The Good Childhood
Report 2018
Summary

No child
should feel
alone
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Introduction
This is the seventh edition of The Good Childhood Report, an annual report on children’s well-being produced by The Children’s Society in partnership with the University of York. It is the product of an ongoing research programme which began in 2005 because children’s voices were largely missing from the debate on their well-being. Over the last 13 years, we have carried out qualitative research with children to better understand what contributes to – and what hinders – their well-being. We have also conducted quantitative research with over 65,000 children and young people, which has included generating new evidence on:

- Trends in child well-being over time
- Local and national variations within the UK
- International comparisons
- Variations in well-being between children with different characteristics and experiences

Due to this work no one understands how children feel about their lives better than we do. And as a consequence of similar research in other countries, there is now widespread agreement that children’s well-being can and should be measured, and that children’s own reports of how their lives are going should be considered the gold standard when measuring well-being. The Office for National Statistics (ONS) now includes measures of children’s subjective experiences, including some that we produce, in its ‘Measuring National Well-being’ initiative.1 Measuring and monitoring children’s well-being can help us to know where to focus our attention, and to think of actions that might bring improvements to children’s experience of childhood.

**This year’s edition of The Good Childhood Report:**

- Reviews the latest figures and time trends in children’s self-reported well-being, and the gender differences that are evident for these.
- Presents new analysis of factors related to family, friends and appearance to try to explain gender differences in children’s well-being.
- Explores different measures of well-being and mental ill-health to see how these relate to behaviours such as self-harm, truancy and physical activity.

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1 [ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/childrenswellbeingmeasures](http://ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/childrenswellbeingmeasures)
Overview of children’s well-being
We developed The Good Childhood Index to measure children’s overall well-being and their happiness with 10 aspects of children’s lives. The latest figures for The Good Childhood Index are shown in Figure 1 below.

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

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Average scores (out of 10)</th>
<th>% with low scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>8.4</td>
<td>3.3%</td>
</tr>
<tr>
<td>Friends</td>
<td>8.0</td>
<td>4.1%</td>
</tr>
<tr>
<td>Home</td>
<td>8.2</td>
<td>4.6%</td>
</tr>
<tr>
<td>Health</td>
<td>8.2</td>
<td>5.3%</td>
</tr>
<tr>
<td>Time use</td>
<td>7.6</td>
<td>5.4%</td>
</tr>
<tr>
<td>Future</td>
<td>7.0</td>
<td>7.0%</td>
</tr>
<tr>
<td>Things</td>
<td>7.5</td>
<td>7.1%</td>
</tr>
<tr>
<td>Choice</td>
<td>7.4</td>
<td>7.9%</td>
</tr>
<tr>
<td>Appearance</td>
<td>7.3</td>
<td>10.1%</td>
</tr>
<tr>
<td>School</td>
<td>7.2</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

The Children’s Society’s household survey, Wave 17, May/June 2018, 10 to 17 year olds, Great Britain. Equally weighted by age and gender.
We also regularly ask children about three measures of overall well-being that are part of the ONS Measuring National Well-being Programme, and are the ONS data source for 10 to 15 year olds. These can be seen in Figure 2 below.

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Average scores (out of 10)</th>
<th>% with low scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied with life as a whole</td>
<td>7.8</td>
<td>4.5%</td>
</tr>
<tr>
<td>Happy yesterday</td>
<td>7.5</td>
<td>7.4%</td>
</tr>
<tr>
<td>Feel life is worthwhile</td>
<td>7.7</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

The Children’s Society’s household survey, Wave 17, May/June 2018, 10 to 17 year olds, Great Britain. Equally weighted by age and gender.
Overview of children’s well-being

Time trends

We also analyse data from several longstanding social surveys which have been asking children about their happiness with six aspects of life – life as a whole, friends, family, appearance, school, and schoolwork – at regular intervals over many years.

