



Charting a happier course for England's children: the case for universal wellbeing measurement

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Pro Bono Economics uses economics to empower the social sector and to increase wellbeing across the UK. We combine project work for individual charities and social enterprises with policy research that can drive systemic change. Working with 900 volunteer economists, we have supported over 500 charities since our inception in 2009.

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Summary

Parents, care givers, teachers, health professionals and young people's charities alike are united in wanting the country's children and young people to be happy. They want children and young people to have confidence in themselves, to feel satisfied with their lives, to be able to overcome the problems they face and to feel hopeful about their futures. They want children and young people to have high wellbeing.

But too many children and young people do not feel this way. The UK's children and young people have the lowest wellbeing in Europe. 197,000 young people left secondary school with low levels of wellbeing in 2022. That's the same as the total population of Milton Keynes.

This problem is getting worse, and while Covid has exacerbated it, children and young people's wellbeing has been worsening for a decade. The number of children and young people in the UK who report having low wellbeing has increased from fewer than one in six in 2015 to one in four in 2022. And the pace of decline is significant. Children and young people's wellbeing seems to be plummeting faster in the UK than in any other country that the OECD collects relevant data in, with the exception of Germany where wellbeing has a higher base to fall from.

The causes of the children's wellbeing crisis are simply not sufficiently understood. Some things are known about the determinants of low wellbeing, for example that a good school culture, teachers who are interested in their pupil's wellbeing, and families who communicate can all protect children and young people from low wellbeing and youth groups. Perceptions by children and young people that their families have low status, and children and young people's exposure to bullying, limited exercise, loneliness and taking on paid work all increase the risk that children and young people will experience low wellbeing. But wellbeing is

affected by so many issues, and with current evidence it is possible to explain just a fraction of the variation in wellbeing levels observed.

Better and more comprehensive data is urgently needed to understand the state of wellbeing among the UK's children and young people, what is driving it and how to solve it.

Universal wellbeing measurement of children and young people is part of the solution to the children's wellbeing crisis. Measuring the wellbeing of all children and young people regularly and in the right way would allow better decision-making and targeting of support by national policymakers, local authorities, health systems, schools, charities and mental health practitioners alike. It would create an understanding of the places, practices, policies and services which are making a difference and those areas where additional efforts are desperately needed. It would improve the evidence available to allow for assessment and evaluation of what is working and unearth what isn't. Ultimately, it would support children and young people to live happier lives, with benefits now and long into the future.

The applications of universal wellbeing measurement of children and young people are therefore numerous. They are particularly pertinent when it comes to better understanding how to help disadvantaged groups. Universal wellbeing measurement would, for example, allow a greater understanding of the lives of the growing cohort of children with special educational needs. It would similarly much improve the information about what works in helping care experienced children and young people who can often have extra needs but be missed by data collection because of the size of their group. And the very act of rolling out universal wellbeing measurement would be an immensely powerful signal that the new government is taking children and young people's views seriously.

This wealth of benefits is perhaps why there is broad support for universal wellbeing measurement from teachers, parents, children and young people's organisations, and school-based mental health practitioners.

Scotland and Wales have already taken some steps towards this goal, but England is lagging behind. The UK government should therefore rapidly move to begin universal wellbeing measurement of children and young people in England.

The roadmap for doing so is set out in this report, backed by a broad coalition of charities, young people's organisations and mental health experts. This includes the Children and Young People's Mental Health Coalition which has 330 members, the Schools Wellbeing Partnership which has nearly 50 member organisations, and the Children at the Table campaign which has 180.

These organisations are united in calling for the government to urgently take the first step of establishing a time-limited cross-sector working group to guide the rollout of universal wellbeing measurement. With expert guidance, the government can then begin to make crucial decisions on the details, such as the support needed for schools, the appropriate frequency for undertaking measurement, and the role of children and young people's voices.

The saying goes that 'what is measured, matters'. The happiness of the next generation matters immensely. A coalition of organisations that believe better measurement of children and young people's wellbeing is essential are ready to support the government in doing so.

The roadmap to the rollout of universal measurement of children's wellbeing



Supporters of the case for universal wellbeing measurement

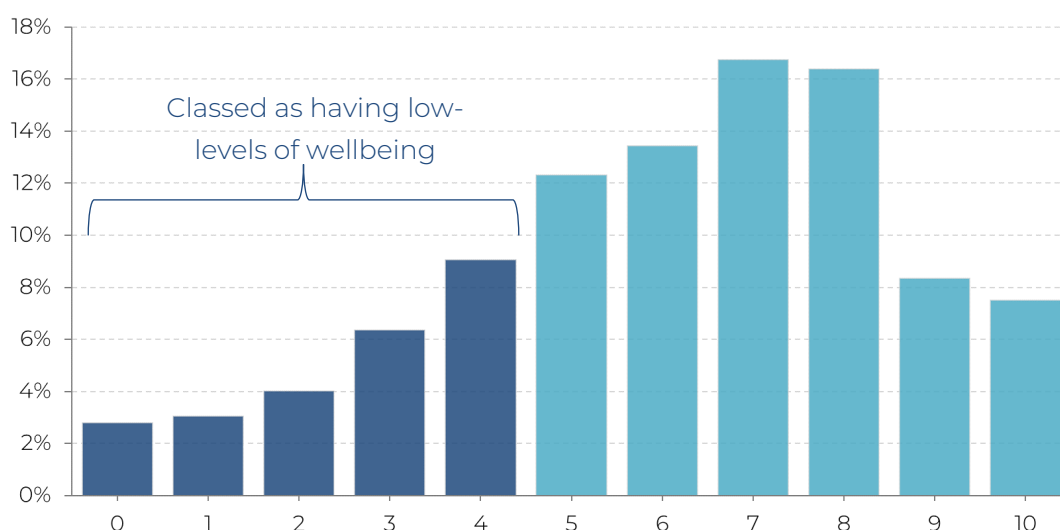


The scale of the wellbeing crisis among the UK's children and young people

Children and young people's wellbeing – the overall sense of how they are feeling and functioning – is in decline and has been for some time. One in four 15-year-olds in the UK (25%) reported low levels of wellbeing in 2022 compared to fewer than one in six (16%) in 2015, according to data collected by the OECD.¹ This means that there were around 197,000 young people leaving secondary school in 2022 with low levels of wellbeing – the same as the total population of Milton Keynes or the equivalent of six children in the typical secondary school class of 22.

Figure 1: One in four 15-year-olds in the UK have low wellbeing

Breakdown of scores for Overall Life Satisfaction measure of wellbeing across 0-10 scale



Source: PBE analysis of OECD: [PISA 2022 Database](#), 2022.

Children and young people with low wellbeing are unsatisfied with their lives. There is no single picture of what a child or young person with low wellbeing looks like – low wellbeing can reflect a range of potential challenges in their lives including mental health difficulties, physical health concerns, experiences of bullying, and feelings of loneliness.²

¹ OECD, [PISA 2022 Database](#) 2022 & OECD, [PISA 2015 database](#) 2015.

² Children's Society, [Good Childhood Report 2023](#), August 2023.

That so many of the country's children and young people feel this way is a major concern. Most societies expect that each generation experiences improvement in their quality of life compared to the one that preceded it. Every parent wishes that their children have a better life than they themselves had – a happier, healthier, more fulfilled one. But that is not the experience too many children and young people in the UK have.

It's also not the adulthood they can expect. Unhappy children are likely to become unhappy adults, with poor wellbeing and socio-emotional outcomes as a teenager linked to lower wellbeing as an adult.³ Similarly, being bullied as a child worsens wellbeing up to half a century later in life.⁴ If the UK doesn't take action to address this crisis in children and young people's wellbeing now then there is potential that it will continue to blight the quality of life of adults for decades to come.

The UK's children and young people report the lowest wellbeing in Europe

It might be tempting to conclude that declines in wellbeing reflect broader international trends relating to the impact of the global pandemic or growing concerns about climate change. However, international comparisons highlight that the UK is performing poorly and that this performance is getting worse over time relative to other similar countries.

