome any difficulties; pretending to be an inspector visiting a foster carer's home and describing the things you would expect to see in a good home; drawing a large outline of a social worker or carer and inside the outline drawing pictures or writing down the key qualities they would hope to see in that person.

Different response options were offered to enable everyone to contribute and to ensure the loudest members did not dominate (Watson, et al., 2012). For example, books were designed that enabled children (who disliked speaking in groups) to write or draw responses or we broke out into smaller groups and worked individually for some activities. We made sure to ask the children what they meant by their pictures so as not to add our own potential misinterpretation of their work (Darbyshire, et al., 2005). Part of the aim of offering mixed media response options was to create a fun session that everyone would enjoy and the children's evaluation of the groups were very positive.

The focus groups were transcribed and analysed using a thematic framework approach (Ritchie and Spencer, 1993). Transcripts were read and re-read to establish the main and sub themes that formed a coding framework in Excel. A thematic framework approach allowed children's responses to be grouped into domains. We were particularly looking for similarities and differences to the domains used in the national well-being surveys. The qualitative data were

coded into the relevant headings, making notes of specific points of interest or thematic links during this process. Individual children could not be distinguished from the recordings, but findings were grouped by focus group to identify any unusual responses. The domains and indicators (Table 1) were later used to develop questions and online surveys were created (author's own). Here we focus on findings from the focus groups on the domains that looked after children said were important to their well-being and how their views were similar or differed to those of children in the general population.

## **Findings**

It was clear from the focus groups that there were several areas of well-being for looked after children that differed to those identified by the general child population. The Children's Society Good Childhood reports (2016) and the Children's Worlds survey ([www.isciweb.org/](http://www.isciweb.org/)) have 10 domains. The domains are: Family, Home, Friends, Choice, Health, Appearance, Time Use/Leisure, Money and Things, Future, and School.

### ***Family and friends***

All surveys of children's SWB ask about relationships with parents and friends. Of course, these relationships were of central importance for looked after children but unlike most children, looked after children said that their SWB depended on their contact arrangements with family members (including siblings) and also their relationships with social workers and carers. Looked after children and young people emphasised that what was important to their SWB was getting their contact arrangements right. Some children wanted more contact with their parents, some had made a choice not to see parents and other children did not understand why contact was

not taking place. The role of the social worker in making the practical arrangements, listening to what children wanted and taking the time to explain if children's wishes could not be met was crucial.

### ***Social worker***

Children in the focus groups described the significance of being able to trust their social worker. Some children wanted to be able to confide in their social workers: some because they had no-one else in their lives to trust. Children said:

*I trust her, she is a lovely person, she helps with everything ... I could ring her up*

However, trust was damaged by constant changes of worker. For example one young person said:

*My old one [social worker] – I would say yeah – I trust her fully. She was my first social worker when I went into foster care so I've told her everything. My new one – not really, I hardly see him.*

Children thought that positive relationships with social workers were promoted by: being able to easily contact their social worker, spending time together, and not having constant changes of social worker. Children said:

*I think that the worst thing is, that you have a temporary social worker and they read a bit of paper or they come and see you and you can tell that deep down they are judging you... They've formed an opinion – but they are not around long enough for you to kind of show them.*

Some children did not have an allocated social worker, others had experienced many changes of worker whilst others had to first ring a 'customer care centre'. Not knowing whom they would be talking to when they rang the department was a source of stress, as it meant that children had to constantly re-tell their story to whoever answered the phone. The following young person described how frustrating this was for them:

*You just have to call up someone in the office – it's like talking to different people all the time, sometimes it's nice just to be able to talk to one person and not have to worry about going back over everything,*

Small acts of thoughtfulness such as being informed when their social worker was going to be on leave were highly valued. Many children said that such acts rarely occurred:

*My old one I'd call up and her phone would be switched off – and I'd call the office and be like "Where's my social worker?" and they'd be like, "She's on annual leave for 2 weeks".*

### **Carers**

It might be considered appropriate for relationships with carers to come under the heading of 'family' - a domain also present in the general population surveys and therefore unnecessary to capture through a separate survey for looked after children. However, many looked after young people did not regard their carers as 'family' but nevertheless were an important relationship. Two key elements came out of the focus groups discussions as being particularly important. First, it was imperative that the young people felt their carer's commitment and support, as in the following extract:

