

The case for national measurement of children's well-being

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The case for change¹

Children's well-being in the UK is in decline.

Our young people are anxious. Within the OECD, only young people in Turkey and Korea are more anxious than young Britons. National surveys of mental ill-health show increasing levels of emotional problems like depression and low mood, particularly among older teenagers.

Our young people are lagging behind their international peers when it comes to education. By the ages of 16-19, young people in the UK have the lowest literacy rate, and the second lowest numeracy rate of all OECD countries.

Increasing numbers of children are not safe. Numbers of children being removed from their families to the care of state have risen 24% in the last decade. There have been huge increases in safeguarding referrals for children suspected to be at risk of abuse and neglect.

Many children are inactive and rarely get the exercise they need to stay healthy. By the time children turn 15, the UK ranks 115th out of 122 countries included in the World Health Organisation's physical activity rankings.

The social contract society has with young people, to ensure they live a better life than older generations, is at risk of breaking.

Despite being worried about the future, young people are still optimistic. They can overcome these challenges.

But we must support them and do what we can to address the problems they face today. We must hold ourselves to account so we can demonstrate the progress we have made.

Improving the well-being of the current generation of young people is one way to ensure that they grow up to become happy and confident adults.

There is lots of evidence about improving well-being. We do not need to re-invent the wheel. Prioritising children's well-being in policy and service delivery could yield significant results.

But if we are to be truly accountable we must measure our progress. We must have a baseline of data from which to make decisions and we must understand change over time.

Comprehensive measurement of children's well-being would provide the foundation needed to rebuild the social contract.

¹ The evidence presented on this page is also referred to elsewhere in this document alongside full references.

The state of children's well-being

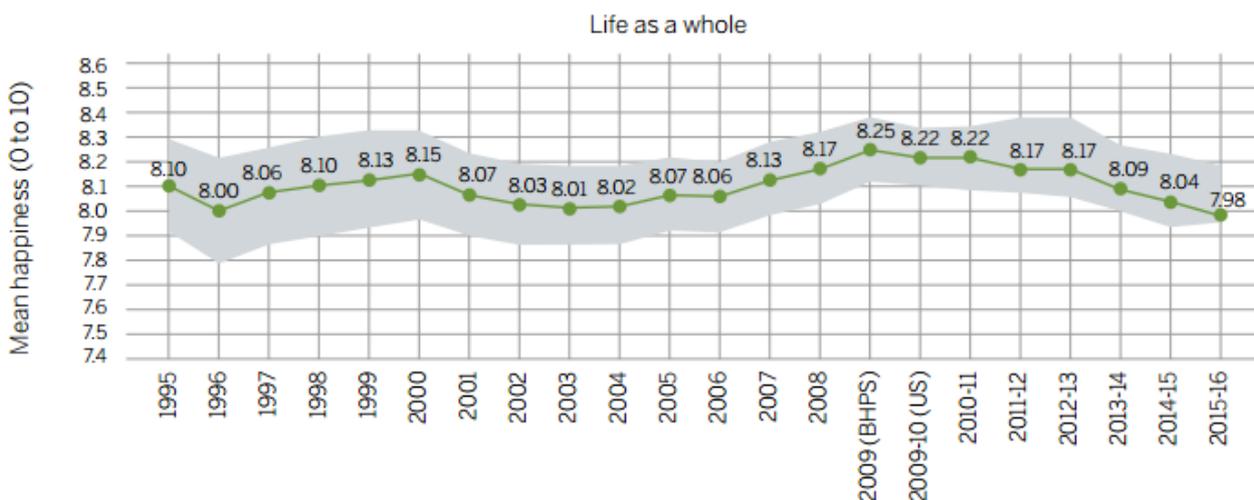
In comparison to children in other countries, children in the UK are particularly unhappy with their lives. The most recent OECD's PISA rankings (2015) measured children's well-being for the first time. Out of the 45 countries that took part, the UK ranked 38th. This is below the OECD average and placed the UK 24th out of the 26 European countries taking part.ⁱ

Estimates of the proportion of children with low well-being in the UK vary but most studies suggest it is between 5 and 15% of children between the ages of 10 and 17. In 2018, the Children's Society's multi-item measure of subjective well-being, for example, finds that 11% of 10-17 year olds had low well-beingⁱⁱ whereas the OECD finds the proportion of children 'not satisfied' with their lives to be approximately 16%.ⁱⁱⁱ