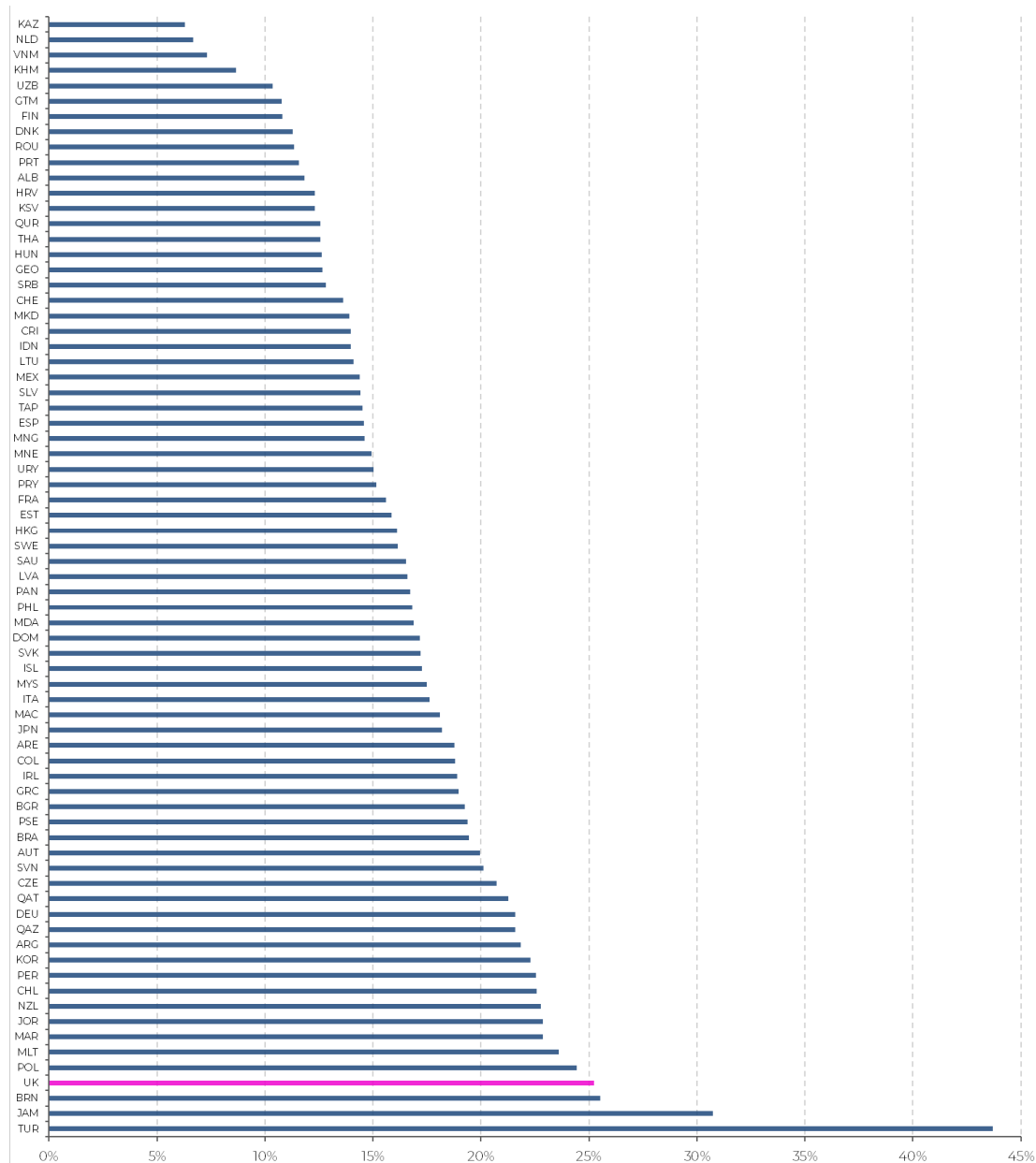
The UK is in the relegation zone when it comes to international league tables for children and young people's wellbeing. In 2022, the UK ranked 70th out of 73 countries surveyed by the OECD for the proportion of 15-year-olds reporting low wellbeing. It scored the lowest of all Western European nations, ranking 11 places lower than Germany, 20 places behind Ireland, 38 places lower than France and 68 places behind the Netherlands. The only countries that performed worse than the UK in the entire OECD dataset were Brunei, Jamaica and Turkey.

³ A Clark et al., *The origins of happiness*, Princeton University Press, Chapter 2, 2018.

⁴ D Blanchflower & A Bryson, [The adult consequences of being bullied](#), *Social Science & Medicine* Volume 345, March 2024.

Figure 2: The UK ranked 70th out of 73 countries for the proportion of children and young people with low wellbeing

Percentage of 15-year-olds scoring 0-4 out of 10 on the Life Satisfaction measure of wellbeing



Source: PBE analysis of OECD, [PISA 2022 Database](#), 2022.

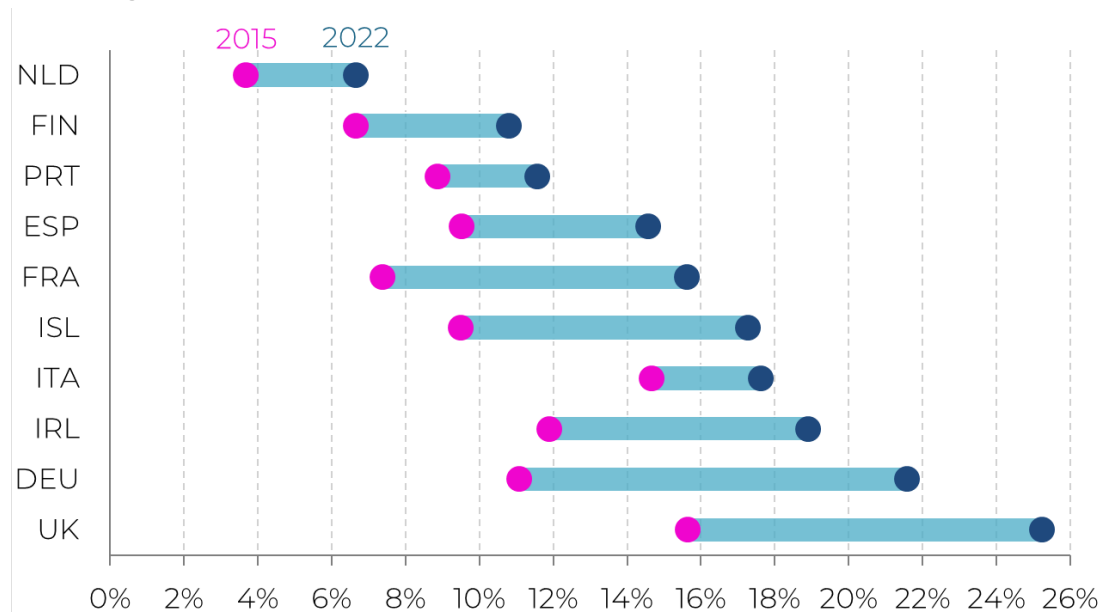
Even more worryingly, the wellbeing of the UK's children is deteriorating at a faster rate than in most other countries.⁵ Between 2015 and 2022, an additional 10% of 15-year-olds in the UK reported low wellbeing. While

⁵ Whilst cultural and linguistic differences can make international comparisons of responses to wellbeing questions tricky to interpret the change is an even clearer indication of a worsening outlook for UK children.

many countries experienced increases over this period the average increase across the 41 countries where the OECD gathered data in both 2015 and 2022 was just 6%. Germany is the only other Western European country to have experienced a rise in low wellbeing similar to the UK. However, because Germany started from a much lower base, the proportion of children with low wellbeing in 2022 remains well below that in the UK. While many countries saw a significant increase in low wellbeing during the pandemic, it's notable that the UK's increase actually began earlier, from 2015 to 2018, highlighting an opportunity to address this issue proactively.⁶

Figure 3: The UK has seen a bigger increase in the % of children with low wellbeing than most other Western European countries

Percentage of 15-year-olds scoring 0-4 out of 10 on the Life Satisfaction measure of wellbeing, in 2015 and 2022



Source: PBE analysis of OECD: [PISA Database](#), 2022 and OECD [PISA database](#), 2015.

⁶ In 2015 15.6% of the UK's 15-year-olds had low wellbeing, whereas in 2018 this figure had increased to 26.2% – higher than the levels seen in 2022.

Why more evidence is needed to understand the causes of low wellbeing

While there are many assertions made, the troubling reality is that it is simply not known why the wellbeing of children in the UK has fallen so rapidly. As long as that understanding is lacking, there is a risk that well-meaning steps taken by those who care very deeply for children and their wellbeing could make little difference – or worse, do harm. To make a meaningful difference to children’s wellbeing, better understanding and evidence of what’s driving the decline is essential.

The evidence currently available, while insufficient, allows some understanding of elements which are important to wellbeing and demonstrates the complexity of the picture. PBE has analysed data gathered through the OECD’s PISA programme to identify “risk factors” that appear to be important predictors of low wellbeing. They broadly fall into five categories: school culture, peer relationships, family-life, lifestyle factors and use of digital devices. Whilst the data is insufficient to be confident that there is a causal link, we have used statistical techniques that attempt to isolate the association of each risk factor with the chances of experiencing low wellbeing, whilst controlling for all the other risk factors and basic demographic characteristics – further details are provided in the Annex.

School culture

The OECD PISA survey is primarily designed to understand international differences in schooling systems. As such, it has a rich set of information about factors relating to school experience. PBE’s analysis highlights that a number of these were highly predictive of low wellbeing.

The relationship between students and teachers was highlighted as one important factor. 72% of 15-year-olds in the UK agreed or strongly agreed that “teachers at my school are interested in students’ well-being”. This group were, on average, around 14 percentage points (ppts) less likely to report low levels of wellbeing. This aligns with international evidence that

has highlighted this link in a number of different countries,⁷ and raises questions about why a notable proportion of 15-year-olds didn't think their teachers were interested in the wellbeing of themselves and their peers.

Likewise the behavioural culture within a school was shown to be important for driving low levels of wellbeing. Those children who had "heard a student threaten to hurt another student" were, on average, 6% more likely to experience low levels of wellbeing, after controlling for a number of other factors.

If a student felt a sense of belonging at school, they were less likely to report low levels of wellbeing. 64% of children agreed or strongly agreed with the statement "I feel like I belong at school". This group were, on average, around 7ppts less likely to have lower wellbeing than those who did not have the same sense of school belonging.

Peer relationships

Being the victim of bullying has previously been highlighted as a risk factor for lower wellbeing and analysis of OECD data confirmed this.⁸ 19% of young people said that "other students made fun of me" a "few times a month" or "once a week or more". These pupils were 10ppts more likely to experience low wellbeing than other children.

Previous research has highlighted that loneliness is more prevalent among children and young people than any other age group in the UK.⁹ Just as for adults, this is a common driver of lower levels of wellbeing. Children who agreed or strongly agreed with the statement "I feel lonely at school" were, on average, around 9ppts more likely to experience low levels of wellbeing. Supportive relationships and close community ties have been shown to be important for reducing the impact of loneliness on wellbeing.¹⁰

⁷ For example, see: K Saxer et al., [The role of teacher-student relationships and student-student relationships for secondary school students' well-being in Switzerland](#), International Journal of Educational Research Open, Volume 6, June 2024; Zheng F, [Fostering students' well-being: the mediating role of teacher interpersonal behaviour and student-teacher relationships](#), Frontiers in Psychology, Volume 12, 2022.

⁸ The Children's Society, [The Good Childhood Report](#), 2023.

⁹ What Works Centre for Wellbeing, [Loneliness and wellbeing in young people](#), 2022.

¹⁰ C Goodfellow et al., [Loneliness and personal well-being in young people: moderating effects of individual, interpersonal and community factors](#), Journal of Adolescence, Volume 94, Issue 4, June 2022.

Family life

Whether it is behaviour, communication skills or academic performance, children and young people's experiences at home have been demonstrated to be critical for driving their lifetime outcomes. And the same is true for wellbeing too.

