



# The Good Childhood Report 2021

**Summary**

**The  
Children's  
Society**

# What is well-being?

**‘Well-being’ is used to refer to a range of things in everyday life, such as being happy, not being ill, feeling fulfilled and being financially secure. To quote the What Works Centre for Well-being definition, which is based on the work of the Office for National Statistics (ONS):<sup>i</sup>**

**‘Well-being, put simply, is about “how we are doing” as individuals, communities and as a nation and how sustainable this is for the future.’<sup>ii</sup>**

The Good Childhood Reports focus primarily on children’s own views of their lives – or the subjective well-being of children. Different aspects of self-reported well-being are defined as:

- **Affective well-being (emotional well-being):** which includes positive and negative emotions or how happy people feel.
- **Cognitive well-being:** the quality of people’s lives overall or certain aspects of their lives, including measures of life satisfaction.
- **Eudaimonic or Psychological well-being:** which looks at whether people are functioning well, and their personal development and growth. This relates to the meaning and purpose people feel in their lives.

Measures of each of these types of self-reported well-being can be found in our annual Good Childhood Reports. These

measures are important to understanding children’s experiences, the challenges they face, and differences between sub-groups. Such information allows professionals and policymakers to take action to improve specific areas of children’s lives and to support specific sub-groups of children who are faring less well.

The 2021 Good Childhood Report marks an important milestone as it is our tenth annual report on the well-being of children in the UK. It contains:

- An overview of the latest trends in subjective well-being in the UK, including variations by gender.
- An exploration of how children’s subjective well-being in earlier adolescence relates to outcomes for these children at age 17.
- An analysis of children’s (and their parents’) experiences of Covid-19 over one year on from the start of the pandemic.

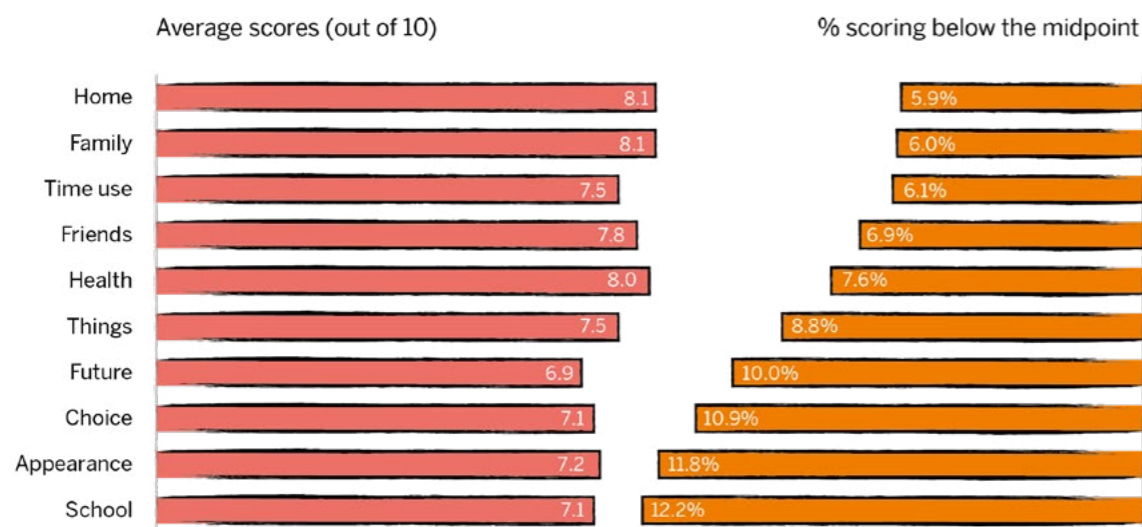
# The current state of children's well-being

**In the full Good Childhood Report, we report on children's responses to the Good Childhood Index, three ONS measures of personal well-being (all from The Children's Society's 2021 annual Household Survey<sup>1</sup>), and six measures of self-reported well-being included in the Understanding Society survey. Key findings are as follows:**

## The Good Childhood Index

The Good Childhood Index (GCI) consists of 10 single item domain measures, assessing children's happiness with different aspects of life (see Figure 1), and a multi-item measure of overall life satisfaction (based on Huebner's Student Life Satisfaction Scale).<sup>iii</sup>

**Figure 1: Latest figures for The Good Childhood Index**



Source: The Children's Society's Household Survey, Wave 20, April-June 2021, 10 to 17 year olds, United Kingdom. Weighted data. Excludes missing responses (including 'prefer not to say').

The findings are relatively consistent with those obtained in pre-pandemic years, despite changes to the methodology of The Children's Society's annual Household Survey.<sup>2</sup> In 2021, children (aged 10 to 17) completing the GCI were, on average, most happy with their home, their family and their health, and a larger proportion of children scored below the midpoint (suggesting they are unhappy) for school than for any other aspect of life.

Overall, just under 12% of children (aged 10 to 17) scored below the midpoint on our multi-item measure of life satisfaction, and, as such, are deemed to have low well-being.

## Office for National Statistics well-being measures

Our annual survey includes three ONS measures of personal well-being that are a key source for the ONS Children's Well-being Measurement Framework.<sup>iv</sup> They ask

# Almost 12% of children have low well-being

children about their happiness yesterday (a measure of affective well-being), their overall life satisfaction (cognitive well-being) and to what extent they feel the things they do in life are worthwhile (eudaimonic or psychological well-being). The results for 2021 are shown in Figure 2, and are again broadly in line with those obtained in other The Children's Society Household Surveys.

**Figure 2: Latest ONS measures of overall well-being**



Source: The Children's Society's Household Survey, Wave 20, April-June 2021, 10 to 17 year olds, United Kingdom. Weighted data. Excludes missing responses (including 'prefer not to say').



