The Good Childhood Report 2021

The Children's Society

'Lockdown was terrible, but she was there for me.'

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Foreword

I am immensely proud to introduce our tenth Good Childhood Report to you. In the 15 years since The Children's Society began its research programme into children's subjective well-being we have learnt so much through our ongoing conversation with our nation's children about the state of their lives.

If we are willing to listen, our young people can tell us so much about the society we live in. Over the years they have told us about the importance of relationships, their hopes and fears for our future, the damage of gender stereotypes, their experiences of Covid-19 and so much more.

However, it is not enough to just listen. We must act. This year, as we report on a significant decline in children's well-being over the last decade, I feel angry. Angry that with each passing year the joy of British childhood seems to be slipping away. And even more angry on behalf of those children who tell us they are unhappy with their lives.

Anger can be dangerous. And so, over the last year The Children's Society has been working hard to figure out how to channel our collective anger into something positive. Everyone has been involved – the young people we support, our amazing staff, volunteers, and supporters – and we have made some important decisions.

We all agree that the hope and optimism of childhood is something worth fighting for. We have set ourselves an audacious goal. By 2030 we are going to overturn the damaging decline we have seen in children's well-being over the last decade. But we won't stop there. We are going to make sure the conditions are right for long term growth in the happiness of our young people.

This is a herculean task. Cutting edge research, innovative and ambitious support for the most vulnerable young people, and bold and challenging campaigns to improve society will all be needed. But even these alone might not be enough.

It is clear we cannot bring all the changes young people need on our own. We need allies to help us change the world. Children and young people themselves must set the agenda. Campaigners, volunteers and supporters of all kinds will all have a role to play. We are determined to work generously and openly with partner organisations who share our values and vision, building on each other's talents.

If you too feel our anger about the state of childhood in this country, then come join us. Join the movement, lend your talents, and help make the progress we all want to see. We cannot ignore this problem any longer – children and young people need us to step up and help them make the change.

Mark Russell
Chief Executive
The Children's Society

Introduction

The Good Childhood Report 2021 is the tenth in our series of annual reports on the well-being of children in the UK. Building on our substantial research programme, which commenced in 2005, this report presents the most recent trends, and provides important insights into how children are faring over one year on from the start of the Coronavirus pandemic. Working within national restrictions on social contact, we have made every effort to reflect children's views in the report, working with a small group of children to develop and test questions, prioritising surveys which ask children themselves about their lives, and consulting directly with young people to help contextualise and further understand the report's main findings.

Since the last edition of this report, there have been some noteworthy developments in evidence and policy considerations regarding children's well-being in England. The second Department for Education (DfE) State of the Nation Report on the well-being of children and young people,[i] and the NHS Digital follow-up study on the Mental Health of Children and Young People in England have been published.[ii]

The Office for National Statistics (ONS) have also consulted on their Children's Well-being Measurement Framework and are due to release a new children's well-being indicator set later this year.[1iii] Furthermore, there have been a number of developments in policy, with children's mental health and well-being at the centre of the Government's concerns to get children back to school after the early 2021 lockdown, and the July 2021 publication of HM Treasury's first supplementary Green Book guidance on well-being.[2iv] In April 2021, the newly appointed Children's Commissioner launched the 'Big Ask' – said to be the largest consultation of children in England, culminating in a 'once in a generation review of the future of childhood.'[v]

There have also been developments that prioritise children's well-being in the other home nations. In Wales, pandemic restrictions were changed to allow children to play together. In both Scotland and Wales, the rule of six restrictions for meeting inside or in public in Autumn 2020 were varied so that children under 12 did not count towards the total.[3] Lockdown changes in Scotland and Wales in July 2020 also allowed children to meet with grandparents.[4] A substantive amount of research – both new and special supplements to well-established studies – has also been undertaken across the UK and internationally to understand the impact of the pandemic on children.

[1] See ONS (2020).
[2] See HM Treasury (2021).
[3] See The Express (29th March 2021). Rule of Six explained: Do children count in the rule of six? https://www.express.co.uk/news/uk/1416312/Rule-of-Six-explained-do-children-count-in-the-rule-of-six-are-under-5s-included-evg
[4] See BBC Newsround (6th July 2020). Coronavirus: Can kids in Scotland and Wales now hug their grandparents? https://www.bbc.co.uk/newsround/53291752

With some Coronavirus restrictions still in place at the time fieldwork was completed, the crisis will continue to be reflected in our findings from this year's Household Survey (reported in Chapter 1). All other quantitative data sources drawn upon in this report provide an overview of children's well-being before the pandemic.

This report draws together a variety of sources that examine children's self-reported well-being. It includes:

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

What is well-being?

'Well-being, put simply, is about "how we are doing" as individuals, communities and as a nation and how sustainable this is for the future.'[vi] ***(What Works Centre for Well-being)***

While there is continued debate about what constitutes individuals' well-being in the research community, broadly speaking, two different types of measures are in use:

1. **'Objective' measures** which use social indicators on people's lives, such as physical health and education.
2. **'Subjective' measures** which focus on people's own views about how their life is going.