The vast majority of children and young people do talk to their family members regularly and this is associated with a protective impact on their wellbeing. Analysis of the OECD data highlighted that 84% of 15-year-olds spend time talking to family members at least once per week. This group were 15% less likely to experience low wellbeing after controlling for a number of other factors.

However, the relationship between socio-economic status of families and their children's wellbeing may be more complex, as has been reviewed more comprehensively by the Children and Young People's Mental Health Coalition.¹¹ Objective measures of poverty – such as whether a child had skipped meals due to there not being enough food in the house – were not found to be significant in predicting low levels of wellbeing among the children in the OECD sample. However, perceptions of status relative to peers does seem to be important. Those children who felt their family would be ranked in the bottom half of a scale that represents families based on the money they earn, quality of education and respect for jobs were, on average, 14ppts more likely to have low levels of wellbeing.

Lifestyle

There was limited data available in the OECD dataset on lifestyle factors that could help to explain low levels of wellbeing, however two did show up as significant predictors. Firstly, the frequency of exercise that children undertook. The 62% of 15-year-olds who exercised one day per week or fewer were 9ppts more likely to experience low wellbeing than those that exercised more frequently. Secondly, and potentially tied to the points above related to socio-economic status, was the high intensity of paid work. The 13% of 15-year-olds who work for money three times per week or more were 8ppts more likely to experience low wellbeing.

¹¹ C Rainer et al, [A Dual Crisis: The hidden link between poverty and children's mental health](#), Children and Young People's Mental Health Coalition, July 2024.

Research undertaken by #BeeWell in Greater Manchester has shown that participation in a wide range of activities outside of school such as physical activity, arts, culture and entertainment, contributes to better wellbeing. About 1 in 5 young people are disengaged from these activities, with some correlation to socio-demographic inequalities, and as a result miss out on the benefits to their wellbeing. Furthermore, as children get older their involvement in these activities tends to reduce, with negative implications for their wellbeing¹².

Use of digital devices

The importance of good data on children's wellbeing is perhaps most clearly highlighted in the high levels of concern among parents about the effect of digital devices and social media on their children.¹³

Research on the effects of access to digital devices and social media suggests that the relationships to children's wellbeing are likely to be complex and nuanced. While some international studies have found evidence that more restrictive policies on mobile phone use within schools may be associated with positive outcomes that could be linked to improved wellbeing, other studies tend to find no significant relationship between broader social media use and wellbeing over time.¹⁴ Indeed, specialists in children's mental health highlight that it can have both positive effects – such as improving a sense of social support and connectedness – as well as negative effects – including creating opportunities for cyberbullying or pressures on body image.¹⁵ Research on the links between social media use and wellbeing largely confirm this.

PBE analysis of OECD data largely aligns with this complex picture. 11% of 15-year-olds said that they spent more than 7 hours per day at the weekend looking at social media. On its own, such intensive use was correlated with lower levels of wellbeing – around 32% of those using social media so intensively had low wellbeing compared to just 19% of those that used it

¹² E Thornton et al., [Do Patterns of Adolescent Participation in Arts, Culture and Entertainment Activities Predict Later Wellbeing? A Latent Class Analysis](#), Journal of Youth and Adolescence, Volume 53, pages 1396–1414, March 2024.

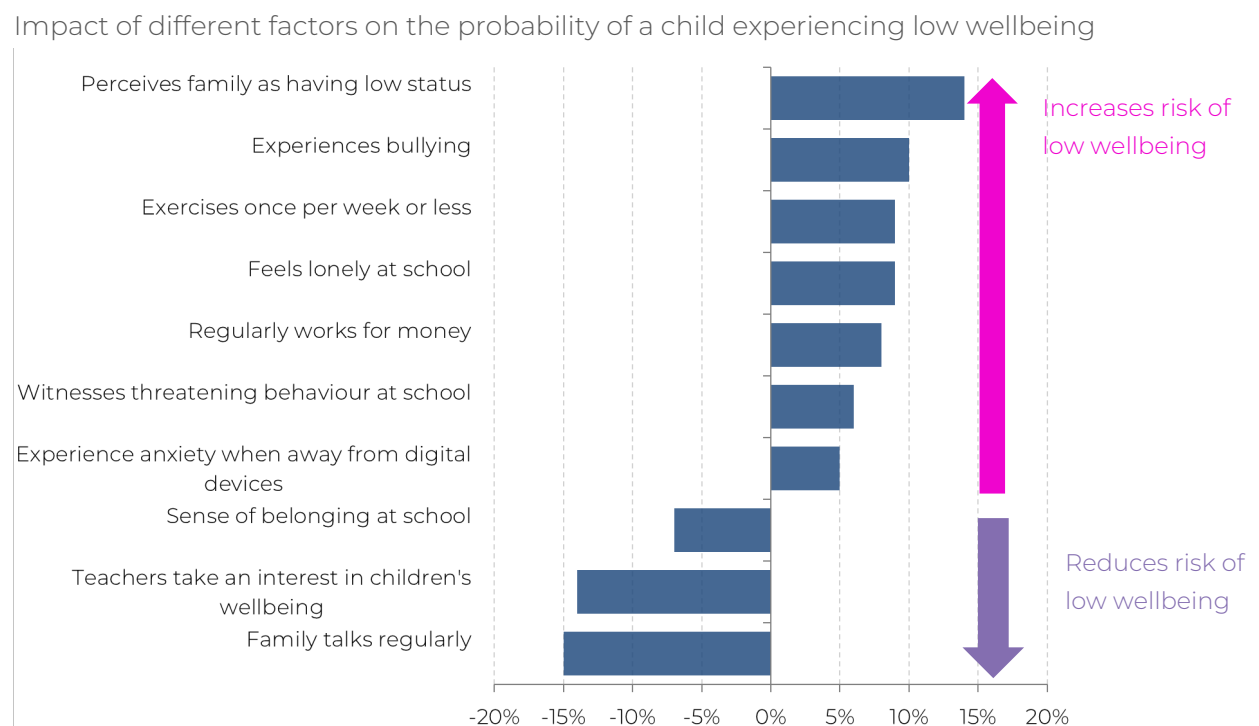
¹³ For example, see: L Clarence-Smith, [Six in 10 think social media has had a negative effect on British children](#), The Telegraph, April 2024.

¹⁴ For example, see: S Abrahamsson, [Smartphone bans, student outcomes and mental health](#), Institutt for smafunnsøkonomi, February 2024; R Plackett, J Sheringham & J Dykxhoorn, [The longitudinal impact of social media use on UK adolescents' mental health – longitudinal observational study](#), Journal of Medical Internet Research, 2023.

¹⁵ Anna Freud, [Internet and social media](#), 2024.

just one hour per day. However, when multiple predictors of wellbeing are controlled for, being an intensive user of social media was not significantly associated with the probability of having low wellbeing. There is an additional useful distinction in the data that can help explore this in more detail. Around 17% of 15-year-olds in the UK stated that they feel anxious when they are away from their digital devices. This group was found to be more likely to experience low wellbeing, even after controlling for a host of other factors. While more research is undoubtedly needed, this is indicative that targeting specialist support at the minority group of young people who develop a compulsion towards the use of their digital devices could play a particularly important role in reducing levels of low wellbeing.

Figure 4: The importance of different factors in predicting low wellbeing among children



Source: PBE analysis of OECD (2022): [PISA 2022 Database](#), average marginal effects from logistic regression – details provided in annex A.

The breadth of factors that are associated with low levels of wellbeing highlight that there will not be a single “silver bullet” that can solve the wellbeing crisis in the UK. A range of approaches will be required that support children and young people at home and in-school, in addition to when they are using digital devices. However, the evidence around these drivers of low wellbeing is still developing. There is much is not yet fully

understood. For example, despite the range of variables available in the OECD dataset, it is possible to explain just 38% of the variation in wellbeing levels between young people in the sample.

Better data and evidence are needed to improve the understanding of what is driving declining levels of wellbeing among the UK's children and young people, as well as to evaluate and target solutions to the right schools, communities and individuals.

Box 1: The Dutch Model

Despite sharing a number of cultural and economic similarities, the wellbeing of children in the Netherlands has consistently been higher than in the UK. In 2022, just 7% of 15-year-olds reported low wellbeing in the Netherlands, compared to 25% in the UK. While the Netherlands has seen a rise in the proportion of children with low wellbeing, it has been substantially lower than that seen in the UK. Between 2015 and 2022 the proportion of children with low wellbeing rose by just 3% compared to the 10% increase seen in the UK.

Some of this difference could be attributed to observable differences in those key predictors of low wellbeing highlighted above:

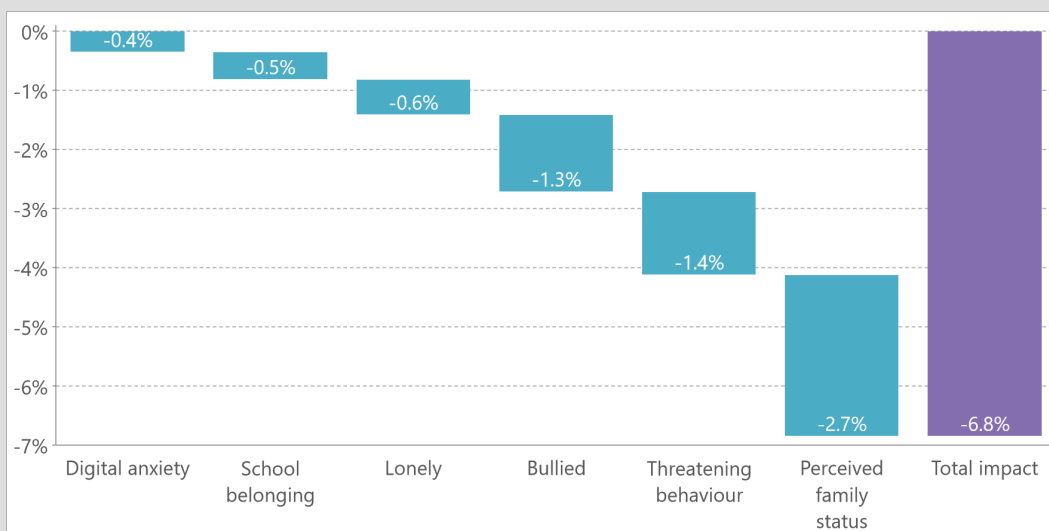
- Dutch children perceive far lower inequalities in family socio-economic status. Just 5% of Dutch children perceived their family to be in the bottom half for socio-economic status, compared to 24% of children in the UK.
- Threatening behaviour is far less common in Dutch schools. Just 14% of children reported witnessing one pupil threaten another, compared to 37% in the UK.
- Bullying is far less common. 6% of pupils reported that they had regularly been made fun of compared to 19% in the UK.
- Just 9% of students in the Netherlands reported feeling lonely compared to 16% in the UK.
- 70% of Dutch pupils felt a sense of belonging at school, compared to 64% in the UK.
- Fewer Dutch children felt anxious when they were away from the digital devices. Just 10% reported concerns compared to 17% in the UK.