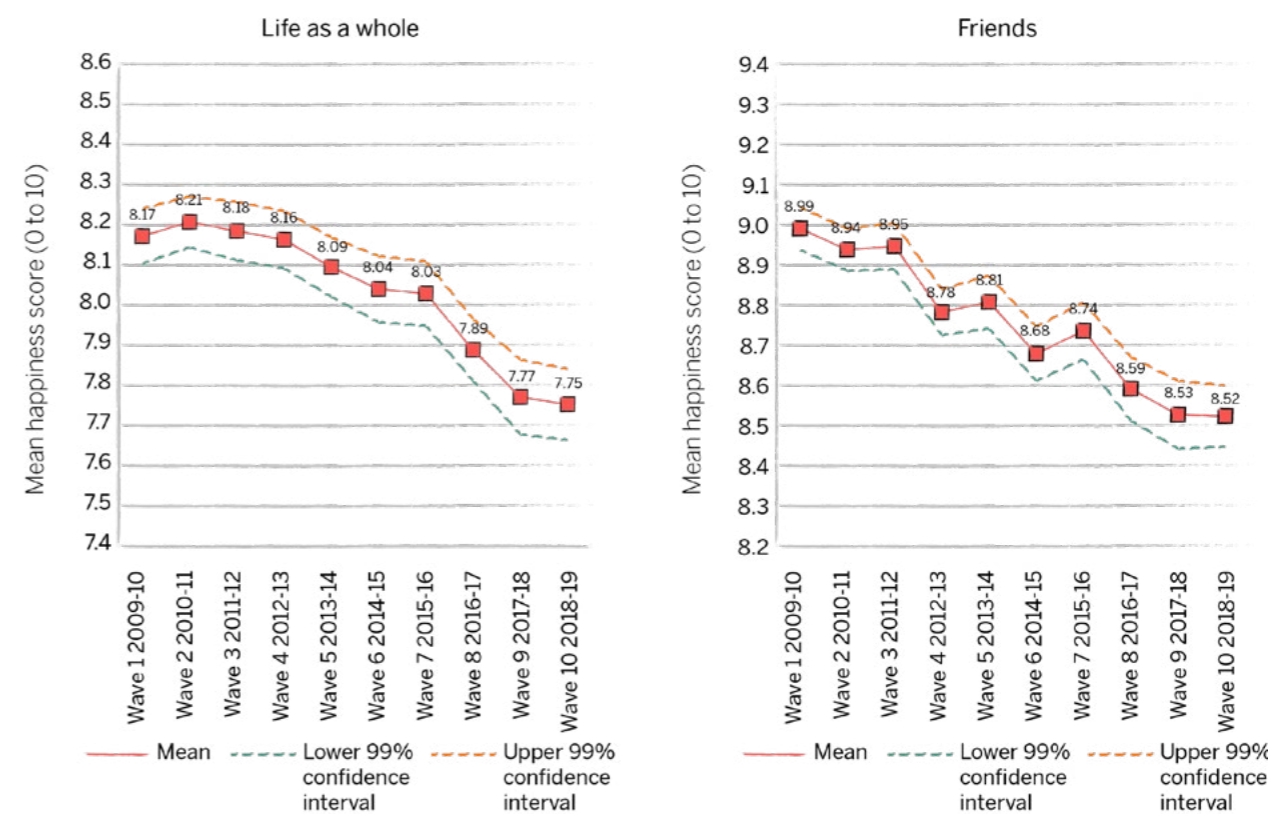
*'My hope for the future is simple, it's just to be happy.'*

# Time trends in children's well-being – Understanding Society

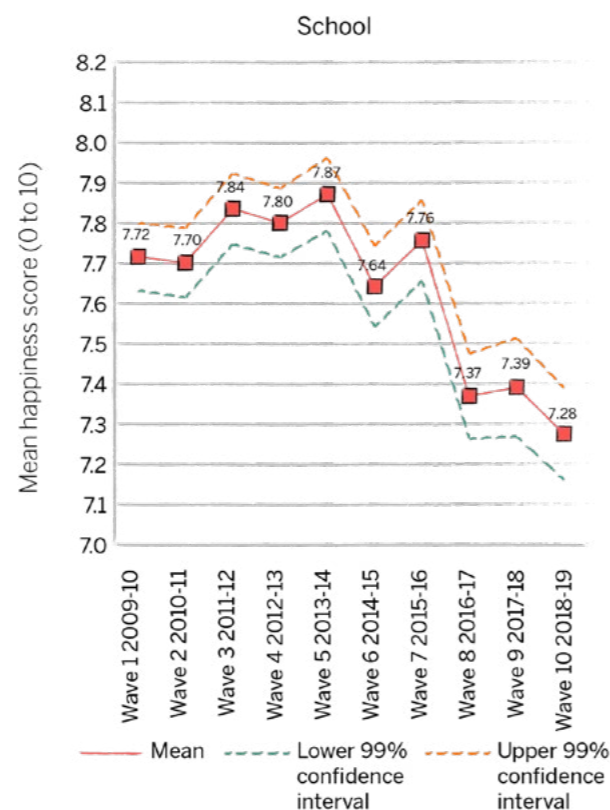
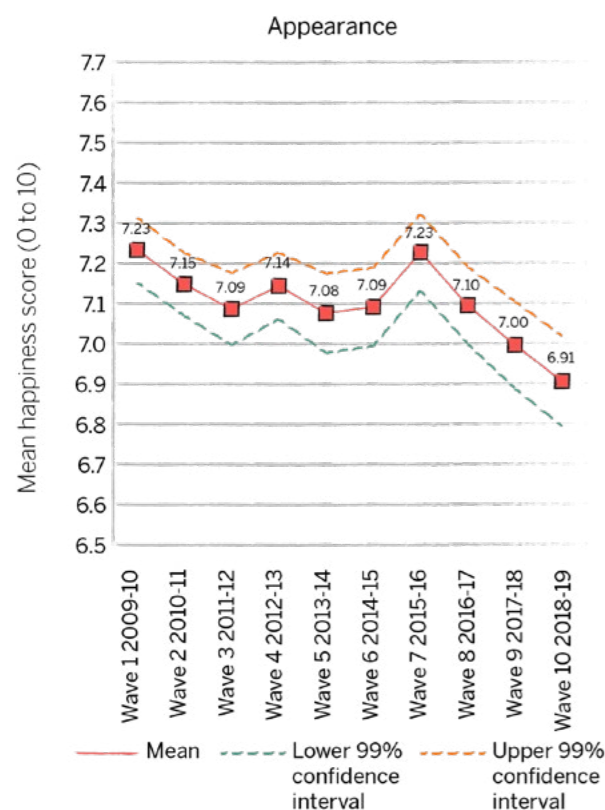
Since 2013, we have presented trends in children's well-being over time based on the most up to date findings from Understanding Society.<sup>3</sup> The latest available data for this survey are for 2018-19, and reflect children's (aged 10 to 15) well-being before the pandemic (see Figure 3). These data show that:

- Children's happiness with four of the six measures was significantly lower in 2018-19 than when the survey began in 2009-10 (life as a whole, friends, appearance, and school).
- More children were unhappy with their appearance and school in 2018-19 than with the other four aspects of life i.e. life as a whole, friends, family and schoolwork (this was also the case in the previous nine waves).
- There are some consistent gender differences across waves: boys have on average been happier with their appearance than girls (although boys' scores have also declined in recent years). Girls have repeatedly been happier with schoolwork.

**Figure 3: Measures of children's (aged 10 to 15) happiness with different aspects of life showing significant change in UK in 2018-19 (compared to 2009-10)**



<sup>3</sup> A 7-point scale is employed in Understanding Society (where 1 is 'completely happy' and 7 'not at all happy'). This scale is reversed and converted to an 11-point scale (0 to 10) for our Good Childhood Reports to ease interpretation and comparisons with the other measures presented. Data for all waves, except Wave 1, have been weighted using the BHPS and UKHLS cross-sectional youth weight.



Source: University of Essex, Institute for Social and Economic Research. (2020). Understanding Society: Waves 1-10, 2009-2019 and Harmonised BHPS: Waves 1-18, 1991-2009. [data collection]. 13th Edition. UK Data Service. SN: 6614, <http://doi.org/10.5255/UKDA-SN-6614-14>.

Presentational note: All graphs use the same size range of values (1.2) so that they can be visually compared. Data are weighted (confidence intervals take account of design effects).

# What might earlier levels of subjective well-being tell us about outcomes later in life?

**Data from the seventh sweep of the longitudinal Millennium Cohort Study (MCS), conducted when children were around 17 year olds, were published in 2021. The data provide a unique opportunity to examine how children's subjective well-being in earlier sweeps relates to outcomes for these children at this later, transitional age. In this section, we use MCS data to look at how subjective well-being in earlier adolescence relates to responses to questions about the following at age 17:**

- Attempted suicide: a question asking whether the young person had ever hurt themselves on purpose in an attempt to end their life.

## How do children respond to questions on mental ill-health, self-harm and attempted suicide at age 17?

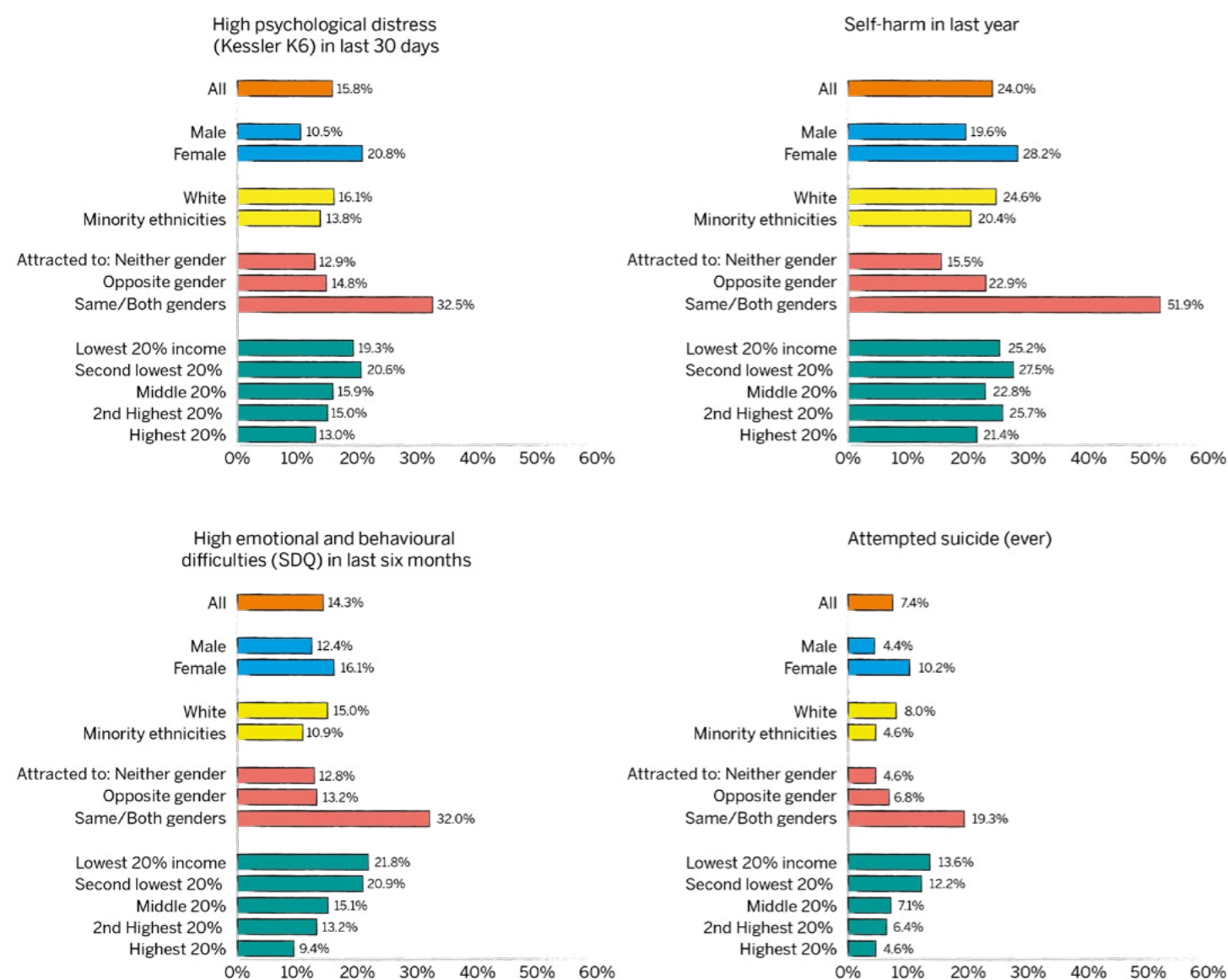
Before looking at the relationship between outcomes at age 17 and life satisfaction at earlier ages, we wanted to understand the prevalence of symptoms of mental ill-health, self-harm and attempted suicide for different sub-groups. Our analysis showed, at age 17:

- Psychological distress: a set of six questions (known as Kessler K6) answered by young people, which measure non-specific psychological distress in the last 30 days.
- Emotional and behavioural difficulties: a set of 25 questions, comprising the Strengths and Difficulties Questionnaire (SDQ), which asks about the last six months.
- Self-harm: a set of questions asking whether the young person had hurt themselves on purpose in the past year, which was aggregated into one yes/no measure for analysis.
- Females and children attracted to the same/both genders have poorer outcomes across all four measures.
- Income was more strongly related to emotional and behavioural difficulties, and attempted suicide. A larger proportion of children in the lowest income group had poor outcomes for these two measures than those in the middle, high, and very high income groups.<sup>4</sup>
- The only significant difference between those from white/minority ethnicities was for attempted suicide. A lower proportion of children from ethnic minority backgrounds reported having attempted suicide than in the white ethnic group.



<sup>4</sup> Income quintiles were used for these analyses, and consisted of those children in families with the lowest 20% income, second lowest 20% income, middle 20%, second highest 20% and highest 20% income.

Figure 4: Variations in outcomes by children's characteristics, reported at age 17



Source: University of London, Institute of Education, Centre for Longitudinal Studies. (2021). Millennium Cohort Study: Seventh Survey, 2018. [data collection]. 2nd Edition. UK Data Service. SN: 8682. <http://doi.org/10.5255/UKDA-SN-8682-2>. Weighted data. Excludes those with missing responses for the four measures.

Note: The figures show average marginal effects from logistic regressions with each of the four outcomes (high psychological distress, high emotional and behavioural difficulties, self harm and attempted suicide) at age 17 as a dependent variable and all of the characteristics and circumstances at age 14 as independent variables. For consistency with subsequent analysis, the analysis also controlled for age and country at age 14.



**Does children's subjective well-being at earlier ages predict outcomes at age 17?**

Simple analysis, looking at answers to two questions at a time, showed young people who had lower life satisfaction (a score of less than three out of six) at age 14 were significantly more likely to have poorer scores for the four outcome measures at age 17. Young people's life satisfaction scores at age 11 and 14 were then combined into five categories and compared with outcomes for these young people at age 17

(see Table 1). Encouragingly, there was no significant association between having low life satisfaction at age 11 only and having negative outcomes at age 17, and only a small proportion of those with the highest life satisfaction score at both age 11 and 14 had negative outcomes at age 17. More of those young people with low life satisfaction at age 14, and low life satisfaction at both ages, reported high levels of psychological distress, emotional and behavioural difficulties, self-harming in the last year and having ever attempted suicide, however.

**Table 1: Proportions of young people with negative outcomes at age 17, according to their life satisfaction scores at age 11 and 14**

Life satisfaction at 11 and 14	Kessler	SDQ	Self-harm	Attempted Suicide
Low both	50%	47%	62%	26%
Low 11	16%	18%	23%	9%
Low 14	41%	35%	45%	21%
No low	15%	13%	24%	6%
High both	6%	7%	11%	2%
<b>Total (All scores)</b>	<b>16%</b>	<b>14%</b>	<b>24%</b>	<b>7%</b>

Source: Millennium Cohort Study, Sweeps 5, 6 and 7. Weighted data. Excludes missing responses.

Note: Percentages are those who had poor scores at different age combinations. They are not cumulative and will not add to 100%.

# What are children's experiences of Covid-19: One-year on



As illustrated in Figure 4, negative mental health outcomes at age 17 vary by demographic characteristics. Even when taking these personal characteristics into account, young people with lower life satisfaction scores at age 14 were significantly more likely to have poorer scores across mental health measures at age 17.

The relationship between life satisfaction and six contextual factors was also examined to understand what else might be happening in a young person's life at age 14 that is linked to their well-being.<sup>5</sup> This analysis showed that social support was the strongest predictor of life satisfaction (i.e. better social support was linked to higher well-being), followed by the frequency of being bullied (i.e. lower levels of bullying were linked to higher well-being).

Having established a relationship between life satisfaction at age 14 and mental health outcomes at age 17, we wanted to explore how life satisfaction

compares to other measures available in MCS at age 14 as a predictor. The relative predictive strength of three measures (life satisfaction, depressive symptoms, and total difficulties scores at age 14) was considered. The results showed that life satisfaction was a significant predictor of psychological distress and emotional and behavioural difficulties at age 17 (even when controlling for the other two measures at age 14).

The practical implication of these findings is that there may be value in regularly monitoring children's responses to the single life satisfaction measure (very easy and non-intrusive to administer) to identify those children who need support with other issues in earlier adolescence. Working with this group to address issues known to be linked to low life satisfaction (e.g. supportive relationships and bullying at age 14) might have long term benefits for the mental health of these young people.