These objective and subjective measures are also often combined, as in the current ONS' Children's Well-being Measurement Framework where information on health, personal finances and education are presented alongside self-reported data on personal well-being.[vii]

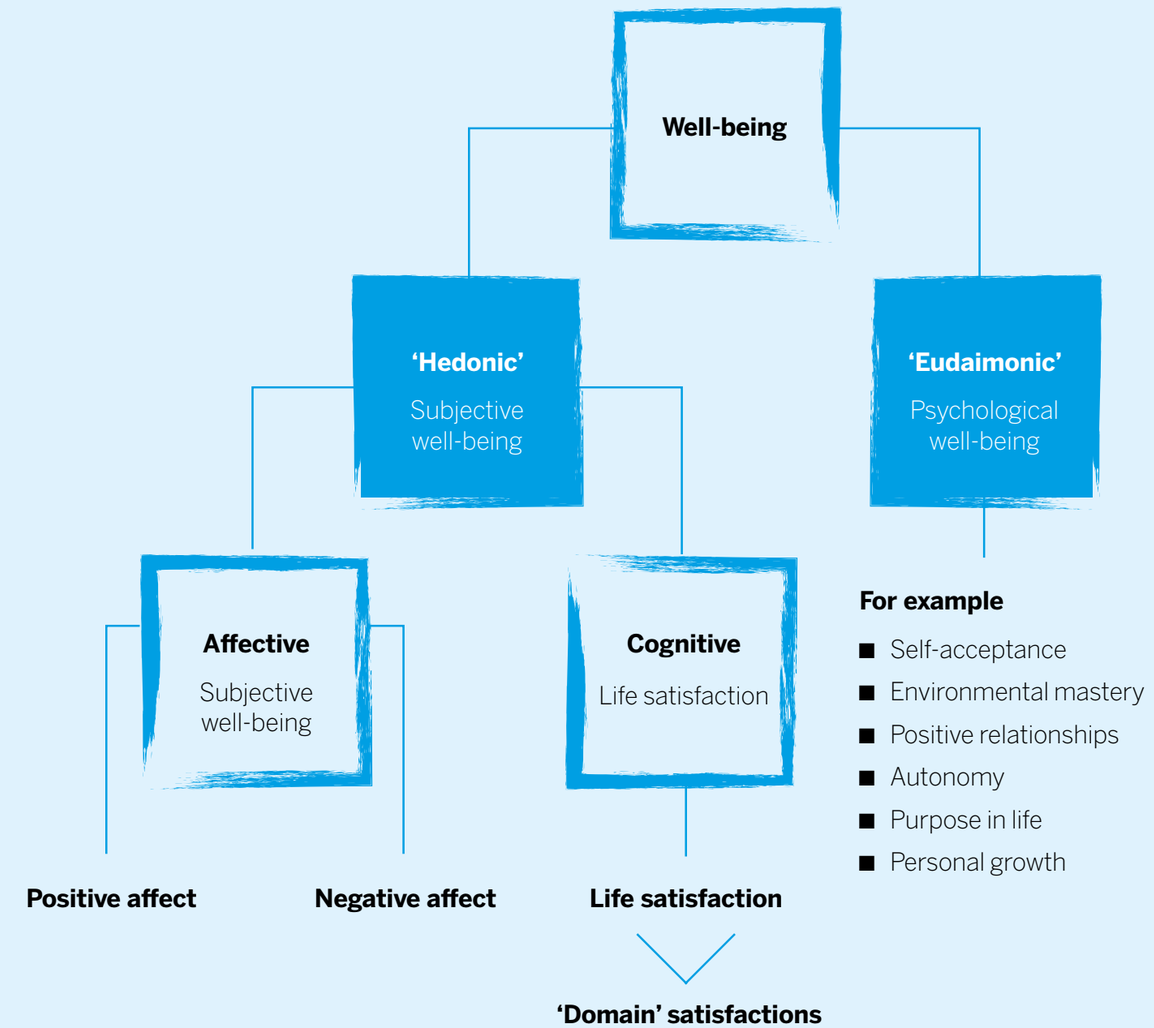
What is subjective well-being?

The Good Childhood Report focuses primarily on children's own views of how their life is going (or the **Subjective well-being** of children).

Figure 1 summarises the different aspects of self-reported well-being reflected in the literature, differentiating between:

- **Affective well-being:** Positive and negative emotions or how happy people feel (e.g. the ONS question 'Overall, how happy did you feel yesterday?').
- **Cognitive well-being:** The quality of people's lives overall or certain aspects of their lives, including measures of life satisfaction (e.g. the ONS question 'Overall, how satisfied are you with your life nowadays?').
- **Eudaimonic or Psychological well-being:** Which looks at whether people are functioning well, and their personal development and growth (e.g. the ONS question 'Overall, to what extent do you feel that the things you do in your life are worthwhile?').[5viii]

Figure 1: Components of self-reported well-being



As The Good Childhood Report is concerned with understanding changes in children's well-being over the longer term, it has primarily focused on more stable measures of life satisfaction.[6] The distinction between children's responses to questions about their happiness, life satisfaction and psychological well-being (see, for example, Figure 4), alongside reported time-related variations in their responses, show there is value in measuring different aspects of subjective well-being to assess how children are faring.

[5] See Tinkler and Hicks (2011) for further information on the ONS four questions on personal well-being.