However, it is unlikely that these factors can explain all of the gap in outcomes between the UK and the Netherlands. If the statistical relationships with low wellbeing identified using the OECD data are treated as if they were causal estimates then, together, the above factors might account for around one-third of the gap in wellbeing outcomes between the UK and the Netherlands. While this would be a substantial improvement, it leaves a big question about how the rest of the gap could be closed.

The answer may lie in some of the more intangible characteristics of the Dutch education system. The decentralised nature of the Dutch education system – with control at the municipal level and no national curriculum – can make it hard to be definitive on which differences matter, as they can vary by localities. However, commentators frequently highlight the strong history of prioritising broader health and socio-emotional learning in Dutch primary schools, a focus on ensuring children are happy and motivated as a foundation for results, investment in support for those with Special Educational Needs, the integration of counselling services into school life to support those that need it and less need for top grades in order to progress to further education.

Figure 5: Perceived wealth of family, threatening behaviour and being bullied drive the biggest difference in outcomes between the UK and the Netherlands

Estimated contribution of different predictors of low wellbeing on the difference in proportion of children with low wellbeing in the UK compared to Netherlands



Notes: The figures can be interpreted as the change in the percentage of children with low wellbeing experienced in the UK if it reached the same levels of performance as the Netherlands on each predictor.

Source: PBE analysis of OECD (2022): PISA 2022 Database.

Ultimately, building a stronger understanding about what works in countries where there are fewer children with low wellbeing could offer valuable solutions to solving the UK crisis – alongside UK specific analysis. But one clear thing the Dutch already have is a much stronger understanding of what is happening to the wellbeing of their children and young people, because they have universal wellbeing measurement.

The benefits of measuring the wellbeing of all children and young people

There is broad support for universal measurement of children's wellbeing in England from different groups. Six in ten (60%) teachers surveyed by The Children's Society agree that children's wellbeing should be measured in school at least once a year.¹⁶ Among senior mental health leads working in schools, the thing they are most likely to request to support them bringing about effective change for mental health and wellbeing in their schools are "resources and tools specifically to help with wellbeing measurement".¹⁷ Just under three quarters of parents (73%) want schools to measure and track the wellbeing of their pupils too.¹⁸ And a significant number of organisations across the youth and education sectors are united in their calls for the government to move forward in this area.

Box 2: Organisations working with children that have made calls for better measurement of children's wellbeing

- Anna Freud
- #BeeWell
- Social Finance
- The Centre for Young Lives
- The Children and Young People's Mental Health Coalition
- The Children's Society
- The Fair Education Alliance
- The Youth Sports Trust
- Times Education Commission
- Young Minds

The scale and breadth of support for wellbeing measurement of children and young people almost certainly stems from how clear and numerous the benefits are – if measurement is undertaken in the right way. There are benefits stemming from being able to track national progress and national decline. There are benefits that occur from universal wellbeing

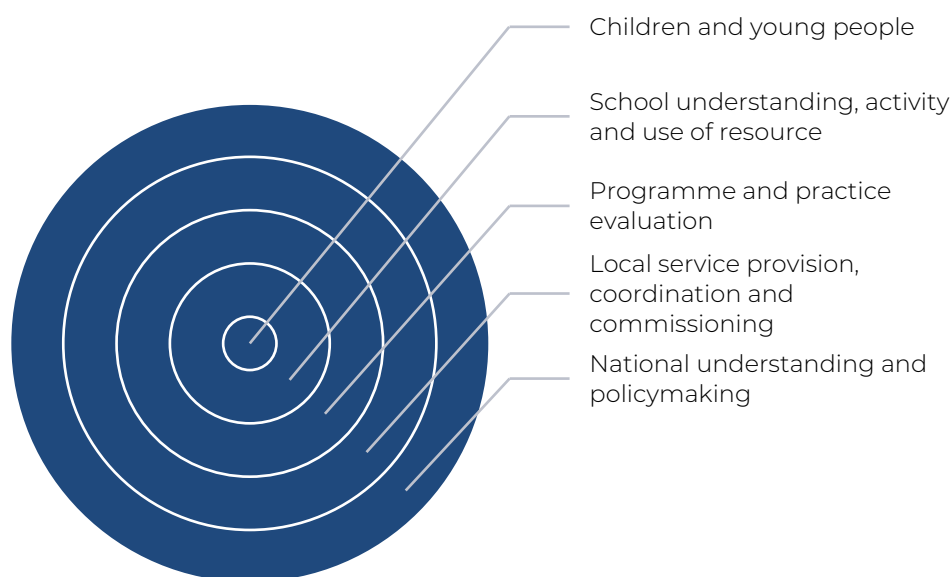
¹⁶ A Dicks & R Looi-Somoye, [Teachers' views on national children's wellbeing measurement in schools](#), The Children's Society, November 2023.

¹⁷ Department for Education, [Transforming Children and Young People's Mental Health Implementation Programme](#), May 2023.

¹⁸ Youth Sport Trust, [Wellbeing Survey](#), March 2021.

measurement's ability to support place-based decision-making, prioritisation and planning. Benefits arise from the ability of universal wellbeing measurement to better enable more robust evaluations of programmes and practices – to better find out what works, what doesn't, what is a poor use of funds and what interventions harm children's wellbeing. Using wellbeing measures to provide school-specific insights can allow for targeted support to schools where maintaining wellbeing is more challenging. Additionally, universal wellbeing measurement can help better identify and support individual children who may need extra care.

Figure 6: The benefits of universal measurement of children's wellbeing exist at every level



Benefits to national understanding and policymaking

Collecting comprehensive data on children's wellbeing across England would enable policymakers to identify trends, gaps and areas requiring intervention much more effectively than takes place today.

National initiatives such as the annual National Behaviour Survey by the Department for Education,¹⁹ the OECD's PISA survey, the NHS's Mental Health of Children and Young People surveys, datasets such as the Understanding Society survey, and The Children's Society's annual Good

¹⁹ Department for Education, [National Behaviour Survey: Findings from Academic Year 2022/23](#), April 2024.

Childhood report all currently fulfil something of this role in important ways. They generate headline insights such as that girls are much less happy with their appearances than boys,²⁰ and that wellbeing is substantially lower among sixth formers than among Year 7s and 8s. This can help to guide policymakers' decision-making in a very broad-brush way.

However, these national surveys often open more avenues for research. They are rarely sufficiently comprehensive to inform detailed policymaking. For example, these surveys might generate enough data to state that stable family relationships are a major factor in children's wellbeing. This can act as a compass to guide action in the right direction, but describes little about the destination of the action, the means of getting there or obstacles that will be encountered along the way.

These national surveys also have sample sizes in the few thousands, and so are not deep enough to understand the wellbeing of smaller but critically important groups such as children with special educational needs, LGBTQ+ and asylum-seeking young people – all of whom have concerning low levels of wellbeing and/or poor mental health.²¹ The sample sizes also are not enough to provide geographical breakdowns, thus limiting their potential to really inform and drive policy and practice.

One of the major areas of national concern that universal wellbeing measurement could support policymakers with is the state of Children and Adolescent Mental Health Services (CAHMS). There is a wealth of understanding that CAHMS is too often failing to support children and young people with mental health. Lengthy waits are leaving many children and young people without help from the NHS,²² and very little is understood about those children on waiting lists or about the 'missing middle' children who aren't qualifying for CAHMS support but aren't sufficiently provided for by the help that schools can offer.²³ Universal wellbeing measurement could be a major step forward to unlocking

²⁰ The Children's Society, [The Good Childhood Report 2023](#), September 2023.

²¹ C Rainer & K Abdinasir, [Children and young people's mental health: An independent review into policy success and challenges over the last decade](#), Children and Young People's Mental Health Coalition & the Local Government Association, June 2023.

²² For example, see: Children's Commissioner, [Over a quarter of a million children still waiting for mental health support](#), March 2024.

²³ Dr N Wilkinson, [The missing middle - who are they and why do they matter?](#), Royal College of Paediatrics and Child Health, September 2023.

understanding of these children and their needs – including how some of these needs could be met outside CAHMS through community services.

Similarly, the national government will be wrestling with a number of long-term challenges in relation to children and young people: the 28% increase in numbers of looked after children between 2011 and 2023,²⁴ the increasing number of children with special educational needs (SEND)²⁵ and the increasing number of children living in poverty.²⁶ Universal wellbeing measurement could provide a goldmine of insights into these groups, their needs, and the best ways to support them. Some measurement of looked after children does take place, with around 75% of looked after 5-16 year olds in 2023 having their wellbeing recorded.²⁷ But the measure used is disputed in terms of usefulness and robustness. Universal wellbeing measurement would both allow looked after children's wellbeing to be useful compared to the wider population and could encourage more comprehensive and better recording. And with social, emotional and mental health one of the fastest growing types of SEND, the data provided to national policymakers by universal wellbeing measurement would be of great use.

²⁴ Figure drawn from PBE analysis of: Department for Education, [Children looked after in England including adoptions](#), November 2023; Department for Education, [Statistics: Children in need](#), 2010-11 to 2022-23 and ONS/Nomis, [Population estimates - local authority based by single year of age](#), 2023.