Children experiencing low well-being are living in a range of circumstances and can face many different challenges. Our own research at The Children's Society has linked low well-being to mental ill-health, experiences of multiple disadvantage, ill health and adverse family finances, for example living in a family coping with problem debt.^{iv} Other studies have linked low well-being with poor academic attainment.^v

Over the last 20 years, significant social change and concerted efforts by policymakers to improve children's well-being could have resulted in progress towards a country where our children are happier and outcomes generally are improving. However, longitudinal data going back to 1995 shows that we have made no progress in improving the well-being of our children. Indeed, since 2009, children's well-being in the UK has been in decline. Indeed it is now lower than at any time in the last 20 years.

Figure 1vi: Understanding Society and British Household Panel Survey – 'Life as a whole' 1995 to 2015-16, children aged 11-15



The policy response

In recent months, there have been some significant developments in relation to how the government talks about and responds to children's well-being. On World Mental Health Day, the Department for Education published a "State of the Nation" report on the well-being of children and young people.^{vii}

This report, drawing on secondary data, provided useful insights into the state of well-being. We hope it will become an annual publication. The Department are also currently working on guidance for schools to support well-being measurement.

Last year, NHS Digital published the results of a large-scale snapshot survey into children's mental health that included a measure of well-being and provided updated insight into the scale of mental ill-health among children and young people in England.

Both these developments are linked to the Government's long-term agenda to improve children's mental health; including NHS teams embedded in schools to support children with low to moderate mental health needs and increased NHS funding for Child and Young People's Mental Health Services.

Increased attention on well-being in schools has also become of interest to Ofsted. A new schools inspection framework includes stronger requirements for schools to meet on well-being. This is a positive development but it does not go far enough. Unless we can properly measure and quantify how schools improve well-being then Ofsted will be making judgements about schools' work to support children well-being in a subjective manner decided by teams of inspectors who may hold significantly different views on what is, and is not, good for children's well-being.

Such a range of commitments are of critical importance and reflect rising concern about children's well-being. However, this patchwork of announcements is unlikely to be successful unless it is consciously brought together into a comprehensive strategy against which we can properly measure our progress. For example, even relatively simple commitment, like the annual report into children's well-being, could be judged as overly ambitious given the existing data available.

Making the shift to well-being economics for children and young people

Children are the focus of much national and local policy making and spending as a result of their particular developmental needs and special status within society. We spend significant sums of public money on education, social care, health, housing, and welfare, to name but a few areas, to support and improve children's lives. This spending must be properly directed, in an evidence-based manner, and achieve positive outcomes.

We argue that well-being economics, and children's subjective well-being specifically, are important but under-utilised tools that should be used to inform decision making and to understand the outcomes of specific policies. If we are to truly do the right thing to ensure that children have happy childhoods and grow up to thrive in adulthood then we must take steps to ensure we properly understand how children feel about their lives and what we can do to make them happier.

The idea that well-being should be at the centre of national policy making is not new. In the UK well-being economics is often talked about by decision makers but the country has had less success putting into practice. One of the strongest cases for a more comprehensive approach to well-being was made by the Commission of Wellbeing and Policy, commissioned by the Legatum Institute in 2014.^{viii} More recently the APPG for Well-being Economics made the case in relation to a planned Comprehensive Spending Review in a publication entitled 'A spending review to increase well-being'.^{ix}

Whilst well-being economics is increasingly used when designing policies aimed at adults it is relatively under-used when designing policies aimed at children and young people. There are many

reasons for this ranging from a lack of data through to over-reliance on objective indicators of children's lives and progress like their educational attainment.

In this briefing we focus on the data. Without a reliable and comprehensive mechanism to collect well-being data we are unlikely to make significant progress in designing and implementing improved policies for children and young people.

The barriers to using well-being economics for children and young people

Currently, any attempt to introduce well-being as the central lens for policy making in relation to children and young people would be unlikely to succeed. This is because any strategy would require comprehensive data to draw a baseline, identify key areas that need to be addressed and to monitor progress to hold decision makers accountable.

The Office for National Statistics does publish annual data on children's well-being for the UK. Utilising data paid for by the The Children's Society in its annual household panel survey, which gathers responses from around 2,000 children about their well-being, along with information from their parents about other important factors like household income, the ONS publish three headline measures of children's well-being. These are overall life satisfaction, happiness yesterday, and whether or not children feel the things they do are worthwhile.