[6] The Good Childhood Report 2013 (p.11) reported that children's life satisfaction was similar on different days of the week, although their happiness varied, and was generally higher at the weekend. As reported in The Good Childhood Report 2017, the multi-item measure of overall life satisfaction presented in Appendix A has good internal consistency overall (a Cronbach's Alpha of 0.84) and for males, females, 8 to 11 year olds and 12 to 15 year olds (a Cronbach's Alpha > 0.80 in all cases). A test-retest shows that it also has good reliability, with an intra-class correlation coefficient of 0.84 ($p<0.001$). See pages 11 to 13 of The Good Childhood Report 2017 for further detail.

Measuring children's subjective well-being

As research has shown that children's and adult's responses to the same set of questions may differ,[7][ix] there has been a move away from reliance on adult-based (e.g. parent/carer or teacher) assessments of children's lives to ask children themselves about their well-being.

In the UK, there are robust longitudinal surveys that ask children about their life satisfaction, allowing us to track national trends and changes in well-being among the same group of children. Since 1994, the British Household Panel Survey (succeeded by Understanding Society) has, for example, asked children about their happiness with life as a whole, their family, friends, appearance, schoolwork and (from 2003) the school they go to. The Millennium Cohort Study also asked these questions of a cohort of children born in 2000–2001 at age 11 and 14. These crucial studies are the main sources of data used for analysis in Chapter 1 and 2 of this report.

As existing surveys cover a wider range of issues (and do not focus on well-being specifically), there are necessarily some gaps in the information they provide (e.g. they tend to employ single rather than multi-item measures, which have been found to be more reliable,[x] and do not always measure a wider range of domains of well-being known to be important). In an effort to further the evidence in this area, The Children's Society developed The Good Childhood Index (GCI) in 2010 (see Appendix A), which consists of a multi-item measure of overall life satisfaction (see Figure 3) and 10 single-item domain measures of happiness with different aspects of life (see Figure 2).[xi]

[7] Goodman, Lamping & Ploubidis (2010) report 'low to moderate' correlations between child and parent reports of the sub-scales of the Strengths & Difficulties Questionnaire. The Good Childhood Report 2018 also found that a single measure of subjective well-being completed by a cohort of children aged around 14 years was a stronger predictor of self-harm than a 20-item measure of emotional and behavioural difficulties completed by a parent.

Children's involvement in the Good Childhood Report

The Children's Society makes every effort to involve young people in the Good Childhood Report (see description of current practices below) and, going forward, will be exploring additional ways to include them in production and decisions about the content of the report.

The TCS Household Survey – Question development and testing

The TCS Household Survey (also known as the Good Childhood Index survey) has been conducted annually in April to June since 2015 (prior to that the survey was completed more than once yearly).

Each year, the survey includes a module of topical questions which are developed and tested in conjunction with a small sample of children to ensure they reflect issues that are important to them. A small pilot is then conducted with children to check that the questions are working before the survey goes live.

The TCS Household Survey – Responses

The TCS Household Survey collects data on children's well-being, their household and other characteristics. Twenty surveys have been completed to date which have included almost 42,000 children (and their parent/carers).

Good Childhood Consultation Work

Each year, we conduct consultations with young people asking for their views on the findings of the report and experiences of the issues covered. This engagement allows us to collect more in-depth information in children's own words, and to test the findings with specific groups of children whose views and experiences may not be well represented in general population surveys. In 2020, for example, our findings were supplemented by a consultation with over 150 young people (aged 8 to 19 from schools, youth groups and The Children's Society's services). As well as reflecting what they told us in the report itself, the amazing insight and advice from the young people that we consulted with were used to create advice guides for children on how to be a good friend, and for adults on how to talk to children about friendships.

Why is subjective well-being important?

Children's well-being matters in and of itself. Children have the right to enjoy a good childhood, and for it to equip them with the tools to grow and transition into a good adulthood. Understanding children's experiences and the challenges they face at a local level and across the UK as a whole – and how this compares with that of children internationally – enables professionals and policy makers to prioritise specific areas and groups of children in need of support, and to take action to improve their lives.

Ten editions of these Good Childhood Reports (GCR) have highlighted variations in the experiences of different groups of children, and highlighted a number of risk factors for low well-being. Our report and longer-term data on children's well-being from sources, such as Understanding Society, mean that we know how children felt about their lives 10 years ago and help us to assess the impact of life events, such as the global pandemic, on children.

Table 1 summarises some of the key findings from the previous nine editions of this report on those factors found to be related to children's subjective well-being, including known differences for specific subgroups.

Table 1: Key findings on factors associated with children's subjective well-being from Good Childhood Reports 2012-2020