To note, the number of looked after children and children in need are derived from a snapshot count undertaken on 31 March each year 2011-2023. As the most recent release is for 2022, the number of children aged 0-17 is derived from ONS mid-year estimates 2010-2022.

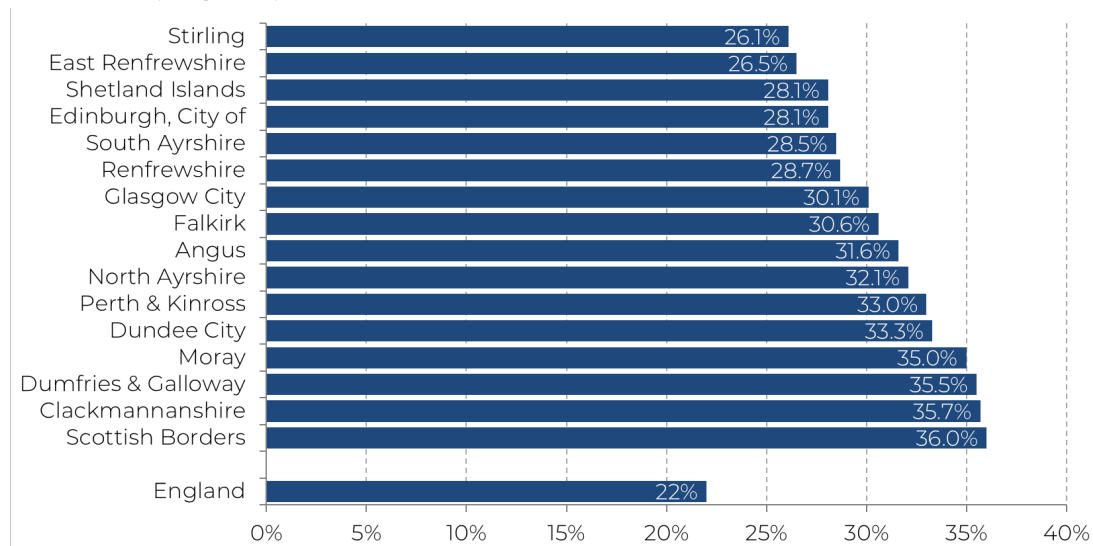
²⁵ Department for Education, [Academic year 2023/24: Special educational needs in England](#), June 2024.

²⁶ T Brown, [Child poverty: Statistics, causes and the UK's policy response](#), House of Lords Library, April 2024.

²⁷ Ofsted, [Research and analysis: Children's social care questionnaires 2023](#), October 2023.

Figure 7: Scotland's wellbeing census approach allows the Scottish government to detect far greater variations in, for example, bullying across local authorities, which English headline data disguises

Experience of bullying in the last year (Scotland, by local authority) and in the last 12 months (England)



Source: Health and Wellbeing Census Scotland 2021-22, and the Department for Education, National Behaviour Survey, Findings from the Academic Year 2021/22, June 2023

Recognising the challenges presented by national surveys that simply take a sample of children's wellbeing, the Scottish government took a major step forward to tackle that in the 2021/22 academic year, when it collaborated with all 32 Scottish local authorities to roll out a new Health and Wellbeing Census.²⁸ This had a dual purpose.²⁹ Firstly, the data collected helped to inform national policies, fortify government policymakers' understanding of the factors that influence pupil attainment and achievement and enable targeted resource allocation. Secondly, by gathering local-level evidence, it could assist local authorities in pinpointing and propelling local improvements.

Though local authorities had the ability to tailor some questions at a local level – a step which adds significant value to the surveys for local government – the consistent use of standard wellbeing questions across the entire nation added benefits for the Scottish government. It generated important place-based insights, such as that children in the Scottish

²⁸ Scottish Government, [Health and Wellbeing Census](#), December 2021.

²⁹ Scottish Government, [Health and Wellbeing census primary pupils involvement: FOI release](#), February 2022.

borders were more than a third more likely to report experiences of bullying than children in Stirling or East Renfrewshire. Such insights are not currently available to decision-makers in the UK government, who would benefit from them to prioritise and tailor resources between places in England. But universal wellbeing measurement can provide that – and much more.

Benefits to local service provision, coordination and commissioning

A significant minority of local authorities undertake their own wellbeing measurement across schools in their area. However, that still means that the majority of places in the country do not make decisions based on a good understanding of the wellbeing of local children.

Without national coordination, different places also take different approaches to measuring children's wellbeing. Local authorities in Greater Manchester, Hampshire, the Isle of Wight, Portsmouth and Southampton support their schools to undertake the #BeeWell survey, while Liverpool, Oxfordshire and Berkshire get support from OxWell data. Others, such as Central Bedfordshire and Bath & North East Somerset commission the Schools Health Education Unit (SHEU) to undertake their analysis and others still design and run through own, as Gloucestershire does. And while some surveys run the length and bread of a local authority, others match Integrated Care System (ICS) coverage.

Innovation and localisation has its place and reflects maturing practice. This creates an opportunity to learn from what has and hasn't worked in different places. But this patchwork of approaches also limits the use of these forms of wellbeing evidence to national policymakers, as there is no single home for this vital data, creating barriers to its usage – particularly in comparing data between places. It also creates barriers to organisations that would wish to use the data to evaluate the effectiveness of their solutions across places. This is also true for the NHS, where local authority and ICS areas do not align. And local authority discretion means that comparability is limited by the different cohorts and year groups that they decide to measure, and the calendar years they decide to undertake measurement in. As one local authority's Public Health Director told PBE:

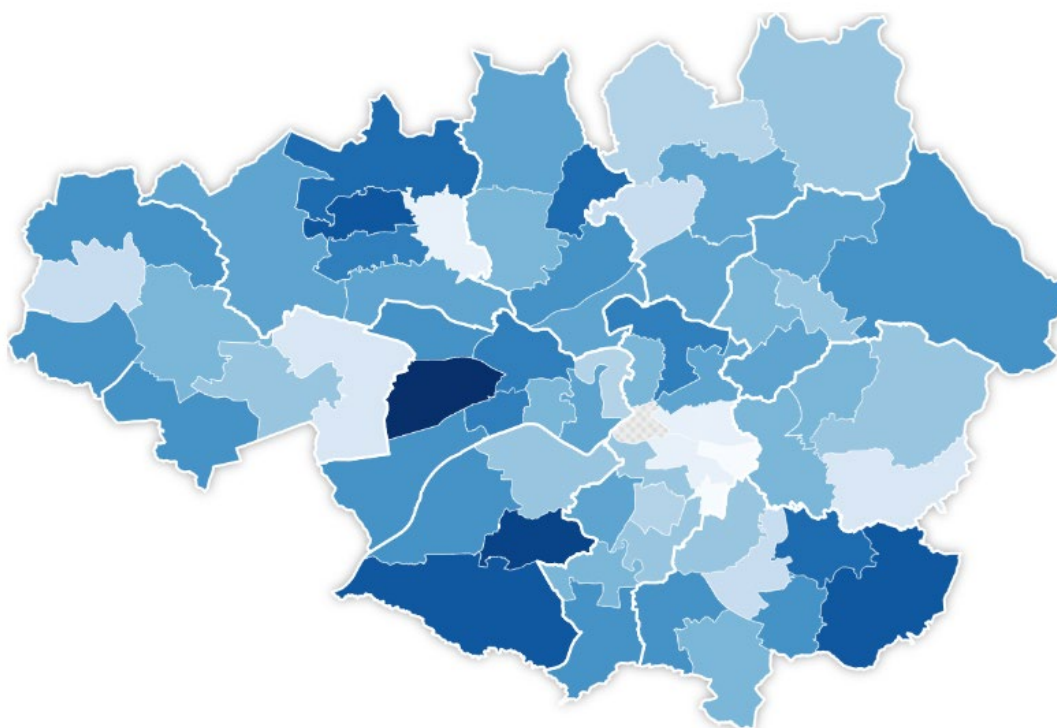
“We’re just picking SHEU back up now having not done it since 2018/19. With the amount of turmoil we’ve seen internally, it was no one’s priority. But we found the findings down the back of the digital sofa a few months ago and decided to pick up back up again.”

When they are not lost down the proverbial digital sofa, however, local authorities can find great value in the data they generate, and use it to guide budgeting, commissioning, collaboration and prioritisation of their own services and – in some circumstances – the NHS’s too. These decisions can be made in relation to schools, but also to wider resourcing in local areas, such as library, youth club and green space provision.

Figure 8: #BeeWell’s dataset allows a neighbourhood-by-neighbourhood understanding of wellbeing across Greater Manchester’s children

Overall life satisfaction of Year 10 pupils in secondary schools, Greater Manchester, by neighbourhood

6.1  7.3



Source: <https://uomseed.com/beewell-neighbourhoods/2023/profile/>, accessed 1 September 2024

For example, in 2017 Central Bedfordshire’s wellbeing survey revealed that ‘19% of younger pupils (years 4 and 6) and 37% of older pupils and students

in Years 8 to 12 had a low measure of resilience'.³⁰ This was an increase on the levels found in their 2015 survey. In response to this, the Public Health team collaborated with educational psychologists and the council's youth services team to prioritise building the resilience of their children and young people. This included the production of a locally focused, user-friendly toolkit 'Promoting emotional health, wellbeing and resilience: A whole school approach',³¹ which aimed to enable Central Bedfordshire schools and colleges to adopt a holistic approach to promoting emotional wellbeing for their pupils, students and staff and to improve resilience. Resilience is still a top priority for the council today.

Similarly, in Greater Manchester, #BeeWell's survey identified sizeable wellbeing inequalities for LGBTQ+ young people. For example, gay, lesbian, bisexual and pansexual young people scored, on average, less than 5 out of 10 on the ONS life satisfaction measure, compared to around 7 out of 10 for their heterosexual peers. Meanwhile, transgender young people reported significantly higher stress levels than those who are cisgender, as in Figure 9.³² These findings led to the Greater Manchester Integrated Care Partnership offering a £60,000 funding pot to support LGBTQ+ young people's mental health and wellbeing.³³ As above, this data is simply not available in national surveys with just a few thousand children answering questions, because LGBTQ+ young people make up a relatively small proportion of the sample.