This headline data is published alongside a range of other indicators of objective and subjective well-being. In total there are 31 indicators, of which 19 are collected by a third party and 12 are official "National Statistics". For more information about what national surveys provide well-being data and the measures they use see Appendix 1.

Some data is useful at the local level but these datasets tend to concern objective measures of children's well-being. As a result the Government may have an understanding of 'what' children are doing and experiencing in their day to day lives, but not about 'how' they feel about these things, nor about how these things are related to one another.

The shortcomings of this approach are further highlighted by the activity of the devolved Administrations, all of whom have taken additional steps to augment well-being measurement in their nation in order to improve its efficacy.

In Wales, a comprehensive approach, based on the Health Behaviours Survey, but in all schools instead of a sample, has provided unprecedented data for Welsh Government, local authorities, schools and parents to understand the well-being of children.^x This all supports the well-being aims outlined in the Wellbeing of Future Generations (Wales) Act.^{xi}

In Scotland, the Scottish Government's biennial "Scottish Schools Adolescent Lifestyle and Substance Use Survey" (SALSUS) provides both information about mental health and well-being using a sample of 30,000 students of secondary school age.^{xii} This is fed into Scotland's national children's well-being framework^{xiii} that was created in response to the Children and Young People (Scotland) Act 2014.^{xiv}

In Northern Ireland the Executive's current strategy for children and young people places a duty on the Executive to adopt a strategy to improve the well-being of children and young people.^{xv} There is a well-being framework in place and initial rounds of surveys in schools have been undertaken with the Northern Irish Children's Commissioner has made calls for an annual schools survey.^{xvi}

By comparison, England's approach is underdeveloped. Whilst the national ONS publication is of high quality, and uses sizeable samples, there are clearly significant drawbacks for English decision makers relying on it to inform public policy.

There are three major drawbacks to the approach in England. Firstly, whilst the Government effectively "sponsors" some measurement (like 'Understanding Society' which is funded by the ESRC) it only has as indirect power to ensure that the data is collected in perpetuity.

Secondly, reliance on 'arms-length' or 'third party' data means that civil servants and decision makers cannot decide what questions are posed to respondents alongside questions to measure well-being. The ability to do this would allow government to have a greater understanding of, and be more responsive to, the most pressing public policy issues for children of the day.

Thirdly, and importantly, the available data is of limited use to local decision makers. This denies Health and Well-being Boards, local authorities, councillors, MPs, the NHS, schools, police and other public services the opportunity to gain a granular understanding of children's well-being in the local area they represent or work in.

Measurement of adult well-being in the UK

It is perhaps surprising that measurement of adult well-being is far more comprehensive than that of children in this country.

The national Well-being Measurement programme, established in 2011, resulted in extensive research with adults concerning their well-being. This resulted in a live dashboard, of 10 broad dimensions based on regularly and comprehensively collected data. The dimensions are: the natural environment, our relationships, health, what we do, where we live, personal finance, the economy, education and skills, governance and personal well-being. Some of these are tangible and easily measurable like education, health and housing, others are less concrete, like a sense of community and support network of family and friends.

Subjective data on adult well-being has been systematically collected since 2012 alongside the collection of data on the other 9 objective dimensions of wellbeing. The ONS collect this adult data quarterly as part of the annual population survey, with a sample size of 150,000. This allows the data to be disaggregated to the local authority level.

This data has provided the opportunity for researchers to explore the relationship between wellbeing outcomes and other factors. Crucially the qualitative insights gathered at the start of the national Well-being Measurement Programme about what adults said was important are now backed up by the empirical subjective well-being data. It is clear that health, social connections, job satisfaction and economic security, as well as the present and future conditions of the environment are consistently found to be important drivers of adult well-being.^{.xvii}

As a result, the UK now has a working definition of well-being, complemented by data on subjective well-being, which helps us understand how we are doing nationally and locally. Whilst well-being continues to be a complex topic, there are now valid definitions and measures to work from.

The What Works Centre for Wellbeing has consolidated research findings to identify the positive and negative drivers of wellbeing, to improve understanding of the relative impacts of circumstances and life events. In doing so, they have also identified common factors associated with interventions that work to improve well-being, specifically those that are associated with empowerment and agency.^{.xviii}

What can better national measurement of children's well-being achieve?