Demographics	Key findings	Data Source for key finding (s)	Report(s)
Gender	There are significant differences in well-being between boys and girls, with girls more likely to report lower well-being across a range of factors (e.g. overall life satisfaction, appearance). Boys score lower than girls on happiness with school.	TCS Household Surveys (HS) Understanding Society Millennium Cohort Study (MCS)	GCR 2012 - 2021
Age	Age is significantly associated with children's well-being. There is consistent evidence from our Household Surveys/ Understanding Society that children's well-being (overall and specific aspects of life, such as family, friends, appearance, school and schoolwork) declines with age.	TCS HS (1-10) Understanding Society Millennium Cohort Study	GCR 2012 -2013 GCR 2015 -2017 GCR 2019 -2020
Ethnicity	There are significant differences in life satisfaction by ethnicity at age 14. Children of Indian origin report significantly higher subjective well-being than children of White or Mixed ethnicities.	MCS (Sweep 6)	GCR 2018 See also GCR 2012
Special educational needs	Differences in subjective well-being between children (aged 14) with and without special educational needs (SEN) are not significant.	MCS (Sweep 6)	GCR 2018
Sexuality	Children (aged 14) who say they are attracted to children of the same/both genders have significantly lower subjective well-being than those who say they are attracted to opposite/ neither gender.	MCS (Sweep 6)	GCR 2018
Domains			
Family and Home	Happiness with family relationships has the strongest influence on children's overall subjective well-being (out of family, friends, appearance, school and schoolwork) at age 14. Children who are closer to each parent report higher satisfaction with family and happiness with life as a whole.	MCS (Sweep 6)	GCR 2018
School	Happiness with school (among children aged 8 to 15) is associated with factors such as feeling safe at school, being happy with relationships with teachers, and being listened to. In 2018, children (aged 15) in the UK had the greatest fear of failure and the lowest life satisfaction of children across 24 European countries. The reason(s) for this association requires further explanation. **Bullying:** There is a well-established strong association between experiences of being bullied and lower subjective well-being (see, for example, GCR 2014 and GCR 2015). While there are some gender differences (for children aged 10 to 15) in the likelihood of being bullied at school, and its impact, there is limited evidence that these gender differences explain gender variations in subjective well-being.	TCS HS (3) Programme for International Student Assessment (PISA) 2018 Understanding Society (Wave 5)	GCR 2012 GCR 2020 See also GCR 2012 GCR 2017
Friends	Children (aged 10 to 15) scoring below the midpoint for happiness with friends in 2017-18 report having significantly fewer close friends that they could turn to if in trouble (although there is not a simple correlation between these measures). Number of close friends, social media use and experiences of bullying do not seem to account for changes over time in children's happiness with friends.	Understanding Society (Wave 9)	GCR 2020 See also GCR 2012 and GCR 2018
Appearance	Girls (aged 10 to 13) are significantly less satisfied with their appearance, body and self-confidence than boys in England. These variations are not necessarily replicated internationally. Girls (aged 10 to 17) who say that appearance-related comments/ behaviours are widespread at school have much lower happiness with appearance and life as a whole. The pattern does not apply to boys.	Children's World (Wave 2) TCS HS (17)	GCR 2015 GCR 2018
Money and things	There is a complicated relationship between money and things, and children's well-being: ■ Any experience of income poverty during childhood is associated with lower well-being at age 14, and any experience of financial strain with lower life satisfaction and higher depressive symptoms. ■ Children's material resources (or what children have) and their perceptions (at age 11) of their families' relative financial position (whether their family is richer, poorer or about the same as their friends) also influence their levels of happiness.	MCS (Sweep 6) TCS Surveys/ MCS (Sweep 5)	GCR 2019 GCR 2014
Future	Children (aged 10 to 17) with lower life satisfaction tend to be more worried about aspects of their own future (e.g. mental health, having enough money, finding a place to live and finding a job) than other children.	TCS HS (18)	GCR 2019 See also GCR 2021

Health	Children (aged 10 to 15) who more frequently play sports or exercise tend to have higher subjective well-being. At age 14: ■ Children with lower life satisfaction are less likely to be frequently physically active than other children (even after controlling for characteristics and circumstances). ■ Those with a long-standing illness have significantly lower subjective well-being than children who do not.	TCS Survey MCS (Sweep 6)	GCR 2015 GCR 2018
	Mental Health: Mental health and well-being are not the same thing. You can have good mental health and low well-being and vice versa. At age 14: ■ There are much stronger links between life satisfaction and depressive symptoms than between either of these and emotional and behavioural difficulties (reported by parents). ■ Children with low well-being/poor mental health have a much higher than average risk of self-harming. ■ A single item measure of life satisfaction is a more powerful predictor of self-harm than a 20-item scale of emotional and behavioural difficulties reported by parents.	 MCS (Sweep 6)	GCR 2016 GCR 2018
Time Use	At age 11, there is a significant association between frequency of activities (listening to or playing music, drawing, painting or making things, playing sports or active games, reading for enjoyment, playing computer games, using the internet and using social media) and children's well-being.	MCS (Sweep 5)	GCR 2014
	Social media and Internet use: Analysis of data from Understanding Society suggests: ■ There is no difference in the subjective well-being of children (aged 10 to 15) who do not belong to social media and low intensity users (up to an hour per day). ■ Medium intensity (one to three hours per day) use is only associated with lower satisfaction with schoolwork (but not with family, friends, appearance or school). ■ High intensity use (four hours or more per day) is associated with lower life satisfaction and satisfaction with family, appearance, school and schoolwork (but not friends).	Understanding Society (Wave 5)	GCR 2017
	International analysis shows there is no clear relationship between the weekly average number of internet hours spent by children (aged 15) in a country and their average life satisfaction scores.	PISA 2018	GCR 2020
Choice	The amount of choice that children have seems to be an important factor in determining their overall subjective well-being. This aspect of life is most strongly associated with overall well-being among children aged 10 to 15.	TCS School Survey 2010	GCR 2012
	In 2020, this was the area of life from our Good Childhood Index where the largest proportion of children (aged 10 to 17) scored below the midpoint (suggesting they were unhappy), which was not surprising given that a national lockdown was in place at the time the survey was conducted.	TCS HS (19)	Life on Hold 2020/ GCR 2020
Local Area	Children's (aged 10 to 17) views of facilities (e.g. whether there are places to go/things to do), their safety/freedom, adults in their local area (e.g. whether they listen to young people/ treat them fairly) and the number of problems they report in their local area (e.g. noise, rubbish, graffiti, drink/drug use) are all associated with their subjective well-being. When all four measures are considered at once (controlling for age, gender and income), the scores for facilities, safety/freedom and local adults make a significant contribution to explaining variations in children's subjective well-being (the number of problems in the local area do not).	TCS HS (15)	GCR 2016
Multiple disadvantage	Experiencing disadvantages relating to parent-child relationships, family/household circumstances, economic factors and neighbourhood experiences are linked with lower subjective well-being for children (aged 10 to 17). There is also a cumulative effect, whereby children experiencing seven or more disadvantages have lower average life satisfaction than those experiencing no disadvantages. Of the disadvantages with the greatest explanatory power, the two most common pairs are families in arrears and struggling with bills, followed by children being both worried about crime and having experienced a crime.	TCS HS (16)	GCR 2017 Further analysis can be found in GCR 2019.