When local authorities have access to this valuable data, they can make confident, well-evidenced decisions on what will help children and young people in their area. And the rollout of universal wellbeing measurement would help them even more, by improving how national government backs them up and how other organisations interact with them.

One of the strengths of universal wellbeing measurement is the comprehensive nature of what it measures. The applications of this are manifold, including housing services, health services, education, youth services, social services and many more. Wellbeing data can therefore be

³⁰ Central Bedfordshire Council, [Summary Survey of Health and Wellbeing Survey](#), 2017.

³¹ Central Bedfordshire Council, [Promoting emotional health, wellbeing and resilience: Wellbeing Toolkit](#).

³² #Beewell Research Team & University of Manchester, [BeeWell Inequalities Evidence Briefing 1](#), March 2022.

³³ [Young People - #BeeWell \(beewellprogramme.org\)](#), accessed 21 August 2024.

used as a guiding light for inter- and intra-organisational coordination, including with the charity sector and community organisations which are very active on aspects of children's wellbeing. Its strengths as a basis for cooperation and coordination, as a joint source of truth that many organisations can use, are notable.

Benefits to programme and practice evaluation

Particularly at a time of fiscal constraint, it is essential that every level of the public sector – from the Department for Education to local schools – are commissioning the services and undertaking practices that are most effective at improving the wellbeing of the children they support. However, alongside a lack of data about the drivers of low wellbeing sits a lack of data about the solutions to it. A clear example is the current debate on how to respond to poor behaviour in schools. Some would advocate for a stronger punitive approach to poor behaviour, while others would say that aggressive student behaviour is a symptom of a failure to focus on building trusted relationships, which punitive approaches can put at risk. But these assertions are not based on deep evidence presently.

Universal wellbeing measurement provides a route by which to overcome that, as services can quite simply measure the wellbeing of participants in their programmes before and after an intervention. Organisations can then identify a comparison group of similar young people whose wellbeing has already been measured in order to evaluate their impact.³⁴

Football Beyond Borders (FBB) is an example of an organisation which has done this effectively. This charity works in areas of socio-economic disadvantage, with young people who are passionate about sport but disengaged at school, to help them finish school with the skills and grades to make a successful transition into adulthood. Using the dataset provided by #BeeWell and the data collected by FBB, researchers at the University of Manchester identified that FBB was having a significant positive impact on the wellbeing of the children and young people they worked with.³⁵ While

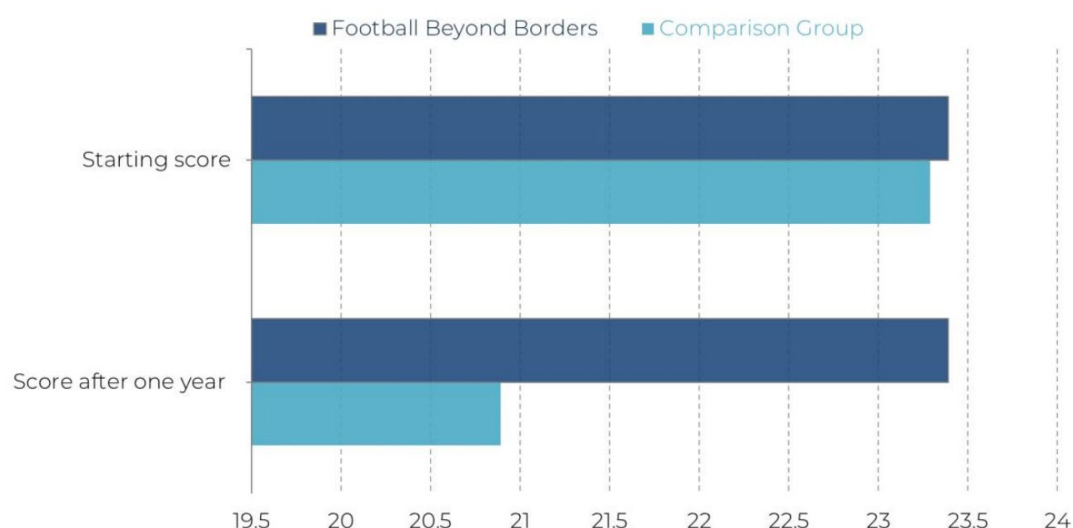
³⁴ Whilst this “matched control” approach to assessing the impact of interventions is not as good as the “gold standard” of Randomised Control Trials – where participants are randomly assigned into groups that receive support and those that do not – it is a reasonable and realistic standard of evidence for many organisations to aim for in order to reach Level 3 out of 5 in [Nesta's Standards of Evidence](#) framework.

³⁵ Q Cheng & N Humphrey, Preliminary Evaluation of a Targeted, School-Based Social and Emotional Learning Intervention for At Risk Youth: FBB, forthcoming, 2024.

the wellbeing of comparable children and young people in the broader population declined, the wellbeing of the children and young people who took part in a FBB programme was protected and maintained.

Figure 9: Wellbeing analysis makes it possible to see that FBB participants were protected against reductions in wellbeing experienced by others

Average SWEMWBS wellbeing score for at risk participants



Note: The axis on the chart has been truncated to make it easier to see the difference in outcomes.

Source: Supporting tables to Cheng and Humphries (2024)

PBE was then able to estimate that, in FBB's 2022/23 programme, the average student experienced wellbeing improvements worth approximately £2,300, totalling over £5.5 million in benefits for the 2,401 participants. It was therefore possible to conclude that the FBB programme was a good investment with this kind of young person, delivering an estimated £2.20 of benefits for every £1 spent, possibly even reaching £4 for every £1 spent when academic outcomes are considered. Furthermore, FBB only needed to prevent seven students from permanent exclusion annually to outweigh its costs.³⁶

Funders and commissioners can use robust evidence such as this to guide decision-making about the best use of their resources. But the patchy availability of wellbeing data at present limits the ability of organisations to undertake such analysis, and as such many interventions are commissioned without strong evidence of the outcomes they produce and

³⁶ Pro Bono Economics, [Investing in trusted relationships: The economic value of Football Beyond Borders' impact on children's wellbeing](#), April 2024.

the impact they have – though measures of their activity might be calculated. Universal wellbeing measurement of children and young people in England is the first step towards transforming this.

Benefits to school understanding, activity and use of resource

School leaders can find immense value from wellbeing measurement of their pupils, and as such some will commission or undertake wellbeing surveys independently of their local authority. Overall, in 2022, 16% of schools reported having fully embedded pupil mental health and wellbeing measurement to inform school practices.³⁷

Organisations that provide wellbeing surveys state that this value is particularly expressed when schools are supported to interpret the data, something a number of organisations provide. For example, the OxWell Student Survey – which has been developed in collaboration with young people, schools, local authorities, the NHS, and the OxWell research team based at the University of Oxford – presents participating educational institutions with a summary report of their results. They can use this to compare their school with data from others to identify strengths and weaknesses. Schools and local authority partners also have access to an online data platform where they can look at their data in more detail, as over 250 questions are asked of their pupils, enabling schools to address their areas of interest in a more tailored manner.

Data from wellbeing measurement can therefore provide the core of whole school approaches to improving children's wellbeing, and where it is appropriate, better targeting, tailoring and prioritisation of support. For example, if a school understands that there are a significant number of girls in Year 10 who are struggling with body confidence or a significant number of boys in Year 7 who are having difficulties sleeping, they can act appropriately.

Universal wellbeing measurement can also send an important signal to schools that the government recognises the importance of the work they do to support pupils' wellbeing and its relationship to attainment. There is clear evidence that children with higher levels of emotional, behavioural, social, and school wellbeing, on average, have higher levels of academic

³⁷ Department for Education/IFF Research, [School and college panel – May 2022](#), November 2022.

achievement and are more engaged in school, both concurrently and in later years.³⁸ But while data on pupil's exam scores dominate, schools' efforts to support wellbeing and the effect of other factors which fall outside of school control but heavily affect wellbeing and therefore attainment are less of a focus.

It is worth noting that schools are provided with an external view of wellbeing through Ofsted inspections, which do place some emphasis on assessing the Personal Development, Behaviour, and Welfare of students.³⁹ But while these inspections provide some qualitative data at the individual school level, they are not quantitative and do not facilitate easy comparison. Current assessments often rely on inspectors' subjective interpretations rather than on robust data that can help schools make meaningful improvements. As the future of Ofsted is being discussed, measuring children's wellbeing offers a more objective foundation for conversations between schools and inspectors about how schools are supporting the wellbeing of their students.

³⁸ L Gutman & J Vorhaus, The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes, Childhood Wellbeing Research Centre, 2014.

³⁹ Ofsted, [School inspection handbook](#), 2024.

The roadmap to rolling out universal measurement of children's wellbeing

The wellbeing crisis affecting the UK's children and young people is significant and deteriorating. It will take time to truly understand the drivers of this crisis and even longer to build the solutions. The new government should therefore move quickly to roll out a universal wellbeing measurement system of children and young people that allows national policymakers, local authorities, health systems, charities and schools in England to make better decisions and target effective solutions to the children who need it most, even as that changes year on year.

The DfE has a vital role in this as sponsor, champion and funder. Without DfE's intervention, the current mismatch patchwork of wellbeing measurement will continue, in which schools just over the road from one another can be using different approaches, limiting the value of their efforts. All the while, the majority of schools continue to undertake no wellbeing measurement at all.⁴⁰

Pro Bono Economics has proposed a ten step roadmap for the rollout of universal measurement of children's wellbeing, which has been backed by a broad coalition of charities, young people's organisations and mental health experts. This includes the Children and Young People's Mental Health Coalition which has 330 members, the Schools Wellbeing Partnership which has nearly 50 member organisations, and the Children at the Table campaign which has 180.