**One year on from our Life on Hold report, we wanted to revisit how children (and their parents) were feeling after having lived with the pandemic for over a year, and to ask about their key concerns for the future.**

## Parents' reflections on the impact of Covid-19

In 2021, parents taking part in our annual Household Survey were asked whether their family had experienced any of nine life impacting changes due to Coronavirus.<sup>6</sup> They continued to report a range of impacts, most commonly adults working from home (54%), adults working less (39%), and reduced family income (38%).

Parents were also asked about the impact (positive/negative) Coronavirus had had on family members. Three-fifths of parents (61%) said the pandemic had had a negative impact on their children's education,<sup>7</sup> and almost 2 in 5 (39%) that the child taking part in the survey was less happy with their progress with schoolwork (than before Covid-19).

Parents were asked to rate, on a scale of 0 to 10 (where 0 indicated not coping very well and 10 coping

very well), how well they thought they had coped with the changes made to daily life because of the Coronavirus pandemic. The vast majority (83%) of parents who provided a response scored above five, suggesting they had coped to some extent. Around 8% of parents indicated they had coped less well, scoring below five. A small group of parents were identified (almost 4% of those completing both sets of questions) who scored low for coping and also had low well-being.<sup>8</sup>

## Children's reflections on the impact of Covid-19

Children's own views on the pandemic are extremely important. As in 2020, we asked children completing our annual survey how well they had coped with specific changes to their lives, and how well they had coped overall (see Figure 5).

Encouragingly, 85% of those who provided a response scored above 5 out of 10 for how well they had coped overall. Almost 1 in 12 (8%) scored below five, suggesting they had coped less well. A small group of children (around 4% of those completing Coronavirus and well-being questions) were identified who had not coped well overall and had low well-being, which is concerning.

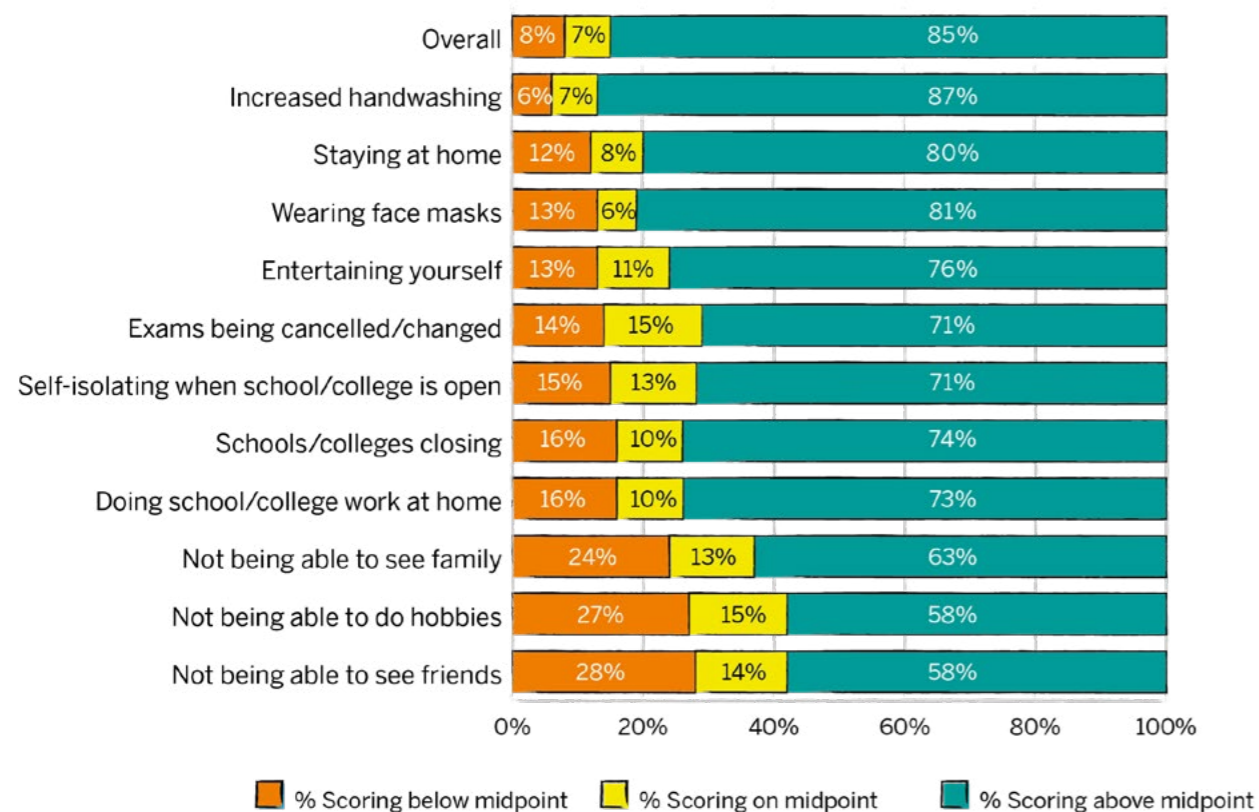
<sup>5</sup> The factors considered were social support (whether the young person had family and friends who helped them feel safe, secure and happy), how often the young person was bullied, whether they had someone they feel close to, whether they had someone they can trust, hours spent on social media and time spent doing moderate/vigorous physical activity. These factors are both available in MCS and have been shown to be important in previous Good Childhood Reports.

<sup>6</sup> They were asked whether they/their household had experienced any of the following: adult(s) in the household have worked from home more, adult(s) in the household have worked less, adult(s) in the household have lost their job, family income (e.g. weekly/monthly wages) has been reduced, a close family bereavement due to Coronavirus, adult(s) in the household have been furloughed/used self-employed support scheme, household has fallen behind with bills/got into debt, adult(s) in the household have had Coronavirus, and a child/children in the household have had Coronavirus.

<sup>7</sup> This assessed the impact on all children in the household collectively.

<sup>8</sup> Based on the multi-item measure of life satisfaction also asked of children and included in the Good Childhood Index.