Data sources and methods used in this report

This report makes use of the most robust and timely data sources on children's subjective well-being. It presents measures from our own research programme, and other key sources on the well-being of children in the UK, such as Understanding Society.

The Children's Society Household Surveys

Since 2010, The Children's Society has conducted Household Surveys with parents and children. These surveys collect data on children's well-being, their household, and other characteristics, and also look at other issues that are important to children. The 2019 survey looked at the future, while the 2020 and 2021 surveys explored children's experiences of the Coronavirus pandemic.

The most recent survey was completed in April to June 2021 by a sample of just over 2,000 children (aged 10 to 17) and their parent/carer from all four nations in the UK. These children were purposively selected to closely match the demographic (age and gender), socio-economic and geographic make-up of the wider population. While information is collected on children/parents' ethnicity, those from minority ethnic backgrounds comprise only a small subgroup for statistical purposes (12% of children said they were from minority ethnicities in 2021),[8xii] which limits the analysis that can be undertaken.

The survey was moved to a new provider in 2020, which may have affected the ability to compare findings from 2020-2021 with those from previous survey years.

UK Longitudinal Household Survey (known as 'Understanding Society')

(See understandingsociety.ac.uk/about for further details)

Understanding Society is a longitudinal study covering a large, representative sample of 40,000 households in the UK (England, Wales, Scotland, and Northern Ireland). Households are interviewed annually, with questions completed by adults and children aged 10 to 15 (fieldwork runs over a period of 24 months, with each household interviewed at roughly the same time each year). The youth questionnaire contains questions on subjective well-being and other aspects of children's lives, and, in 2018-19, achieved a sample of over 2,500. There was some overlap between the first wave of Understanding Society and the final wave of the British Household Panel Survey (BHPS). The coverage of the first wave therefore differs slightly from subsequent surveys (i.e. Wave 2 onwards), which also include interviews with BHPS participants.

Recent waves of Understanding Society have also included an Immigration and Ethnic Minority booster sample in an effort to improve the representation of these groups.

Millennium Cohort Study (MCS)

(See cls.ucl.ac.uk for further details)

The MCS is a survey that follows the lives of over 18,000 young people born across the UK (England, Wales, Scotland, and Northern Ireland) in 2000-02. It employs a stratified, clustered random sample, which ensures representation of all four countries, and oversamples those from deprived areas and areas with higher concentrations of minority ethnic families. Seven waves of the survey have been conducted to date, when children were aged around nine months, three, five, seven, 11, 14 and 17 years. The data analysed in this report are from the fifth, sixth and seventh waves, undertaken when children were aged 11, 14 and 17. Over 10,000 children completed the Wave 7 survey (aged around 17).

[8] Analysis presented in ONS (2019), based on the Annual Population Survey in 2014-2016, estimated 15% in the wider population to be from minority ethnicities. There are differences both in the coverage of APS and the time period covered which need to be taken into account when comparing with the Household Survey, however.

Data sources and overview of methods by chapter

The data sources and methodology for The Good Childhood Report 2021 are as follows:

Chapter 1 presents the latest weighted data from The Children Society's own annual Household Survey of children aged 10 to 17 for the Good Childhood Index (see Appendix A) and the ONS personal well-being measures. It also examines the most up to date trends for six measures of children's (age 10 to 15) well-being from the Understanding Society survey.

Chapter 2 examines the relationship between life satisfaction in early adolescence and outcomes at age 17 for members of the Millennium Cohort Study.

Chapter 3 looks at how children feel about Coronavirus one year on, and how they feel about the future – including vaccination – drawing on data from The Children's Society's annual Household Survey.

Appendix A details the 16 items which comprise The Children's Society's Good Childhood Index.

Appendix B provides details of the substantive programme of research undertaken by The Children's Society, initiated through a partnership with the University of York, to better understand children's well-being and what enables them to have a good childhood.