1. The cross-sector working group

As a matter of urgency, and as a first step to establishing universal wellbeing measurement of children and young people, the DfE should set up a time-limited Children's Wellbeing Measurement Working Group. This working group should bring together:

- children's charities;
- children and young people's mental health professionals;
- NHS Digital;
- providers of wellbeing measurement of children;

⁴⁰ Department for Education/IFF Research, [School and college panel – May 2022](#), November 2022

- teachers' representatives;
- the Department for Culture, Media and Sport;
- the Department of Health and Social Care;
- the Ministry of Housing, Communities and Local Government;
- the Office for National Statistics (ONS);
- and young people.

That working group must endeavour to swiftly and collectively devise the answers to a number of questions – the next nine steps of the plan.

2. Involvement of children's voices

The voices of children and young people in this process will be essential. They should have a say in every stage of this ten point roadmap, including guiding question design, data handling and results interpretation. Some providers of children's wellbeing measurement have their own young people's participation panels and advisory groups, and this rollout should be no different. As support for local authorities and schools to engage with this process is designed, it should include guidance on involving children and young people throughout the process.

3. The cohort to measure

The UK government may wish to scale up the year groups they cover over a period of time. However, the ambition should be for universal wellbeing measurement, so that specific effects on certain year groups are not missed. This is particularly pertinent in a post-pandemic environment, where there are concerns about the differential effects of lockdowns on different year groups, such as those who were in Year 1 and 2 at Covid's height.⁴¹

Wellbeing measurement is most established among secondary school children, but measuring younger children's wellbeing is possible. The Millennium Cohort Study,⁴² for example, assesses children's wellbeing from as early as age 5 through tailored questionnaires exploring aspects of children's lives including school, family, friendships, and self-perception.

There is a good argument to be made that there is greater benefit in understanding wellbeing problems among the youngest children, as a means by which to drive appropriate intervention from the earliest possible

⁴¹ K Milanovic et al., [The longer-term impact of COVID-19 on pupil attainment and wellbeing](#), June 2023

⁴² H Joshi and S Fitzsimons,, [CLS Millennium Cohort Study](#), University City London, 2024.

moment and provide children with the tools to tackle problems that occur later in life. This should therefore be the government's ambition. But the government may wish to take a phased approach and start with secondary age children and young people, where wellbeing measurement has a more comprehensive base.

As well as deciding whether to measure the wellbeing of just secondary or secondary and primary school children, the working group must decide on which year groups are surveyed within those school groups. For efficiency, many local authorities choose only to commission surveys of particular year groups. For example, in Greater Manchester, they survey pupils in Years 7, 8, 9 and 10, and in Bath & North East Somerset, they survey students in years 4, 6, 8, 10 and 12.

4. The frequency of measurement

As noted above, there are inconsistencies across the country as to how often wellbeing measurement is undertaken. The DfE should impose wellbeing measurement across England on the same timeline, for consistency of data. The gold standard would be annual measurement, and some mental health professionals would prefer such regularity in order to be as responsive as possible to need.

However, there may not be a need for such intensity. Outside of major events, annual surveys may not record very significant changes year on year, devaluing their usefulness. The working group should examine existing surveys which are undertaken at different frequencies to assess what value they bring year on year. Additionally, a year is only a short time for schools, local authorities, health systems and national governments to digest findings, respond to them, and then for changes to take effect. Ultimately, universal wellbeing measurement of children and young people every second or third year may be a more appropriate use of resource.

5. Roles and responsibilities for provision

One of the most challenging aspects for the working group to negotiate is likely to be the roles and responsibilities of different parts of the system. One of the early decisions to be made is whether wellbeing measurement should be voluntary or mandatory for schools to undertake. A mandatory system can lend itself to becoming a tickbox exercise, while a voluntary

system can lead to a low uptake. Neither therefore guarantees universality: only proper buy in can achieve that.

The role of local authorities and health systems will also be key to define. The working group will need to devise which place-based structure has responsibility for any tailoring, local rollout and survey coordination. Nuances like how to handle academies, for example, will need to be navigated.

Inevitably, in schools, teachers will play a major role in supervising students undertaking wellbeing surveys. But introducing new initiatives to teachers' already demanding schedules requires careful planning and additional support. Integrating wellbeing measurement into existing school process may make it more manageable. The working group will want to explore how universal wellbeing measurement can be incorporated into school life, such as for example whether assessments should be integrated into existing sessions exploring social and emotional learning in PSHE.

The organisations that provide surveys in school will also be a matter of debate. Teachers have expressed a clear preference that NHS Digital undertake universal wellbeing measurement, with academics coming in second place.⁴³ This emphasises the importance of NHS Digital having a place on the working group. Whether universal wellbeing measurement is rolled out by a central national provider or places are given a list of approved providers of children's wellbeing measurement will need to be explored.

6. The questions to ask

It is essential that a standardised set of national questions are asked of all children, with variation only to reflect what is age appropriate. Well-tested, well-designed questions like the ONS4 and Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) should be strongly considered for use at national level. Asking all children standardised questions as appropriate for their age group offers the greatest potential for comparison and therefore the greatest value.

The working group should then advise on the means by which tailoring can complement the standardised question set with tailored questions

⁴³ A Dicks & R Looi-Somoye, [Teachers' views on national children's wellbeing measurement in schools](#), The Children's Society, November 2023.

which enable specific community concerns to be addressed. Tailoring can increase buy in of local places, particularly those which already run customised surveys and wish to avoid losing longitudinal datasets. Additionally, it can reduce redundancy and increase appropriateness in the question sets. For instance, in rural settings where access to museums or art galleries may be limited, local adaptations would ensure that wellbeing measurements remain meaningful and relevant for every child.

The working group will also need to advise on how tailoring can be undertaken. A range of template additional question sets that places can choose from in a 'pick'n'mix' approach would have a lot of benefits. It would save places time and resource spent designing their own questions. It might also allow some level of additional comparability – for example, if numerous places ask questions about sleep habits or exercise.

7. Funding

The working group and DfE will need to be clear on the national government's role and the source of funding. #BeeWell is currently undertaking analysis of the cost of a universal system, with early estimates suggesting cost of somewhere in the region of £20 million. The total funding allocated to schools through the grants covered is £59.5 billion in 2024-25, an increase of 70% compared to the £35.0 billion allocated in 2010-11⁴⁴. The estimated £20 million is a small drop within this and will be able to improve how money is best spent across the piece, ultimately saving the Treasury, local authorities and health systems money.

In the case of establishing a digital platform with a single provider, the cost of universal wellbeing measurement should be met directly by DfE. In the case of local authorities choosing providers, they should undertake the commissioning and be provided funding by national government. Rather than creating a new, specific source of funding to enable this survey programme, it might make sense for government to provide a boost to the children and young people's strand of the public health grant in years the survey is undertaken – in line with the government's intention to reduce siloed pots rather than introducing new ones.

⁴⁴ Department for Education, [Financial year 2023-24: School funding statistics](#), January 2024.

8. Support to use the data

To empower schools, health systems, charities and local areas in England to effectively interpret and utilise the findings from universal wellbeing measurement of children and young people, support will be needed at two points at least: to run the surveys effectively and to interpret the results.

Answering and asking questions about subjective wellbeing can be difficult. It may bring up difficult memories and experiences for some children. Parents may have concerns about how data on their children is to be used. Children with special educational needs may need additional help interpreting the questions. Many providers of children's wellbeing measurement such as OxWell and #BeeWell provide template materials, guides, posters, instructional videos, briefing sheets, standardised timelines and FAQs to teachers and parents to ease some of these difficulties. In costing the rollout of universal wellbeing measurement, the costs of this support should also be included, to smooth the process for teachers and increase buy in. The working group should be able to provide views on this based on existing insight.

Interpreting the findings of wellbeing surveys can also be challenging. Given the resource-starved environments of both schools and local authorities, the provider or providers of wellbeing measurement should offer support with interpretation. This should include a data visualisation dashboard through which schools, health systems, commissioned partners and local authorities can pull out key findings and benchmark their results against similar schools and parts of the country. Other requirements for support may also arise as the working group explores details.

9. Data repository and data linkages

In order to allow for evaluation and usage of the data generated by universal wellbeing measurement, it should have a single, secure, centralised home. Turning raw data into actionable insights requires cleaning and standardising in a centralised database. Access controls which safeguard privacy while fostering collaboration and comprehensive studies among authorised researchers are essential. The working group should agree how this sensitive but invaluable data should be stored for use.

The manifold benefits of universal wellbeing measurement are applicable to multiple systems, including health and children's services, and including not only public sector organisations but charities and academic organisations too. The sensitivities of the data in question and therefore how securely it is handled must be balanced with the potential the data presents to guide the activities of much of the system operating around children and young people. The working group will have to advise on the structures for data access and the levels of access to the data and its insights for different organisations.

Additionally, this programme of universal wellbeing measurement should design in linkages to other datasets from the start. While preserving the anonymity of children and young people undertaking the survey, as far as possible DfE should seek to provide linkages to other data sets that can add value – such as the National Pupil Database, Mental Health Services Data Set, and the Longitudinal Education Outcomes data set. This could be an opportunity to progress the single unique identifier for children that was floated by members of the new government while in opposition. Age-appropriate communication to children and young people on how their data will be used is important, as will reassurance that data cannot be used to identify them.

10. Measurement beyond mainstream schools

Undertaking universal wellbeing measurement in schools is important, but so too is understanding the wellbeing of children who are in non-mainstream school settings, such as in alternative provision (AP), special schools, home-schooling environments, or simply absent. These settings serve diverse and often challenging, transient and resistant populations with unique needs, and will require deliberate and tailored approaches to better support their wellbeing, as what is designed for mainstream settings may not meet their needs. Organisations which have attempted to assess wellbeing in these environments have experienced barriers, such as the frequently changing populations of AP units, and the additional pressures that exist on staff teams in these environments.

Yet in many cases, understanding the wellbeing of these groups of children is perhaps of the greatest importance. Children with disabilities are more than four times more likely to develop a mental health problem than

average.⁴⁵ Children at risk of exclusion are significantly more likely to have low wellbeing, so children who have been excluded are certainly likely to.⁴⁶ And children who are not in these settings and are not in school are those about whom the least is known. Improving understanding of this group of children, wherever that is possible, is of paramount importance.

Some nuances may also be required within the independent school sector, which the working group should reflect upon.