Gender differences over time

As can be seen in Figure 3 overleaf, the largest gender differences are for appearance (with which boys are happier) and schoolwork (with which girls are happier). However, there have been divergent trends for different aspects of life over the last two decades:

- For about a decade from the mid-1990s, the gender gaps in happiness with appearance and life as a whole narrowed substantially, but in recent years these have been widening, so that the gap is now of a similar size to 20 years ago.
- For schoolwork, the opposite is true. The gender gap that appeared towards the end of the 1990s for happiness with schoolwork increased for a number of years, but appears to be narrowing more recently.
- For friends, family and school, there have been no clear gender differences over the past two decades.

In this report, we look at long term trends in children’s subjective well-being, which show that for children aged 11 to 15:

- There was a significant increase in happiness with family and schoolwork between 1995 and 2016.
- There was a significant increase in happiness with school between 2004 (when this started being measured) and 2016.
- There was no significant change in happiness with life as a whole or friends between 1995 and 2016, although for both these measures there was:
  - A significant increase between 1996 and 2010
  - A significant decrease between 2010 and 2016
- There was no significant change in happiness with appearance between 1995 and 2016.

2 Using data from the British Household Panel Survey (BHPS), which has recently been harmonised with its successor, Understanding Society.
Figure 3: Trends in children’s happiness with different aspects of life by gender, UK, 1995 to 2015

### Family

- **Mean happiness (0 to 10)**
  - **1995**: 8.34
  - **1996**: 8.33
  - **1997**: 8.40
  - **1998**: 8.26
  - **1999**: 8.31
  - **2000**: 8.19
  - **2001**: 8.34
  - **2002**: 8.16
  - **2003**: 8.11
  - **2004**: 8.22
  - **2005**: 8.74
  - **2006**: 8.28
  - **2007**: 8.25
  - **2008**: 8.34
  - **2009 (BHPS)**: 8.33
  - **2009-10 (US)**: 8.33
  - **2010-11**: 8.33
  - **2011-12**: 8.33
  - **2012-13**: 8.33
  - **2013-14**: 8.33
  - **2014-15**: 8.33
  - **2015-16**: 8.33

### Life as a whole

- **Mean happiness (0 to 10)**
  - **1995**: 8.0
  - **1996**: 7.95
  - **1997**: 8.0
  - **1998**: 8.05
  - **1999**: 8.05
  - **2000**: 8.1
  - **2001**: 8.15
  - **2002**: 8.2
  - **2003**: 8.25
  - **2004**: 8.3
  - **2005**: 8.35
  - **2006**: 8.4
  - **2007**: 8.45
  - **2008**: 8.5
  - **2009 (BHPS)**: 8.5
  - **2009-10 (US)**: 8.5
  - **2010-11**: 8.5
  - **2011-12**: 8.5
  - **2012-13**: 8.5
  - **2013-14**: 8.5
  - **2014-15**: 8.5
  - **2015-16**: 8.5

Colors:
- **Girls**
- **Boys**
Overview of children’s well-being


duration and years covered:

1995 (BHPS)
2009-10 (US)
2010-11
2011-12
2012-13
2013-14
2014-15
2015-16

Mean happiness (0 to 10)

Friends

Mean happiness (0 to 10)

Appearance
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Overview of children’s well-being

Subjective well-being and mental health

Previous editions of The Good Childhood Report have explored the connection between children’s subjective well-being and mental health problems. The analysis presented in them has backed up other research findings that positive subjective well-being is not simply the opposite of poor mental health. Children can be happy or unhappy with their lives whether or not they have emotional or behavioural difficulties.

The sixth sweep of the Millennium Cohort Study (MCS), when children were around 14 years old, contains important new information on this topic. In this report, we use the MCS data to look at the differences and similarities between:

- Children’s evaluation of their happiness with life as a whole.
- A set of questions answered by children which was designed as a screening tool for depression.\(^3\)
- A measure of children’s emotional and behavioural difficulties\(^4\), which in the MCS was answered by parents about their child.

There was a stronger link between happiness with life as a whole and depression than between either of these and emotional and behavioural difficulties. Of those who had low happiness with life, almost half (47%) also had high depressive symptoms – and vice versa.