Appendix C, for the first time in this report, presents findings on children's happiness with different aspects of life from Wave 7 onwards of Understanding Society, which includes an Immigration and Ethnic Minority Boost (IEMB) sample to better represent the experiences of children from these groups.

Statistical testing

A range of appropriate statistical tests have been conducted to support the findings presented in this report, using a 99% confidence level to test statistical significance (unless otherwise stated).

Weighted data sets have been used for analysis of The Children's Society's Household Survey, Understanding Society, and the Millennium Cohort Study.

While some basic explanatory information has been included on statistical analysis in footnotes etc, every effort has been made to ensure that the main body of this report is non-technical and accessible to a range of audiences. Further technical details of the research are available from The Children's Society's Research team (see contact details at the end of the report).

Chapter 1:

The current state of children's subjective well-being: Overview, variations and trends over time

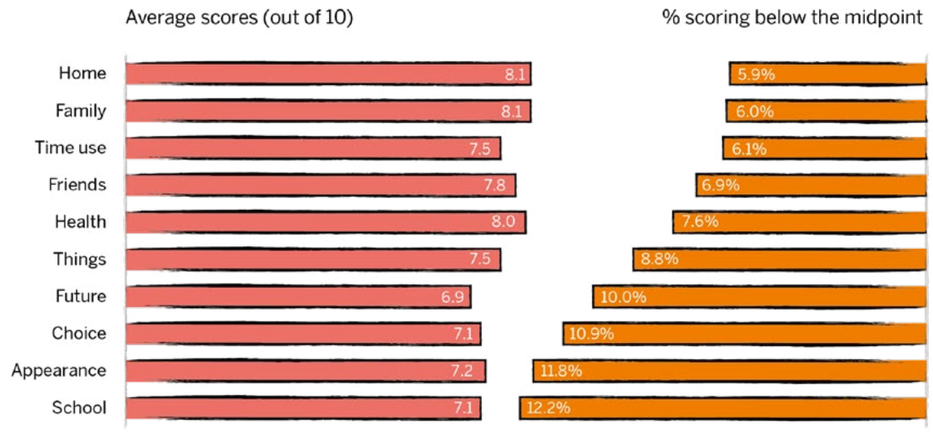
National data on children's well-being are essential in allowing us to monitor and identify important changes over time, as well as variations between different subgroups of children (based on location, demographic or other characteristics). This chapter presents the most up to date figures from our own annual Household Survey – which provides a recent snapshot of children's responses to our Good Childhood Index (in 2021) – together with the most recent data (for 2018-19) from the robust annual Understanding Society survey, which allows us to track trends in children's well-being over time.

As in 2020, the continued presence of Coronavirus and associated restrictions in the UK will be reflected in responses to our annual Household Survey, capturing important information on how children were feeling at such an unprecedented time in modern life. While broad comparisons are made to previous Household Surveys, it is important to bear in mind that there were changes to methodology in 2020, which may affect comparability.

The Good Childhood Index

Figures 2 and 3 present the latest figures for The Good Childhood Index (see Appendix A for further details) from The Children's Society's survey of just over 2,000 children conducted in April to June 2021.

Figure 2: Latest figures for The Good Childhood Index



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

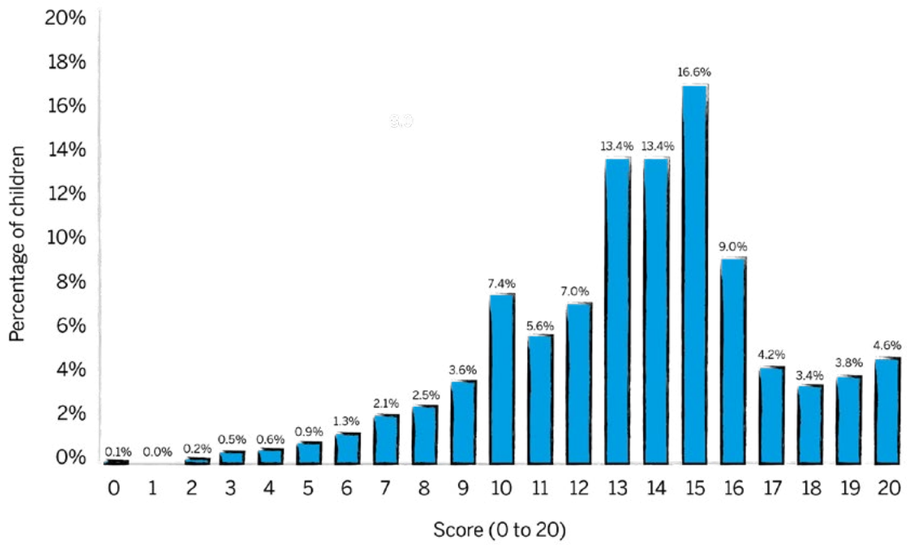
Figure 2 shows the average happiness scores and proportion of children scoring below the midpoint on the 0 to 10 scale (who we describe as having 'low well-being') for each of the 10 aspects of life (or well-being domains) that comprise the Index.