In parallel to efforts to roll out universal wellbeing measurement of children and young people in schools in England, a sub-group of the working group should devise a means by which to pilot wellbeing measurement approaches in these non-school environments, and so truly make wellbeing measurement universal.

⁴⁵ P Lavis, C Burke & R Hastings, [Overshadowed: The mental health needs of children and young people with learning disabilities](#), Children & Young People's Mental Health Coalition, November 2019.

⁴⁶ J Franklin, [How does a child's wellbeing vary with risk of school exclusion?](#), December 2022.

Conclusion

To meaningfully tackle the wellbeing crisis affecting children and young people in the UK – a crisis which is deep-set, worsening, predates the pandemic and more serious here than in anywhere comparable in the rest of the world – it is essential to begin by understanding what is driving it. Scottish and Welsh governments have taken steps in the right direction to achieve this. But current data in England does not lend itself to this understanding.

Universal wellbeing measurement of children and young people in England is the way forward. It would allow the UK government to better understand the lives of children and drive policymaking across England, prioritising and targeting resources across places. It would give local authorities the information they need to better commission the services they need in their areas. It would allow much improved evaluation of programmes and practices aimed at improving children's wellbeing, to understand what makes the most difference with which groups, and what might be actively causing harm. It would support schools to make informed decisions about the needs within their own environment, as well as to allow national authorities and parents to pinpoint where children's wellbeing is not being sufficiently supported. And it would support the targeting of help to individual children and small groups most in need.

Though there are presently a patchwork of children's wellbeing measurement approaches operating in England, they are isolated, which holds back evaluation efforts. They are undertaken in a fragmented and patchy way, which hampers decision-makers, mental health practitioners and analysts alike. And, ultimately, the majority of schools do not participate in wellbeing measurement, so the wellbeing of many children simply is not understood.

The new government has the opportunity to change this. The ten step roadmap for rolling out universal wellbeing measurement of England's children and young people set out here has been backed by a broad coalition of charities, young people's organisations and mental health experts. It will be gamechanging for professionals across the youth, health and education sectors who are dedicated to improving the lives of children

and young people, and united in trying to build a country where all children have happy childhoods.

Annex – Analysis of OECD PISA data

This annex provides more technical detail on the analysis completed of the OECD's PISA data. PISA is the OECD's Programme for International Student Assessment. Every three years it provides high-quality, rigorous data about the extent to which 15-year-olds around the world have acquired key knowledge and skills for full participation in social and economic life. 690,000 students were surveyed from 81 different countries in the 2022 assessment, 12,972 students across 451 schools were from the UK.

Since 2015 the survey has also captured a measure of overall Life Satisfaction.⁴⁷ This question provides a good assessment of the overall quality of life someone is experiencing and is aligned to the one of the four key measures of personal wellbeing adopted by the Office of National Statistics (ONS) and has been adopted in Treasury guidance for assessing the impact of policies on wellbeing.⁴⁸ This report has identified those students reporting wellbeing of 4 or below on this Life Satisfaction scale as having “low wellbeing”, in line with the ONS guidance.

Understanding the predictors of low wellbeing

A logistic regression is used to analyse the predictors of low wellbeing amongst children in the UK sample. A rapid evidence review was used to identify potential predictors that are available within the PISA dataset. The variables used are summarised in Figure 10 below.⁴⁹

Figure 10: Summary of variables used in logistic regression to predict low wellbeing

Variable name	Description
Belonging	Takes a value of 1 if response to question ST034Q03TA – “I feel like I belong at school” – is equal to “Strongly agree” or “Agree”.

⁴⁷ The specific wording of the question is as follows: “Overall, how satisfied are you with your life as a whole these days?” scored on a scale of 0-10, where zero means you feel “not at all satisfied” and 10 means “completely satisfied”.

⁴⁸ See ONS (2018): [Personal well-being user guidance](#) and HM Treasury (2021): [Green Book supplementary guidance: wellbeing](#).

⁴⁹ Key areas identified in the literature as potentially predictive of wellbeing but with no variables available in the PISA data for the UK include sexuality and gender identity as well as measures of health.

Bullied	Takes a value of 1 if response to question ST038Q04NA – “Other students made fun of me” – is equal to “A few times a month” or “Once a week or more”.
Caring	Takes a value of 1 if response to question ST294Q03JA – [During a typical school week, on how many days do you...] “Work in the household or take care of family members” – is 3 days or greater.
Digital anxiety	Takes a value of 1 if response to question ST322Q07JA – “I feel nervous/anxious when I don’t have my digital device near me” – is equal to “More than half of the time” or “All or almost all of the time”.
English as an Additional Language	If English is not the language that is usually spoken at home (based on derived variable LANGN not equal to “313”).
Family talks	Takes a value of 1 if response to question ST300Q03JA – [How often do your parents or someone in your family...] “Spend time just talking with you” – is equal to “About once or twice a week” or “Every day or almost every day”.
Fear of failure	Takes a value of 1 if response to question ST292Q06JA – “I feel anxious about failing in mathematics” – is equal to “Agree” or “Strongly agree”. ⁵⁰
Female	Takes value of 1 for individuals that identify as female.
High social media use	Takes a value of 1 if response to question IC178Q02JA – [During a typical weekend day, how much time do you spend...] “Browsing social networks (e.g. Instagram or Facebook)” – is equal to “More than 7 hours a day”.
Lonely	Takes a value of 1 if response to question ST034Q06TA – “I feel lonely at school” – is equal to “Agree” or “Strongly agree”.
Low exercise	Takes a value of 1 if response to question ST294Q05JA – [During a typical school week, on how many days do you...] “Exercise or practise a sport (e.g. running, cycling, aerobics, soccer, skating)” – is equal to “0 days” or “1 day”.

⁵⁰ Previous research has highlighted that fear of failure is potentially predictive of lower wellbeing amongst children and young people. There was no general measure of this in the PISA dataset so this mathematics specific question is used instead.

Lower family status	Based on responses to question ST259Q01JA, which asks students to place their family on a scale of 1-10 where 10 is for the people who are the best off in terms of money, education and most respected jobs and one is for the people who are the worst off. It takes a value of 1 if the young person scored their family at five or below.
No food	Takes a value of 1 if response to question ST258Q01JA – “In the past 30 days, how often did you not eat because there was not enough money to buy food?” – is not equal to “Never or almost never”.
Paid work	Takes a value of 1 if questions ST294 and ST295 indicated a child working more than three times per week.
Safe way home	Takes a value of 1 if response to question ST265Q02JA – “I feel safe on my way home from school” – is equal to “Agree” or “Strongly agree”.
Teacher Interest	Takes a value of 1 if response to question ST267Q07JA – “The teachers at my school are interested in students’ wellbeing” – is equal to “Agree” or “Strongly Agree”.
Threat	Takes a value of 1 if response to question ST266Q04JA – [In past 4 weeks] “I heard a student threaten to hurt another student” – is equal to “Yes”.

Coefficients of the model predicting a child’s low wellbeing status, along with average marginal effects are provided in Figure 10. The coefficients of a logistic regression do not have an intuitive interpretation, however the average marginal effect provides an indication of the impact on the probability of a child having low wellbeing of that particular factor. For example, if a child feels that they belong at school then they are 7% pts less likely to experience low wellbeing.

Figure 11: Key results of logistic regression predicting low wellbeing amongst children in the UK

Variable name	Coefficient	P-value	Average Marginal Effect
Intercept	-0.73	0.10	N/A
Belonging	-0.53	0.00	-0.07
Bullied	0.82	0.00	0.10
Caring	0.32	0.10	0.04
Digital anxiety	0.40	0.05	0.05

English as an Additional Language	-0.26	0.31	-0.03
Family talks	-1.17	0.00	-0.15
Fear of failure	0.24	0.19	0.03
Female	0.26	0.15	0.03
High social media use	-0.11	0.66	-0.01
Lonely	0.71	0.00	0.09
Low exercise	0.68	0.00	0.09
Lower family status	1.08	0.00	0.14
No food	-0.11	0.67	-0.01
Paid work	0.60	0.02	0.08
Safe way home	-0.24	0.42	-0.03
Teacher Interest	-1.09	0.00	-0.14
Threat	0.44	0.01	0.06

Source: PBE analysis of OECD (2022): [PISA 2022 Database](#). Based on 1,138 observations from UK children. Coefficients that are statistically significant at the 90% level are shown in bold.

Comparison to the Netherlands

A two-step process is taken to understand the potential drivers of the differences in wellbeing outcomes between the Netherlands and the UK:

- Firstly, the variables identified as predictive of wellbeing in the above analysis are compared for the two countries.
- Secondly, we apply the average marginal effects identified above to these differences in variables to model the potential difference this could make to the incidence of low wellbeing in each country.⁵¹

Figure 12: Summarises the results of this analysis

Variable name	Incidence in UK	Incidence in Netherlands	Difference in incidence	Modelled impact on % of children with low wellbeing
Belonging	64%	70%	-7% pts	-0.5% pts
Bullied	19%	6%	+13% pts	-1.3% pts
Digital anxiety	17%	10%	+7% pts	-0.4% pts

⁵¹ This only provides a rough guide to the potential impact of these different variables on the incidence of low wellbeing. The analysis of the predictors of low wellbeing is cross-sectional and based on observational data so cannot confidently identify causal relationships. More research using longitudinal data or deliberately designed experiments would be required to provide a higher level of confidence in these relationships.

Family talks	84%	84%	0% pts	0.0% pts
Lonely	16%	9%	+7% pts	-0.6% pts
Low exercise	62%	63%	-1% pts	+0.0% pts
Lower family status	25%	5%	+19% pts	-2.7% pts
Teacher Interest	73%	73%	0% pts	0% pts
Threat	37%	14%	+23% pts	-1.4% pts

If the modelled impacts of each of these outcomes is summed together, it suggests that if the UK could match the Netherlands' performance on these key predictors then it could have 6.8% pts fewer young people with low wellbeing. This explains around one third of the 18% pt difference in the number of children with low wellbeing between the UK and the Netherlands, leaving around two-thirds of the gap unexplained.

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