The three measures also varied for different sub-groups of children:

- Girls had lower well-being and higher depressive symptoms while boys had greater emotional and behavioural difficulties.
- Children who were attracted to the same gender or both genders had much more negative scores on all three measures than other children. This pattern was stronger for well-being and depressive symptoms than for emotional and behavioural difficulties.
- Living in a household with lower income was more strongly related to emotional and behavioural difficulties than the other two measures.

This analysis also explored whether low well-being and poor mental health are associated with children’s engagement in regular physical activity, truancy and self-harm. We chose these three behaviours as illustrative examples of factors that might plausibly be connected to well-being and mental health.

There were some important variations in the likelihood of self-harm. Girls (22%) were more than twice as likely as boys (9%) to self-harm. Children who were attracted to children of the same gender or both genders were much more likely to self-harm – in fact, almost half (46%) of these children had done so. Also, children from lower-income households had a higher than average risk of self-harming.

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3   The Moods and Feelings Questionnaire
4   The Strengths and Difficulties Questionnaire
There were also notable differences in how well the measures of well-being and mental health predicted physical activity, truancy and self-harm:

- The measures of well-being and emotional and behavioural difficulties were associated with frequency of physical activity, while the measure of depressive symptoms was not.
- All three measures predicted truancy, although the link with well-being was a little weaker than for the mental health measures.
- The measures of depressive symptoms and well-being were better predictors of children having self-harmed than the measure of emotional and behavioural difficulties, as can be seen in Figure 4.

**Figure 4: Self-harm by low and high well-being and mental health measures**

Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14).
It is remarkable that a single question about happiness with life was a more powerful predictor of self-harm than the 20-item measure of emotional and behavioural difficulties. This may be due to the fact that the latter was reported by parents while the other two measures are reported by children. Even so, this highlights (a) the value of asking children’s own views and feelings rather than relying on reports of their well-being by third parties, and (b) the value of asking children about subjective well-being – particularly as these kind of questions are much less intrusive than many measures of mental health symptoms and problems.

**Explanations for gender differences in well-being**

As discussed in successive Good Childhood Reports, there are some notable differences between boys’ and girls’ subjective well-being in the UK that we still cannot fully explain. At the age of 14 in 2015 (in the MCS survey) girls were significantly less happy than boys with their lives as a whole, and with each aspect of life measured in the survey. The largest gender gap was for appearance – over 1.5 points difference on a 10-point scale.

There are differences in how important each of these aspects is to children’s happiness with life as a whole. Family is the most important aspect for both genders. Friends are more important for boys than for girls. Understanding why children are more or less happy with family and friendships can give us insights into the reasons for variations in their overall happiness and whether this varies for girls and boys.
Figure 5: Closeness to mother/father and happiness with life as a whole by gender

Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14).
For family relationships we looked at four questions in the MCS about how close children feel to – and how much they argue with – their mother and father respectively. Most children felt at least ‘very close’ to both parents (81% for mothers and 66% for fathers). Boys felt a little closer to their mothers, and a lot closer to their fathers, than girls. Not feeling close to a parent had a significantly greater negative impact on girls’ happiness with family and life as a whole (Figure 5). Frequency of arguing with their mothers was also more strongly related to girls’ satisfaction with family life than boys’. There was no gender difference in the effect of arguing with fathers.

Similarly we looked at the links between three questions from the MCS about seeing friends after school and at the weekend, and spending time with close friends. Boys who saw their friends more frequently outside school had higher happiness with friendships and with life as a whole. This pattern did not apply to girls.
Figure 6: Girls' and boys' happiness with appearance according to prevalence of comments/behaviours about appearance at school

We also used our own annual well-being survey to explore factors that might help us to better understand children’s happiness with appearance. We asked children whether they are exposed at school to comments and behaviours that are focused on appearance and sexuality. Perceiving these comments and behaviours to happen ‘all the time’ at school was more important for girls’ happiness with appearance and overall well-being than boys’. As can be seen in Figure 6, girls who said that ‘making jokes or comments about other people’s sexual activity’ happened all the time at school had appearance scores that were two points lower (on a scale from 0 to 10) than girls who said this never happened. For boys, there was a different relationship, indeed boys who said this happened ‘all the time’ had higher well-being than those who said it happened only ‘sometimes’.