**Figure 5: Extent to which children (aged 10 to 17) think they have coped with Coronavirus changes**



Source: The Children's Society's Household Survey, Wave 20, April-June 2021, 10 to 17 year olds, United Kingdom. Weighted data. Excludes missing responses (including 'prefer not to say').

While the majority of children said that they had coped well with the specific changes to daily life they were asked about, their responses suggest they had coped less well with not being able to see friends and family, and not being able to do hobbies/pastimes. This is not surprising, as these are all types of activities that we know are important to protecting children's subjective well-being (i.e. there are clear links to the five ways to well-being).<sup>9v</sup>

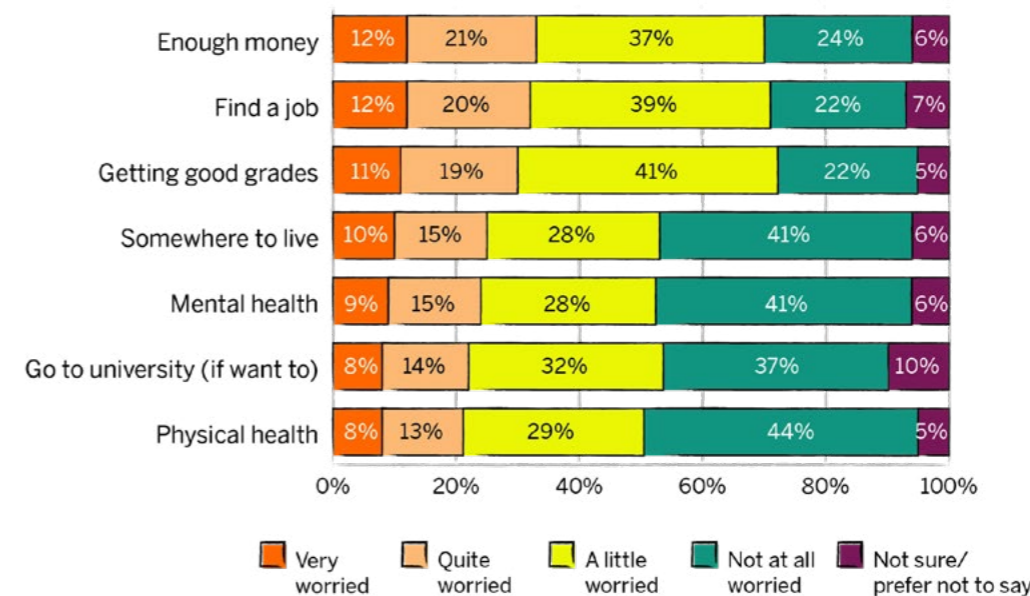
**Looking to the future**

At the time our household survey was conducted, a decision had not been made about whether to vaccinate children in the UK. We therefore asked children and their parents how they felt about this possibility. Although around three-fifths (62%) of

children and two-thirds (66%) of their parents indicated that they would like to/like their child to get the vaccine, the remaining children/parents disagreed or indicated that they were uncertain about doing so.

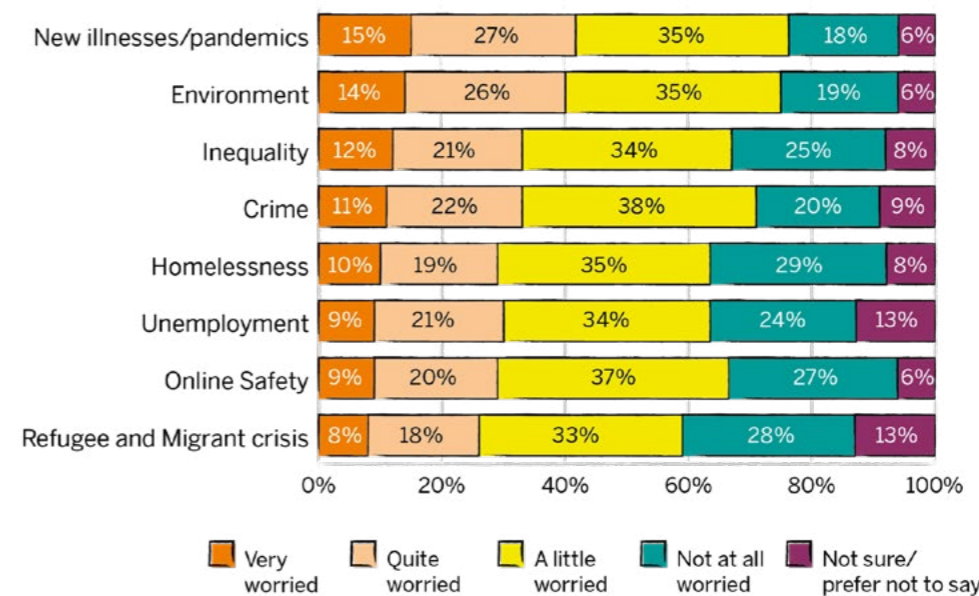
Children's feelings about their future are closely linked to their current sense of well-being, and an important consideration in ensuring their recovery from the pandemic. As in 2019, we asked how much they worried about seven different aspects of their own future (see Figure 6).<sup>10</sup> Having enough money, being able to find a job and getting good grades were the aspects of life that more children said they were worried about in 2021. Children were also asked about broader societal issues (see Figure 7), and future illnesses/pandemics and the environment were their top concerns.

**Figure 6: Extent of children's worries about their own future**



Source: The Children's Society's Household Survey, Wave 20, April-June 2021, 10 to 17 year olds, United Kingdom. Weighted data.

**Figure 7: Extent of worry about broader issues**



Source: The Children's Society's Household Survey, Wave 20, April-June 2021, 10 to 17 year olds, United Kingdom. Weighted data.

<sup>9</sup> See The Children's Society (2014).

<sup>10</sup> Children were asked how worried they were about: getting good grades, being able to go to university, being able to find a job, having enough money, having somewhere to live, mental health and physical health.