In 2021, children are on average most happy with their home, their family and their health. These aspects of life have consistently ranked in the top three of children's average scores for the GCI in recent years (although their order varies between years). As in pre-pandemic years, a larger proportion of children again scored below the midpoint (suggesting they are unhappy) for school than for any other aspect of life.[9]

There are some notable reductions in the proportion of children scoring below the midpoint for some of the aspects of life that reflected dramatic increases in 2020 (e.g. choice). While not back to pre-pandemic levels, these reductions are encouraging and add weight to hypotheses that social restrictions related to lockdown had added to children's feelings of unhappiness in 2020.

[9] In 2020, when children were in lockdown, choice was the aspect of life where the greatest proportion scored below the midpoint, suggesting more children were unhappy with this aspect of life.

Figure 3: Latest figures for children's overall life satisfaction



Source: The Children's Society's Household Survey, Wave 20, April-June 2021, 10 to 17 year olds, United Kingdom. Weighted data.
Note: Only includes those who provided a score for each of the five items that comprise the measure.

Figure 3 shows the distribution of scores for our multi-item measure of overall life satisfaction (based on Huebner's Student Life Satisfaction Scale).[xiii] In 2021, almost 12% scored below the midpoint and, as such, would be considered to have low well-being. This proportion is more consistent with that obtained in Household Surveys conducted before the pandemic (i.e. prior to the 2020 survey, when 18% scored below the midpoint).[10]

[10] In line with findings reported in Table 1, there were variations by gender, age and children's perception of wealth. Larger proportions of females (14% and 10% males), older children (15% of those aged 14-17 and 9% of those aged 10-13), and those who thought their family was not very well off (27% compared with 9% of those who thought their family's wealth was average and 5% who thought their family was well off) scored below the midpoint.

Other Measures of Children's Well-being

Children's (aged 10 to 17) responses to the three ONS questions on personal well-being included in the TCS Household Survey are presented in Figure 4.[xiv]

Figure 4: Latest ONS measures of overall well-being

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

Both the average scores and proportions scoring below the midpoint for these measures are broadly in line with those obtained in household surveys undertaken before the pandemic.

Time trends

The Understanding Society survey includes questions for 10 to 15 year olds[11] asking how they feel about the following aspects of their life: 'schoolwork', 'appearance', 'family', 'friends', 'the school you go to' and 'life as a whole?' Children are presented with a numeric response scale (from completely happy to not at all happy) accompanied by faces expressing 'various types of feelings'.

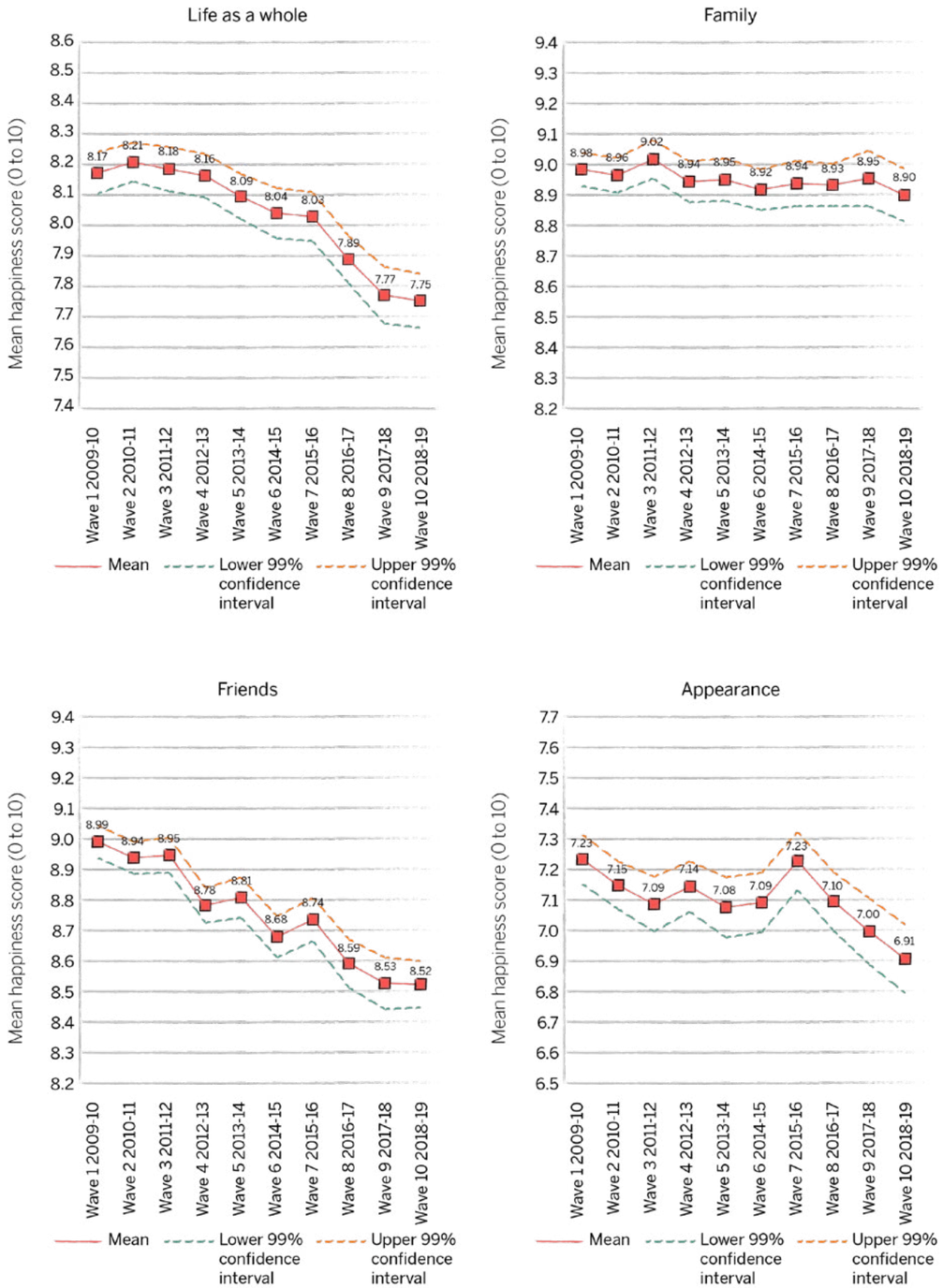
In this year's report, we present trends in children's well-being for these questions from the first 10 waves of the survey, which allow us to identify overall changes in children's happiness over time. The latest available data are for 2018-19 and, as such, reflect children's well-being before the Coronavirus pandemic.