More robust measurement of children's well-being would be useful for a range of policy and decision makers at both the local and national level. One of the arguments often used in 'measurement' debates around public policy is that measurement can often be a distraction from "just getting on with it" and implementing the changes needed.

In this briefing, we look to respond to that challenge in two ways. Firstly, without good measurement, it is difficult to know what needs to change and what works in bringing about change. Whilst there is excellent evidence in a range of different areas of public policy related to children that give clear direction about how to improve outcomes (most notably in educational attainment for example) there are still significant gaps where there is not good evidence as to what works to improve outcomes.

Secondly, we want to make the explicit point that a single, comprehensive dataset about children's well-being, alongside a range of other indicators, would meet a range of policy needs across government. Many different Whitehall Departments, local decision makers and a wider group of stakeholders would stand to gain from better measurement. As a result we argue that the investment needed to create a stronger national dataset would have a significant return.

In this section we provide four short case studies outlining the ways in which well-being measurement might allow better insight and evidence for addressing some of the major public policy issues facing decision makers in relation to children and young people in England.

Education

The UK has a history of evaluating its education system based on academic attainment. However, due to increased scrutiny of children's emotional health, Ofsted has recognised that wider issues need to be considered. In the Ofsted framework announced in May 2019, two measures have been added: evaluating learners' 'behaviour and attitudes' and their 'personal development'.

The 'behaviour and attitudes' judgement will assess whether leaders are creating a calm and orderly environment, where bullying is tackled effectively when it occurs. The 'personal development' judgement will recognise the work to build young people's resilience and confidence in later life.

Ofsted has taken a first step to evaluate our education system in a different, broader way. After all, outcomes (even attainment measures) are poor by international standards – suggesting that we must look to others and do things differently. The UK (and in particular England) performs poorly against its international peers in a number of key measures:

- England had the lowest literacy, and second lowest numeracy, rates of 16-19 year olds in the OECD. Over 20% has low literacy levels; and nearly 30% has low numeracy levels.^{.xix}
- The UK has relatively low average life satisfaction among 15 year old students. It ranked 37th out of 48 countries; and 24th of 27 Western European countries.^{.xx}
- UK Students are amongst the most anxious internationally. In particular, the most anxious quartile in the UK is more anxious than all but two other countries (Korea and Turkey)^{.xxi}

In response to the pressures feel that young people feel, and evidence linking life satisfaction and wellbeing with attainment levels ("a happy student is a learning student"),^{.xxii} a number of countries around the world are now measuring student wellbeing. The most prominent of these (but not the only one) is the Netherlands, which undertakes an annual self-assessed wellbeing measurement of every 14 year old. This is used to inform policy and practice at school, regional and national level.

Measurement is also undertaken in South Australia, where data from well-being measurement is regularly used to apply for funding for additional support or learning programs, determine where to allocate existing resources, set priorities, plans and goals in school, advocate for children's health and to ascertain programs and services required.^{.xxiii}

What could well-being measurement mean for schools?

An annual student and teacher wellbeing assessment could enable:

- Comparisons across the education system on what works well and less well – for example support for students who receive Pupil Premium or have Special Educational Needs (SEN),
- Objective assessment of schools' support for the whole child which would allow Ofsted to move away from a subjective judgement of school's work to promote 'personal development',
- Improvements to, and comparisons of, the wellbeing of teachers, which is essential to the performance of students,
- Identification and support for cohorts of children with low well-being who may be at risk of mental ill-health, exclusion, poor attainment or other negative outcomes,
- An evidence base to improve transitions from primary to secondary school.

Social Care

In 2017/18 there were over 780,000 children receiving help and support from local authority children's social care services as either looked after children or children in need.^{xxiv} These are children for whom who have experienced abuse and neglect and excludes significant numbers of other vulnerable children like young carers, or those with special educational needs.

Outcomes for these children are particularly poor. In 2018, the average Attainment 8 Score (maximum score of 90) for looked after children was 18.8 compared to 19.0 for children in need and 44.4 for the rest of the population.^{xxv} A 2015 study by the Rees Centre found that, controlling for length of time in care and placement, children in need, who live at home with family or guardians have worse educational performance than those who are looked after children in foster care.^{xxvi}

The data used to guide policy decisions at the local and national level is poor and focuses on statutory duties. For example, a 2016 feasibility study seeking to create an outcomes framework for children's social care found that only one child outcome variable and only one workforce variable had a statistically significant relationship with Ofsted ratings, and these associations were very weak.^{xxvii} In sum, the things we are currently measuring in social care do not always appear to be linked to positive outcomes for children and young people themselves.