# Discussion

**As the UK emerges from Coronavirus restrictions, this report highlights a number of key areas for focus in improving children's lives. Ten years of data from the Understanding Society survey shows that, even before Covid-19, there had been a worrying decline in children's happiness with their lives as a whole, their friends, their school and their appearance, which needs to be understood and targeted. Since the survey began in 2009-10, more children have consistently been unhappy with their appearance and the school they go to than with the four other aspects of life examined.**

Our 2021 Household Survey (conducted after the 2021 national lockdown had ended) shows some encouraging reductions, compared to our 2020 survey (completed during the first lockdown), in the proportions of children (aged 10 to 17) with low well-being overall and unhappy with particular aspects of life (e.g. the amount of choice they have). These findings add weight to hypotheses that social restrictions related to lockdowns added to children's feelings of unhappiness in 2020.

Most parents and children seem to have coped to some extent with the restrictions they have faced because of the pandemic. Parents' responses suggest there is still work to do to make up for the disruption to children's education, and it will therefore be important to monitor children's answers to questions about school and schoolwork in

surveys/other research going forward. Our findings highlight small groups of parents and children who have coped less well with Covid-19 and who must get the support they need. The many restrictions and lockdowns enforced during the pandemic will have impacted on those areas that we know are important to well-being. Going forward, we must ensure that, wherever possible, children have opportunities and are encouraged to connect, be active, be creative, keep learning and to take notice.<sup>11</sup>

How children feel about the future has an impact on how they feel about their lives overall. Among those taking part in our annual Household Survey, 7 in 10 children (aged 10 to 17) were optimistic about the future (in spite of living through a global pandemic). Yet with 7% not optimistic and 21% indicating they were indifferent, there is still room for improvement. Policymakers and practitioners must take children's concerns about their own future (e.g. having enough money, being able to find a job and getting good grades) and wider society (new illnesses/pandemics, the environment, inequality and the level of crime) seriously.

Finally, The Good Childhood Report 2021 draws attention to the potential value of regularly monitoring children's well-being using a simple, single question on life satisfaction (which is relatively non-intrusive) to identify children who might be experiencing issues in their life that they need support with. Working with these young people to address those factors that our research, and that of others, have shown to be linked to lower life satisfaction in earlier adolescence could potentially have long-term benefits for their mental health.

<sup>11</sup> See The Children's Society (2014).

## Policy recommendations

The continuing downward trajectory of children's happiness with life as a whole, and other important indicators, suggests the UK is struggling to create conditions in which all children can thrive. Here, we discuss some of the main policy challenges that should be considered at a strategic UK level, and by decision makers at all levels in England and Wales, and suggest potential solutions.

## UK-wide priorities

Most public policy aimed at improving children's lives is determined by devolved Government or by local authorities and other important actors like schools and communities. There is however a role for UK Government in helping to provide strong policy frameworks and the robust data needed for prudent decision making and helping to shape spending decisions through Treasury budgeting processes. At a strategic level, ONS activity to refresh the UK indicators for child well-being is very welcome and should drive a more holistic understanding of children's lives.<sup>vi</sup> However, it remains to be seen whether the refreshed dataset will continue to utilise only existing sources, or expand the data available. In recent years, we have called for a more ambitious approach to measuring children's well-being.<sup>vii</sup> Without significant investment in a UK-wide survey which provides sufficient scale and quality of data, policymakers are unlikely to be able to fully utilise well-being as the primary framework for formulating public policy for children and understanding impact.

Alongside better data, we also need to ensure spending decisions properly prioritise improvements in child well-being. 'Well-being budgets' are increasingly popular worldwide (of particular note is New Zealand<sup>viii</sup>) and find strong support here in the UK.<sup>ix</sup> They should also be utilised in the upcoming multi-year spending review that is expected in the next six months. Indeed, the Treasury's recently published Supplementary Green Book Guidance on Well-being,<sup>x</sup> provides an agreed unit of analysis for understanding the economic value of spending decisions for well-being: the 'WELLBY'. One WELLBY is defined as a one-point increase in a person's life satisfaction over one year, and has an economic value of £13,000.

For children and young people, using WELLBYs as a frame for spending decisions could have significant impact – particularly in bolstering the case for increased investment in early help services that stop problems escalating. However, there are some significant challenges in utilising WELLBYs properly in children's social policy. Firstly, WELLBYs are based on data from adults (and so the value for a child might be different), and secondly the use of WELLBYs for children is hampered by the poor quality well-being data available. As a result, it's difficult to undertake the necessary research to build the evidence base we need in order to understand what works in improving children's well-being and what the social value of any such improvements are.

Even so, there is great potential. Take for example all the children who score a 4 for life satisfaction in the UK (based on our 2021 TCS Household Survey). These are young people with low well-being and, depending on what measure you use, range between 2.7% of 10 to 17 year olds (ONS Life Satisfaction Measure) and 6.1% (The Children's Society preferred multi-item measure). If we could work with children in the population who score this way and identify an evidence-based intervention that improved their well-being by one point for one year (a WELLBY) this could have an estimated value of between £2.19bn and £4.95bn for society, based on the current £13,000 value ascribed to a WELLBY.<sup>12</sup> Even this most rudimentary sketch, which is illustrative in purpose only, demonstrates what society could stand to gain if we could effectively tackle low well-being in childhood. It must be a priority that Treasury takes up work to understand the value of a WELLBY in childhood, and that national Government works to help fill the strategic gaps that are holding

back the evidence base in what works to improve children's well-being.

The question remains though: what types of spending decisions and policy interventions are likely to improve children's well-being?

## England – national Government

In England, our focus is on early intervention. One of the biggest challenges in delivering early intervention services to address poor well-being is local government finance. This year's annual report on children's services funding by Action for Children, Barnardo's, NSPCC, National Children's Bureau and The Children's Society highlights this. Since 2010, local authorities have had to make reductions in spend of 48% in early intervention services (like children's centres and youth work) whilst also having to increase spending on crisis provision (like children in care services and youth justice) by 38%.<sup>xi</sup>

<sup>12</sup> Using ONS Mid-year population estimates for 2020 there are an estimated 6,261,447 children aged 10-17 in the UK. 2.7% of this figure is 169,060, and 6.1% of this figure is 381,948. We have rounded these down to 169,000 and 381,000 respectively for this illustration. Based on these figures a one point increase in life satisfaction for one year for these children, with a WELLBY value of £13,000 is between £2.19bn and £4.95bn in value.