*I don't think I'd be the person I am today at all, or where I am in my life without their (foster carers) support....(They) supported me through thick and thin, when I've been in trouble, or my siblings have been in trouble. They've always been there...*

Second, it was essential that their carer had the capacity to look beyond their sometimes difficult behaviour and recognise how children were feeling. Children used words such as carers “being there” and having the time to listen to concerns and of “really knowing” them. Children said:

*Two of my old care staff cos they like support me. If I just want to have a rant about how crappy things can be.*

*She is one of those people that knows when I'm upset and she knows when I'm annoyed and need to be on my own.*

### ***A trusted adult***

There has been a great deal of research (e.g. Masten 2015) examining why some children recover from adverse experiences and others continue to have difficulties. The role of parents has been found to be central to recovery providing the safe and trusting relationship that children need. Looked after children may have parents who are unable or unwilling to fulfil this role. Gilligan's (2001; 2015) work on building resilience highlights the importance of a trusted adult in looked after children's lives.

Trust was the word used the most in the focus groups. Rotenberg's (2010) framework for conceptualizing children's interpersonal trust describes three bases: reliability (e.g. keeping promises), emotional trust (e.g. keeping disclosures confidential, not causing embarrassment),

and honesty (e.g. being genuine). All three bases were described by children in the focus groups, as the qualities they were seeking in trusting relationships but were sometimes absent.

Looked after children described relationships based on reliance (e.g. relying on social workers to arrange family contact) but gave fewer examples of trusting relationships with professionals that went beyond this in terms of emotional trust and honesty. Yet being able to trust someone fully is thought to be a key factor in recovery from trauma and in becoming part of the social world (Rotenberg, 2010). Children and young people that were able to describe trusting relationships, said that these came from a range of sources including siblings, neighbours, behavioural workers, social workers and foster carers. It was not necessarily important to children whom the person was, but that this person gave them: unconditional support, was a consistent person in their lives, and was available when needed. Siblings often fulfilled this role, as in this example:

*My sisters ring me every night to make sure I'm alright – I know she's thinking about me.*

*... I know that she's always there to support me. My sister always wants me to do better things, like when she's pushing me to do more, it's always like up to me to fulfil it, rather than go against her. So, just to please her by doing it.*

### ***Being trusted and given responsibility***

Children wanted to have adults in their lives who they trusted and in turn who trusted them. Some children and young people thought that they were not trusted because they were in care, or had made mistakes in the past and were not given a second chance. A primary aged child complained plaintively that he was never asked to show visitors around the school or deliver messages for teachers. Children emphasised the importance of having roles other than that of a

looked after child. One teenager described how supporting her siblings had helped her become a caring person:

*Cos they've (siblings) made me the person that I am, so like, I'm not a selfish person, I think of others before myself, and I'm always there if (siblings are) in trouble, if they need money. Just generally try and help them out and always try and make them feel better about themselves, when other people around them have made them feel really shit.*

Having second chances was very important for the children because it made them feel that they were worthy of another chance and showed recognition of the impact of previous experiences. Many of those attending the focus groups said that they did not get a second chance as expressed in the following extract:

*I had one placement where if I was 20 minutes late back for tea – tea was at 6 o'clock and if I was 20 minutes late back – she (foster carer) binned it.*

### **Pets**

The ONS work examining the well-being of children and adults in the general population (Hicks, et al., 2011) found that pets were more frequently mentioned by children than by adults. The looked after children we spoke to, across all ages, described the benefits of having a pet. Pets were very important with children explaining that they could speak in confidence to a pet, with nothing revealed or recorded nor did they have to consider the response they might receive. Pets were always happy to see them and could be held and stroked. Simply being able to voice their concerns without fear of repercussions may be a crucial stepping stone towards engaging in therapeutic support (O'Haire, et al., 2015). Children said:



*I trust animals, because they can't talk. Can't say anything behind your back.*

*I can talk to my dog all day, cos he doesn't talk back. They are the best thing to speak to because they do not talk back.*

### **Money**

Lacking money and possessions was very important to children's SWB in the general population but less so for looked after children. Most children spoke of having more pocket money and being given more opportunities as a result of becoming looked after

*I know that if I didn't go into care, I wouldn't have had the opportunities that I've had, little things like going go karting, going horse riding, going on treks, going abroad and stuff like that*

A few children said they were not able to have fun, as their weekend activities were determined by having to follow their carer's interests or their pocket money was insufficient to do similar things to their friends.