The problems with social care data highlight particularly clearly how professionals and decision makers are disadvantaged without a clear insight into how children and young people themselves feel about the quality of their lives – this is crucial when it comes to repairing and strengthening relationships – the mainstay of children's social care.

Furthermore, in recent years spending has shifted significantly from early help and early intervention services to statutory services that are made when clear instances of abuse and neglect have already occurred.^{xxviii} With the shift to later intervention comes an emphasis on different outcomes – like a child's immediate needs and physical safety – and less emphasis on their well-being and asset-based approaches.

Well-being and related indicators are already used in a range of outcomes tools for social care^{xxix} but practice is not standardised and the national dataset on children's well-being is not nuanced enough for professionals to use it to help benchmark their work supporting the most vulnerable children.

What could well-being measurement mean for social care?

Data about children's well-being could be used to:

- Make relative judgements about the effectiveness of services for looked after children and children in need in improving and promoting positive well-being,
- Identify wider challenges faced by children known to social care – like bullying or neighbourhood safety that, if addressed alongside abuse and neglect may secure more stable long term outcomes,
- Understand the efficacy of different interventions and underpin commissioning strategies
- Support the identification of 'hidden' children who are at risk of abuse and neglect but unknown to children's social care.
- Provide a mechanism for both quantitative and qualitative methods for ensuring that the voice of the child is central to all decision making.

Mental Health

The mental health of children and young people in England is of increasing concern. The most recent NHS prevalence survey of children and young people's mental health found that rates of mental ill health had risen from 9.7% of 5 to 15 year olds in 1999 to 11.2% in 2017. This small increase is, in part, due to an increase in 'emotional disorders' like depression and anxiety, which they survey, found to affect just under 15% of 17-19 year olds.^{xxx}

Improving children's mental health has been a significant policy priority for the government. Record investment following the Future in Mind Report^{xxxii} and within the new NHS Long Term Plan^{xxxiii} will see spending on children and young people's mental health services grow significantly. Even with more funding for NHS support and new services in schools there will still be a large treatment gap – currently the NHS only support 33% of all children with a diagnosable mental health condition.^{xxxiii}

Our own research has found that low subjective well-being and mental health conditions like anxiety and depression are linked. Whilst well-being and mental health are not the same concepts our analysis of the millennium cohort study found that 47% of 14 year olds with low subjective well-being also had high levels of depressive symptoms.^{xxxiv} We also explored the extent to which low well-being and high depressive symptoms were linked to self-harm. Whilst the clinical scale used to diagnose depression and anxiety was more closely linked to self-harm (61% of those who had self-harmed had high levels of depressive symptoms) low subjective well-being was also closely linked (47% of those with low subjective well-being had self-harmed).^{xxxv}

This is an important finding if we are to do more to prevent mental ill health among our children. Whilst the clinical measure was clearly more accurate it would be unethical and inappropriate to use such a tool outside of a clinical settings where a medical professional would be able to respond to it immediately. In schools and for public health professionals however, it is clear that a simple and unobtrusive question about life satisfaction could provide important insight into levels of depression, anxiety and self-harm.

Furthermore, a focus on well-being provides an important mechanism for improving the lives of young people struggling with mental ill-health. Well-being and mental health are related but are distinct concepts. Policy focus on well-being, alongside improving mental health support could ensure that regardless of whether they have a mental health condition, children can live happy lives because of their ability to manage their condition and weather life's ups and downs.

What could well-being measurement mean for mental health?

Data about children's well-being could be used to:

- Provide an ethical and light-touch way of identifying cohorts and individuals at risk of mental ill-health – particularly those with emotional disorders like depression and anxiety who may be hidden and not known to services
- Provide evidence of what works to improve the well-being of children with mental ill-health – improving the quality of their life and increasing their resilience.
- Allow professionals to understand the emotional state of young people more holistically and to tailor their support as a result.
- Help determine required levels of investment in services for depression and anxiety in different areas.
- Inform local public health strategy to improve children's mental and emotional health.