We also explored gender norms by asking children which of a list of six attributes they thought their friends would say was most important in a girl and in a boy. Children’s responses were in line with traditional gender stereotypes: they were more likely to emphasise ‘being good-looking’, ‘being caring’ and ‘having good clothes’ as important in a girl, and more likely to emphasise ‘being tough’ and ‘being funny’ as important in a boy. ‘Working hard at school’ was seen to be equally important for both genders. Children whose friendship groups emphasise traditional gender stereotypes – such as boys being tough and girls dressing in a certain way – had lower well-being, and this applied to both boys and girls.
Discussion
Our analysis of long term time trends in subjective well-being show conflicting trends for different aspects of children’s lives, and for different timeframes. For example, children’s happiness with family, schoolwork and school increased over the period from 1995 to 2016 – however, for friends and life as a whole, an increase in children’s happiness between 1995 and 2009 was followed by a subsequent decrease between 2009 and 2016. Given the multitude of factors that we know to be important for children’s well-being, the trends that we see for different aspects of well-being are unlikely to be attributable to a single policy or cultural phenomenon. However, this report offers some insights into where efforts might best be focused to improve life for children.

When gender trends for the most recent period (2009 to 2016) are considered in isolation, the figures point to a growing gender divide for some aspects of well-being, with a decrease over time in girls’ happiness with appearance and life as a whole. However, the longer term trends give a different and intriguing perspective: the gender gaps that we currently see for happiness with life as a whole and appearance are of a similar magnitude to the gaps that were evident 20 years earlier. In this light, children’s usage of social media and the digital world seems less likely to be the only or main explanation for gender differences in well-being.

We therefore considered other explanations for gender differences in well-being – with a focus on family, friends and appearance. We found time spent with friends to be more important for boys’ well-being than girls’, while relationships with family and appearance-related comments and behaviours – such as people making jokes or comments at school about other people’s bodies, looks or sexual behaviour – were more important for girls’ well-being than boys’. We also found that children are aware of different expectations for boys and girls from a young age, and that awareness of gender stereotypes had a bearing on the well-being of both boys and girls.

Analysis of the Millennium Cohort Study revealed that children aged 14 who said they were attracted to the same or both genders had markedly lower subjective well-being – and a much higher likelihood of depressive symptoms – than children who are attracted to the opposite or neither gender. This striking evidence, in combination with the findings about gender stereotypes, points to the strength of gender and sexuality norms for children from a young age.

Finally, analysis of three different measures of subjective well-being, depression and emotional and behavioural difficulties identifies different children as in need of support. This analysis also revealed that a single-item measure of subjective well-being was a stronger predictor of self-harm than a 20-item measure of emotional and behavioural difficulties. This may be due to the fact that the latter is reported by parents while the other two are reported by children. However, this in itself is an important conclusion to draw and adds weight to the assertion that when considering the mental health and well-being of children, data from children themselves must be considered the gold standard.
The common thread running through this report is that children’s interactions with those around them – and the way in which children make sense of those interactions – are fundamentally important to how they feel about themselves and their lives. If children feel supported by the people around them – and at ease with how their emerging identity ‘matches up’ to the norms of gender and sexuality they perceive to be important within their social circles, they may be able to retain a positive view of themselves and cope with the difficulties of growing up and building an identity they feel comfortable with. The finding that at age 14, 1 in 5 girls – and almost half of children saying that they have been attracted to the same or both genders – have self-harmed is deeply worrying. Children should not be expected just to ‘brush off’ criticism that is related to being different. This does not need to be part of growing up.
Policy recommendations
The Good Childhood Report 2018 provides useful insights to help inform the decisions of policymakers looking to improve the lives of children across the UK. The Children’s Society works in England and Wales, and so in this final section we outline some key changes that could be made in these parts of the UK to improve children’s well-being.