These figures expose a vicious circle. Much of crisis spending is a statutory obligation for local authorities – they must spend this money to keep children safe from immediate harm and danger. Early intervention services are not statutory and so as local government budgets have shrunk, councils have been forced to prioritise crisis over prevention. As early help services shrink, the need for crisis support is likely to grow, pushing up spending.

There are a number of ways to break this cycle. Some advocate for a statutory early help duty, whilst others suggest a ringfenced injection of significant funds. Historically the Government has favoured targeted initiatives like Supporting Families (formerly Troubled Families),<sup>xii</sup> and the last Conservative Manifesto committed to Family Hubs.<sup>xiii</sup> However we look to

break the cycle, we must break it soon. If the upcoming spending review passes without a significant, multi-billion commitment to early help services it is unlikely that current trends in children's well-being will begin to reverse in this Parliament.

One such type of support we would like to see is a national commitment to early-help hubs for young people aged up to 25, as advocated for by the #FundtheHubs campaign.<sup>xiv</sup> These community-based services are essential if we are to improve young people's emotional well-being. They must be delivered alongside the Government's flagship policy of Mental Health Support Teams in schools if we are to ensure that every young person is able to access inclusive, evidence-based and immediate help for emotional health challenges.

### England – local government and decision makers

Despite constrained funding, it is encouraging to see so many local decision makers commit to measuring children's well-being and using the data to drive their priorities. The movement to improve well-being in schools is perhaps one of the most well-established. There are a plethora of initiatives looking to support schools in this area, with many schools now doing regular surveys of student and staff well-being to inform their planning. Indeed, in the last year, over 100 schools have requested permission to use the Good Childhood Index.<sup>13</sup> Initiatives like WellSchools,<sup>xv</sup> delivered by Youth Sport Trust and home to a community of 700 schools committed to improving well-being, demonstrate the appetite that school leaders have in this area.

The downside of all this welcome well-being measurement activity in schools is that much of the insight and action it informs is not widely transferable to other local actors. Schools are free to choose how they measure well-being, and as a result data cannot be collated to help local authorities/health commissioners in their important work. Activity that helps to bring consistency is sorely needed, however some best practice is emerging:

- The Department for Education has recognised the importance of measuring well-being in schools and may publish additional guidance soon.<sup>xvi</sup>
- Some local authorities have stepped up to lead local schools in measurement, with the ambition of building an approach that supports all decision makers in their area. St Helens<sup>xvii</sup> and Bristol<sup>14</sup> are two strong examples The Children's Society has worked with.

- Funded by the Health Foundation, The Children's Society and the What Works Centre for Well-being are about to publish a new metrics bank to help local decision makers to select robust measures of well-being and encourage more consistency.<sup>15</sup>
- In Greater Manchester, the #BeeWell project will develop a city-region-wide approach to measure and respond to children's well-being.<sup>xviii</sup> Currently over 80% of secondary schools are signed up to the initiative, which will provide each school with its own well-being data alongside neighbourhood place-based reports for local authorities and other local stakeholders like police and health to use to guide their own priorities and work. This joined-up approach to well-being recognises that everyone has a role to play.

It is our hope that initiatives like #BeeWell can be used to demonstrate the efficacy of well-being measurement to other metro-mayor areas, local authorities and to central Government. Indeed, we recommend all local authorities look to work with their partners to develop ways of regularly measuring and responding to children's well-being in the absence of better support and data from central Government.

<sup>13</sup> If you would like to use the Good Childhood Index with children in your own setting please email: [wellbeing@childrensociety.org.uk](mailto:wellbeing@childrensociety.org.uk) to request permission.

<sup>14</sup> The Children's Society has been supporting the Educational Psychology Team at Bristol City Council with a small pilot of well-being measurement in a small number of schools. For more information please contact [wellbeing@childrensociety.org.uk](mailto:wellbeing@childrensociety.org.uk)

<sup>15</sup> This project is due to be published in September 2021 on the What Works Centre for Well-being website: <https://whatworkswellbeing.org/>



### Wales – national and local government

The newly re-elected Welsh Government has set out a range of priorities for the coming years which provide opportunities to improve children's well-being. Through the Well-being of Future Generations (Wales) Act 2015<sup>xix</sup> the Welsh Government has a useful policymaking framework to prioritise decisions that will have long-term impacts on the quality of children's lives. The approach-to-date for children however has been criticised for being overly focused on 'objective' indicators of well-being like attainment, employment, housing and the environment.<sup>xx</sup> Whilst these things are undoubtedly important, we recommend more attention is paid to children's subjective well-being – i.e. their own reports about how their life is going.

One simple way to do this would be to include subjective well-being indicators in existing survey work in Wales, like that done by the Schools Health Research Network.<sup>xxi</sup> Utilising this existing survey to gather additional information about subjective well-being and using it to inform local well-being plans devised by the Public Service Boards could result in opportunities to deploy and develop evidence-based interventions and support. This would see Wales lead the way in well-being policy and well-being economics for children internationally, developing a crucial evidence base for other states to utilise.

Other key opportunities for Welsh Government to consider include its intended review of the threshold for Free School Meals, which we recommend it undertake alongside wider measures to tackle the impacts of child poverty. The review of the care system provides an opportunity to re-frame early help for families that keeps children safe, bolsters their well-being and strengthens families. We also recommend that Welsh Government complement its plans for better mental health support in schools (through in-reach work from mental health services) with a strong and consistent community based offer for those young people (up to age 25) who may prefer to receive support outside of education.

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Charity Registration No. 221124-PRE031c/0721

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