Sport and Physical Activity

Like many other countries in the developed world, the UK is facing challenges in continuing to encourage physical activity, including sport. This is a particular challenge in the UK because young people in our country are considerably less active than those of other countries:

- The UK ranks 40th out of 54 countries in the OECD PISA 2015 survey. UK students who exercise vigorously number only 60% of the level of Iceland, the most vigorously active country (albeit of course much smaller than the UK). This may possibly be a contributor to the UK's lower student wellbeing.^{.xxxvi}
- people aged 15 and over - physical inactivity levels stand at 63.3%. The UK, according to this analysis, ranked 115th out of 122 countries for physical inactivity i.e. it has the eighth worst physical activity levels across these WHO countries, covering both adolescents and adults.^{.xxxvii}

There is increasing understanding of the positive link between physical activity and wellbeing. Such links are likely to be complex – exercise improves mood but may also benefit well-being in other ways – for example good physical health is linked to higher well-being.^{.xxxviii}

Elsewhere, experts are divided on a direct causal link between greater physical activity and increased educational attainment. Evidence remains unclear as to whether greater physical activity leads to better academic results. However, research confirms that physical activity has little to no negative impact on educational attainment.^{.xxxix}

Sport England now does some excellent research through its Active Lives Children and Young People Survey. It is one of the largest surveys of its kind in the world and does include measures of well-being (See Appendix B for more information on the survey). In time this work will produce a stronger evidence base on what forms of physical activity and sport are most strongly linked to high levels of well-being for young people in England. There would be increased efficacy however in a national approach that would allow benchmarking and more targeted interventions.

What could well-being measurement mean for physical activity and sport?

Data about children's well-being could be used to:

- Allocate sport and physical activity related funding in ways that both increase physical activity and overall well-being.
- Ensure that interventions using sport and physical activity have a stronger evidence base to use in social prescribing for children and young people with poor well-being – for example those with depression or anxiety.
- Provide better understanding of the relative contribution of sport and physical activity to the public purse
- Support the provision of sport and physical activity to the most vulnerable thus widening access and making sport more diverse and inclusive.

How can we get there?

Comprehensive national measurement of children's well-being is a worthy goal. There are many different ways in which the current state of measurement could be improved and these need to be properly explored. Here we explore how the Government could use the National Pupil Database as a lever for collecting widespread (almost census) data about children's subjective well-being between the ages of 11 and 16 in England.

Measurement in English schools

It is already standard practice in many English schools, particularly secondary schools, to conduct some sort of regular survey work to understand the lives of pupils. In the past, these were often co-ordinated by the local authority and used by both schools themselves but also by other local officials, especially in public health, to understand need, plan provision and monitor progress.

As the education landscape has become more complex, with 70% secondary schools now having academy status, it has become more challenging for local authorities to co-ordinate survey work with local children and young people, although it is worth noting that many still do and obtain impressive response rates.

While challenges have grown for local authorities, schools themselves have become more interested in understanding the well-being of their pupils. There has been significant activity in schools both measuring and responding to children's well-being. This has been driven by a desire, especially at secondary level, to better meet the needs of young people who might be struggling with emotional problems or mental ill-health.

Some schools have the skills and knowledge to manage their own survey work, but many utilise free platforms for well-being measurement or choose to use their budget to pay for support in measurement and analysis from third parties. The biggest example of funded, comprehensive, well-being measurement in schools currently is the HeadStart programme funded by the Big Lottery Fund which works in schools to build children's resilience and promote positive well-being.

Often school surveys include both subjective and objective indicators of children's well-being and may also include information about risky behaviours, mental health, attitudes towards learning, experiences of bullying, and other information like neighbourhood safety. Each survey tends to use different questions (often of varying quality) and so whilst many of the same issues are covered results are rarely comparable with those from other schools or local authority areas.

In sum, currently a great deal of time and resource is being expended to measure a range of varied indicators about children's lives in schools which is highly localised, not standardised and of limited use to decision makers.

The Department for Education has already identified that schools are struggling to measure well-being in a robust manner and is currently working on guidance to help build confidence within schools in regards to this important task. However, even with guidance, there will be variation as it will not be statutory. Schools will ask different questions and some will move faster than others. Some schools will likely continue not to measure well-being at all.

With relatively little effort and only minimal direction from the centre, a more comprehensive data set could be achieved. This would not be an unusual step for a national government to take either – as we have discussed more and more countries are seeing great value in measuring children's well-being.