Using well-being to assess children in need of support

This year’s Good Childhood Report provides evidence to reinforce a crucial message that has always been central to this research programme: we must ask children themselves what they think about their lives instead of relying on the observations and assumptions made by the adults in their lives. That a single question on subjective well-being answered by a child is a stronger predictor of self-harm than 20 questions about emotional and behavioural difficulties answered by their parent (or carer) should give pause for thought. So too should our finding that in some circumstances sensitive questions to children about well-being may be a more appropriate way of identifying children in need of support than a lengthy and negatively phrased questionnaire about a child’s experience of depression or anxiety.

Schools

Schools in England and Wales are increasingly assessing the mental health of their pupils, particularly as they enter secondary school at age 11. In both nations, there is an emphasis on whole school approaches to mental health and a new curriculum on relationships, sex and sexuality, as two policy levers that will improve children’s mental health. This year’s findings remind us of the role well-being, rather than a strict focus on mental health, can play in identifying children in need of support. Schools should consider the efficacy of shorter, unobtrusive well-being surveys in identifying students who may be in need of support, rather than relying on lengthy surveys which may be distressing for young people to respond to without pastoral support.

In England, the Departments for Education and for Health and Social Care are about to pilot a new model for providing mental health support in schools. As they issue guidance on the pilots, they should consider the evidence presented in this report carefully.
In Wales the review of the national curriculum has, through its ‘Health and well-being’ strand, identified the need to significantly reform the way schools approach the well-being and mental health of children and young people. A new curriculum that embeds well-being will require changes to Wales’ schools inspection framework and significant support to schools in terms of guidance and professional development.

When monitoring the well-being of pupils, schools in England and Wales should use data gathered from children themselves as standard practice. This should be augmented by information from teachers and pastoral staff, but these should never replace the views of children themselves.

In guidance on whole school approaches to mental health, both the Welsh Government and the Department for Education should consider exploring the use of subjective well-being questions in assessments, since these have been found to be powerfully associated with some mental health conditions and can be asked in a less stigmatising and unobtrusive way.

We support the recommendation of the Children and Young People’s Committee in Wales in their recent report ‘Mind Over Matter’ that the Welsh Government prioritise the work of improving measurement of well-being in schools within the inspection framework in order to drive activity and performance.

In England, the Church of England’s SIAMS inspection framework already holds schools to account for pupils’ well-being. We recommend the Secretary of State for Education instruct Ofsted to review how it inspects schools’ approach to mental health and well-being, and consult with schools on how to more effectively include this within the inspection framework.

In England and Wales, finalising and implementing a high quality RSE/SRE curriculum must be a priority. Both the Welsh Government and the Department for Education must also develop plans to support schools in the rollout stage through high quality teaching materials and training for professionals.
Looked after children

Currently the Department of Education is beginning pilots of new assessment models to identify mental ill-health among looked after children in England. Looked after children’s mental health is assessed in a variety of ways across local authorities, but there is a significant reliance on the Strengths and Difficulties Questionnaire (SDQ) (completed by the carer) because there is a national requirement to submit this data to the Department for Education for the looked after children in England dataset.

Wales introduced new health assessments for looked after children in 2016 as part of the reforms in the Social Services and Well-being (Wales) Act 2014. The regulations and guidance do require specific assessments to be made of looked after children’s mental health, but no data is collected centrally and so it is not possible to measure progress.

• In both England and Wales, looked after children health assessments should ask about well-being alongside existing measures of mental health. This would allow them to explore the efficacy of subjective well-being in identifying children in need of support in a less stigmatising and more unobtrusive manner.

• Both nations must ensure that, wherever possible, data on looked after children’s mental health and well-being is collected from children themselves rather than from carers. We accept that information from carers is important and should be collected, but children’s direct experiences should never be discounted.

• The Welsh Government should require measures of looked after children’s mental health and well-being to be included in the Welsh dataset on looked after children.