### **Having choice and involvement in decision-making**

The Children's Worlds analysis found that UK children, in comparison with children from other countries, had less awareness of their UNCRC rights (Rees, et al., 2015). We did not ask specifically about rights in the focus groups but looked after children talked spontaneously about entitlements. For example, children knew their pocket money entitlement but not that they had a right to an advocate if they wished to make a complaint. Similarly, children wanted to be more involved in decision-making but were unaware of their UNCRC Article 12 rights. Article 12 states

that when adults are making decisions, children should be given good information to help them give an opinion, have the right to say what they think should happen and to have their views taken into account.

A young person's ability to be fully involved in decision- making is premised on that young person being given the correct information upon which to base their judgements. From the focus group findings it was clear that looked after children were often denied key information, especially about their background. Unlike children in the general population who have family members who hold memories and photos of childhood, looked after children often have no-one fulfilling this role. Some of those attending the focus groups spoke about the confusion they felt because no-one had given them a detailed explanation of why they were in care. One young person described their appreciation of the gradual way that the social worker had given information on her family background:

*I feel like I could trust my social worker more once we had the conversation and she told me a bit, and then a bit more, and then I asked her to tell me why I were in care and she told me why, and I were upset and everything, but it was better that I knew.*

### ***Bullying and feeling different***

All children can experience the negative effects of stigma if they stand out as being different in any way and children in the general population can be the victims of bullying because of perceived differences. The frequency of bullying is asked in all the general population surveys and analysis of the Children's Worlds survey (2015) shows that being free of both physical and psychological bullying is strongly associated with greater SWB.

Children in the focus groups stated that they had been bullied and believed that they were marked out as different because they were in care. Most of the children preferred to keep their status as a looked after child private and wanted professionals to do the same. These were often children who: felt less positive about their position in care; feared being bullied; were newer to the care system and unsure about how they felt about being in care; or did not want their friends to ask about complex family situations as described by the following child:

*When we used to get picked up on occasions by the social worker – it was quite embarrassing cos like my friends were there getting on their buses and they could see ... So they all knew what was happening and would ask us.*

Children appreciated efforts that avoided drawing unnecessary attention to their looked after status. One teenager described how grateful she was when her social worker removed her badge in public:

*That's what I love about (name of social worker) – when we went out – she didn't wear her badge so you didn't feel like everyone knew that I was with a social worker.*

Children also thought that much more needed to be done by professionals to counter the stigma associated with being in care. A young person said:

*When you're younger the fact that there is someone bullying you because you've been in care, ... gets to you more cos, they're right, you are in care. You don't feel strong enough about it to stand up and say, "So what, I am!" As you get older and you accept it more, it seems that people are gonna stop seeing you as being in care, but see you as an individual*

*and you're more willing to stand up and say, "I am in care. You can say what you like. You can stereotype what you like, but I am defeating the odds."*

## **Health**

General population surveys ask about obesity, disability and happiness with health. The looked after children that we spoke to in the focus group said that what mattered to them was support to help them with any difficulties. Article 39 (UNCRC) states that children who have experienced neglect, abuse, exploitation, torture or who are victims of war *must* receive special support to help them recover their health, dignity, self-respect and social life.

Children and young people in the focus groups stated they did not get the help they wanted. For example, children who were asylum seekers relied heavily on a charity's specialist advocates but that support was time limited and dependent on insecure funding. Another looked after young person who was also a mother, thought there was little support or expert knowledge to help her when she was trying to find out how she could continue her education and parent her child. She explained:

*It would have helped if they could have done some research to see what kind of help I can get.*

Consistent and long-term mental health support was wanted by many looked after children. Loss of valued support could be devastating, as described by the following young person:

*I had a mental health nurse for 2 and a half years, and I had to lose her because of my age, and she was the most important person to me. She was only allowed to work with me until I was 18. I hated every minute when she had to leave. She was the one person,*

*she knows everything about me, there's not another person in the universe who knows as much as she knows.*

### **Learning life skills**

Some of the care leavers that we spoke to in the focus groups described to us the loneliness and the isolation they experienced. Whilst most young people rely on their parents to support them into adulthood, many of the looked after young people did not feel as though they had been prepared. A young people who had felt prepared by her foster carers said:

*They used to do little things that would help me grow up, like they would go out for the day, and they would ask me to stay in on my own and give me a few jobs to do. If I did it, they would reward me for it. ... You don't realise how much it helps you until you end up moving out and end up being independent.*

Some of the life skills came from observing the behaviour of their carers. One young person talked about the coping skills that she had observed:

*I've seen my foster carers at some of their lowest points and I've seen how they work through it and still been able to support everybody in their life*

### **Creating the on-line surveys**

From the analysis the key domains in children's lives were identified and indicators and questions that could be used to measure the domains were developed (Table 1). Working with three of the focus groups, the children and young people whittled down the initial set of questions to an acceptable survey length. To these were added were added four questions used in the general

population surveys of children and adults. The four questions, using a scale of 0-10, ask about overall life satisfaction, happiness, feeling that life is worthwhile and feeling positive about the future. Surveys were piloted with 85 children and young people and further refinements made.

*Table 1 (about here)*

## **Discussion**

After examining the literature and listening to children and young people in the focus groups, it was clear that the concerns of looked after children were not adequately addressed in the measures used with the general population. This is not surprising given that looked after children make up a small part of the overall population (60 in every 10,000 children are looked after, DfE, 2016) and it is for this reason that their voices and specific issues were lost in the development of a national wellbeing measure.

Our focus groups did identify a number of similar domains to those used with the general child population. However whilst the domains may be similar, the indicators and emphasis differed for looked after children. For example, the importance of family is highlighted in all studies of SWB (e.g. Hicks, et al., 2011) but whereas population surveys ask about the frequency of talking together or quarrelling with a parent, looked after children wanted contact arrangement in place that met their wishes. Similarly, being involved in decision-making and having choice feature strongly in broader work on children's well-being (e.g. Fattore, et al., 2009; Children's Society, 2012). However, for looked after children, being involved in decision-making on placement

moves, contact arrangements and care plans were central to looked after children's happiness. These areas would have no significance to the general child population.

We also identified a number of indicators that are not included in other SWB measures, yet could be argued are important for all children e.g. having trusting relationships, and relationships with pets. The importance of these factors for looked after children may be greater. It may be that the changes of social worker and placement changes that many children experience accentuate the need for a consistent reliable adult. Pets too may provide a safe relationship with the added therapeutic benefit such relationships can provide.

It must be remembered that the survey was not intended to be a replacement for the Children's Society survey. We simply argue that the domains used in their good childhood index do not capture the specific needs of looked after children. Whilst the Children's Society could adapt their survey for children in care, practically this is unlikely to be feasible as their annual survey uses a sample of 2,000 households, which would include very few looked after children and would provide no useful information for individual Local Authorities.

One of the aims of this project was to develop a survey that Local Authorities could use to help them understand the SWB of their own looked after population. Therefore, the measures and questions that are included in the survey are all factors that Local Authorities can influence. Earlier in the background section, we noted that looked after children are likely to have fewer personal resources and to be more dependent on external conditions for their wellbeing than the model proposed by NEF. Therefore, local authorities need to have a much better

understanding of the SWB of the children in their care, the areas where they are doing well and where they need to improve.

At present the Department for Education national statistics do not measure the things that looked after children say are important. For example, there are statistics on social worker turnover but not on how many social workers children have each year. Neither do regulations support what matters to children. There are requirements for adopted children to have a life story book but not that all looked after children have an age appropriate account of why they are in care.

We hope that work going on at government level to measure the general population's SWB also considers looked after children. Article 4 of the UNCRC states that Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled and that this involves assessing their services as well as levels of funding for these services and to take the necessary steps to ensure that minimum standards set by the convention in these areas are being met. In relation to children in care, these minimum standards are that their care and treatment must always take into consideration the best interests of the child (see articles 3 and 25).

In this light, SWB surveys should not simply be a means of data collection, but provide a tool for development, action and improvement. To ensure the best standards for children in care and that services are constantly being assessed and improved to meet children's best interests. The first local authority that piloted our well-being surveys made key changes, as a result of what their children said. For example, every child was given a direct dial number for their social worker,



IROs were tasked with asking if children knew why they were in care, and the young people's participation groups created 'welcome boxes' for those entering care. Eight new LAs are using the surveys to collect information on their children's SWB in 2016. We hope, through this next phase of the study, that we can learn more about the SWB of looked after children and begin to identify and share practices which enable looked after children to flourish.

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