Making national measurement in England a reality

Below we outline how a national survey of children's well-being in schools might become a reality.

The Survey - Administration

The survey would be administered online and would take around 30 minutes to complete. Students would likely complete it during registration time and ideally each year group would undertake it during a centrally determined time-window. In advance of completing the survey information would be sent home to parents and carers. Before beginning the survey children would be informed about the survey and its uses and about their rights as participants.

The Survey – Content

From the participant's perspective, the survey would be relatively simple to complete. In a short note, written with input from a number of experts into children's subjective well-being, the Centre for Economic Performance at the London School of Economics suggested that around 50, voluntary, questions would be required for comprehensive measurement of subjective well-being, mental health difficulties, attitudes to school and experiences of bullying.^{x1} At the Government's discretion, the survey could be lengthened to include other important public policy issues of the day.

Ethics and Data Protection

There would need to be careful consideration of data protection and the issues of consent and anonymity. Whilst General Data Protection Regulations do provide exceptions for research and Government, it is imperative that children take part with a full understanding of the survey and how it will be used and crucially, with the right not to take part and withdraw their own consent. Consideration would also need to be given to parental consent – for example by giving parents the right to withdraw their child if they so wish.

The administration instructions to schools would have to be very clear about anonymity and confidentiality in order to ensure children could be confident about participating in the survey. During piloting different models of confidentiality and anonymity should be tested to see what works best to ensure useful insights and high participation rates.

Data collation and storage

In the England, we already have an important dataset at our disposal to support national measurement in schools. The National Pupil Database is co-ordinated by the Department for Education. Every single British school child has a unique identifier number that tracks them throughout their school life. The database holds information about attainment, school moves, free school meal eligibility, English as a first language and a range of other information. Furthermore, this database has been used in conjunction with the Department's social care database in some studies allowing researchers to explore the outcomes across education and children's social care for a cohort of particularly vulnerable children.

Currently the data-return for the database is submitted by schools at each of the regular school census days that occur throughout the year. The data-return is largely based on information already held by the school and so currently minimal additional data collection has to be undertaken with parents. As a result, the major practical issue in operationalising a measure of well-being into the National Pupil Database would be the process by which children's individual well-being results are linked back to their unique database record. This could be done by giving each child a unique code, for example, to enter at the beginning of the survey.

The data would also need to be published for the general public and research use. Extensive consultation would be required on what format, and what indicators, would be published. For example it might be preferable to provide well-being information by local authority area rather than by individual school.

Vulnerable Groups

It would be important for any well-being measurement to include vulnerable groups of children who are not in school, or are less likely to be in school. Children who are home schooled, those in special schools, secure units, or who have been excluded and are not accessing education cannot be left out. One way in which they could be included is through a simple duty on local authorities to carry out well-being measurement for these important groups of young people. This is especially important as these young people, who can be missing from official data, are often of particular concern to policy-makers due to the additional support they may need to thrive in childhood.

Challenges

Despite the significant benefits of comprehensive national measurement of children's well-being there would, of course, be some challenges with such an approach. There will be an administrative and time-cost for schools and for local authorities. The general public's experience with schools data generally, has been one of attainment league tables and has not be considered to have been broadly positive. "Well-being" league tables would be particularly misguided given that so many of the most influential factors in predicting high well-being for children are factors largely outside school's control.

Despite these challenges there is a powerful case for pursuing national measurement in schools in a more systematic way. We outline what steps should be prioritised in the final section of this briefing.

Recommendations

In this final section we make a series of practical recommendations to support a move to more comprehensive national measurement of children's subjective well-being

In order to enable national measurement of well-being in schools the Department for Education should:

- Establish an expert reference group to review existing well-being assessment in schools and relevant data, consult with professionals, parents, carers and young people and to recommend a core set of national questions on subjective well-being.
- Establish a pilot programme trialling comprehensive measurement that tests different methods of consent, data collection methods, and the use of either the National Pupil Database or a bespoke and fully anonymised national well-being dataset.
- Concurrently the Department for Education, working with key stakeholders, should design, test and pilot a range of teacher well-being measures to help understand the links between teacher and child well-being and to help understand how to improve teachers' well-being.
- The Department should also consult with local authorities about a duty to measure the well-being of the most vulnerable young people who may not be in school. This should include an examination of cost and the resources, advice and support needed to implement such a duty.
- Establish a cross-departmental working group to identify different departments' needs that could be met by a national survey in schools. Once established, this group could include a small number of additional questions annually to explore important public policy topics.
- Alongside developments in measurement the civil service should look to develop a "Well-being Test" for new policy. This could be combined with children's rights considerations to provide the strongest framework.
- Following the publication of the a "State of the Nation" Report in October 2019, the Department should commit to making this an annual publication that draws on the data obtained through comprehensive national measurement and other services to inform decision makers and the public on children's well-being.
- Localised report cards for local government, CCGs, academy chains and schools to understand their children's well-being
- An open source data set, outside the National Pupil Database, for academics and policy makers to utilise in addition to requests to the Department for use of the full NPD when ethical and appropriate.

The Children's Society, the What Works Centre for Well-being and the Gregson Family Foundation will be very happy to assist in implementing these recommendations if such support would be helpful.

Appendix 1: Current well-being measurement landscape in the UK

There are a range of different surveys that currently measure children's well-being in England and more widely in the UK. The current landscape provides a good data for researchers but does not allow for systematic measurement and evidence for policymakers to use in their decision making.

Survey	Provider	Information
Understanding Society (NatCen/Kantar)	ISER/ University of Essex (UK Data Archive)	Approximately 40,000 households take part annually Child module for 10-15 year olds and 16+ included in adult survey. Child module sample varies from 2 - 4,000. In addition to a single life-satisfaction question it asks about five domains – school, schoolwork, appearance family and friends
Millennium Cohort Study (Ipsos MORI)	University College London	Longitudinal study of 19,000 children born in 2000/2001 Six sweeps currently available (to age 14) with further releases planned In addition to a single life-satisfaction question it asks about five domains – school, schoolwork, appearance family and friends
Good Childhood Index (Dynata)	The Children's Society	Annual online household panel survey of between 2,000 and 3,000 children and a parent. Children are aged 10-17 years old The ONS 3, a multi-item life satisfaction measure, a single life satisfaction question and a 10-item measure of happiness with different domains of life including: family, friends, home, school, appearance, the future, choice, money and things, health and time use.
Health Survey for England	NHS	An annual health survey of adults and children. Children aged 13 to 15 are interviewed in person, for children aged between 0 and 12 the survey is answered by their parent on their behalf. In 2016/17 1,985 children aged 0 to 15 were interviewed. The adult survey includes ONS Satisfaction questions and the Warwick-Edinburgh Mental Wellbeing Scale (WEBWEMS), while the 13-15 questionnaire includes the General Health Questions (GHQ) which include some statements on emotional wellbeing
Taking Part Survey (Ipsos MORI)	Department for Digital, Culture, Media and Sport	The Taking Part survey is a continuous face-to-face household survey of adults aged 16 and over and children aged 5 to 15 years old in England. It has run since 2005. Parents respond for children between 5 and 10, children 11 to 15 answer a separate survey. 638 children are interviewed. A single question is asked of 11 to 15 year olds, asking them to rate their level of happiness on a scale of 1 to 10.
Mental Health and Children and Young People in England (ONS/ NHS/ NatCen)	NHS	The 2017 survey collected information about mental health and wellbeing from a probability sample of children and young people living in England and registered with a GP. Information was collected on 9,117 2 to 19 year olds. The wellbeing measurement tool used was the Warwick-Edinburgh Mental Wellbeing Scale (WEBWEMS).

Grow up in Scotland	ScotCen	A longitudinal survey tracking the lives of children and their families across Scotland. Launched in 2005, to date around 14,000 children have participated. The study includes the use of the KIDSCREEN questionnaire.
Health Behaviours in school aged children (HBSC)	World Health Organisation	The HBSC collects data every four years on 11-, 13- and 15-year-old boys' and girls' health and well-being, social environments and health behaviours across 49 countries and regions including England (n = 5335), Scotland (n = 5932) and Wales (n = 5154). Collected through self-completion questionnaires administered in the classroom. A single subjective well-being question is asked in the form of the Cantril's Ladder.
Active Lives – Children and Young People	Sport England	An annual survey, Active Lives Children and Young People collects data on the activity levels of over 130,000 children aged 5-16. The online survey includes three dimensions of mental wellbeing: happiness, life satisfaction and the extent to which children and young people feel that the things they do in their life are worthwhile.

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