• In England, the Department for Education should expand the national dataset on the carer-report of the SDQ to include a young person-report on SDQ.

• In England, the Department for Education should also augment the current SDQ dataset for looked after children with a child-report of overall subjective well-being.
Multiple disadvantage

Last year’s Good Childhood Report explored the well-being of children who are facing multiple challenges in their lives, and found that children facing seven or more disadvantages were 10 times more likely to be unhappy than those with none. This year our examination of the well-being of children’s ‘protected characteristics’ makes further suggestions about how we can reach and respond to children living difficult lives in challenging circumstances. We found that children with special educational needs, disabilities, long term illnesses, and those attracted to the same or both genders, had significantly lower well-being. Of particular concern was the finding that nearly half of those young people who were attracted to the same or both genders had self-harmed in the last year. These findings emphasise the importance of services that properly identify and meet the needs of the most vulnerable young people.

The Welsh Government must address any shortfall in budgets for children’s social care. Despite an increase of 1.04% in the budget for children’s social care in 2018/19, inflation continues to outpace the growth in budgets. Furthermore, early intervention services (such as youth services) have been cut in cash terms by just under 40% from 2011/12 to 2018/19. These cuts make it much more difficult for local authorities to intervene earlier and prevent escalation. The Welsh Government must provide the financial resources required to support local authorities to safeguard and promote the well-being of children in Wales.

In England, the Department for Education is introducing welcome, long term reforms, outlined in the Green Paper on children and young people’s mental health. These reforms will result in a step-change to how schools support children’s mental health – but today’s children cannot wait until the middle of the next decade to receive this new support. The Department must commit to funding a counsellor for every secondary school and further education college in England immediately. Counsellors are best placed to identify emerging emotional problems and the challenges around identity outlined in this report. We estimate that it would cost £90 million to place a counsellor in every secondary school.

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In Wales, it is already a requirement for every secondary school to have a counsellor. While this is a welcome step, the Welsh Government should also undertake an evaluation of the implementation of counsellors to identify any barriers to children being able to access this important service.

Schools in England and Wales must develop inclusive whole school approaches to mental health and well-being. These approaches should prioritise the most vulnerable for additional support, and work with the entire student body to create an inclusive environment for everyone – regardless of sexuality, disability, ethnicity, low income, mental ill-health or poor physical health.
The well-being of girls and boys

We have long reported on significant differences in well-being between boys and girls. This year we saw that everyday experiences of jokes and comments about people’s looks and bodies, about their perceived sexual activity, and the sharing of pictures and videos of other people’s bodies, are important for the well-being of girls. We also found that gender stereotypes amongst friendship groups affect the well-being of both girls and boys. Children with friendship groups that value girls having nice clothes and boys being tough had lower well-being. Solving this problem through policy change will not be straightforward, but our long term well-being trends demonstrate that the status quo is not inevitable.

Here we offer some suggestions for change, in the spirit of beginning a more comprehensive debate:

- As part of whole school approach to mental health and well-being, schools should work with students to consider the role of ‘appearance’ in school culture and how to ensure it is positive, rather than damaging, to well-being.

- Schools should use the upcoming introduction of the RSE curriculum in England and Wales to introduce debates about gender into schools in new ways. Schools should also encourage students to examine their attitudes and engage in the wider societal debates about women and men.

- In England, Health and Well-being Boards should work with partners across their local area to fund targeted programmes to empower ‘at risk’ girls (such as those identified as at risk of sexual exploitation) and ‘at risk’ boys (such as those identified as at risk of serious youth violence) using gendered approaches that support young people to explore positive role models and identities. Public Service Boards in Wales should take the same approach.
Right now in Britain there are children and young people who feel scared, unloved and unable to cope. The Children’s Society works with these young people, step by step, for as long as it takes.

**We listen. We support. We act.**

There are no simple answers so we work with others to tackle complex problems. Only together can we make a difference to the lives of children now and in the future.

**Because no child should feel alone.**

Find out more at [childrenssociety.org.uk](http://childrenssociety.org.uk)