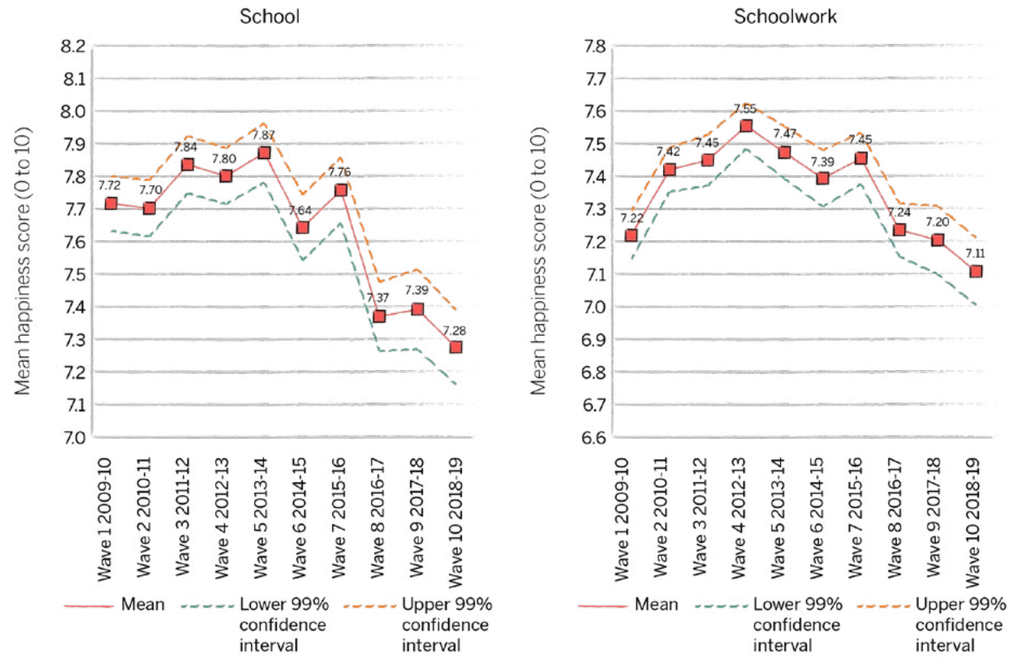
Figure 5 shows the most recent mean happiness scores for the six measures across all 10 waves of the survey.[12] The solid line reflects the mean scores and the dotted lines above and below are the 99% confidence intervals. From Wave 7, an Immigration and Ethnic Minority Boost (IEMB) sample was added to the original sample for Understanding Society to ensure better representation of these groups. This sample is not incorporated in the graphs overleaf due to issues with comparability with earlier waves. Additional graphs including this IEMB sample can be found in Appendix C.

In the latest wave of the survey (2018-19), the order of children's mean scores for the five specific areas of life examined remains unchanged (this order has been consistent since Wave 2, although the gap between scores has changed): family (8.90) had the highest mean happiness score, followed by friends (8.52), school (7.28), schoolwork (7.11) and appearance (6.91).

[11] A small number of 16 year olds were included in Waves 4, 7, 9, and 10 who are also captured in the analysis presented in this report (unless otherwise stated).
[12] The seven point scale (1-7) used for these questions in Understanding Society (where 1 is 'completely happy' and 7 'not at all happy') has been reversed and converted to an 11 point scale (0 to 10) for the purposes of this report to ease interpretation and comparison with the other measures presented. All figures have been produced using the most recent dataset for each wave. Data for all waves (except Wave 1) have been weighted using the BHPS & UKHLS cross-sectional youth interview weight (-ythscub-xw). Wave 1 weights were revised in the most recent dataset (released in November 2020), resulting in some differences between mean scores/proportions presented here and in previous Good Childhood Reports.

Figure 5: Trends in children's (aged 10 to 15) happiness with different aspects of life, UK, 2009-10 to 2018-19



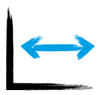


Source: University of Essex, Institute for Social and Economic Research. (2020). Understanding Society: Waves 1-10, 2009-2019 and Harmonised BHPS: Waves 1-18, 1991-2009. [data collection]. 13th Edition. UK Data Service. SN: 6614, http://doi.org/10.5255/UKDA-SN-6614-14.

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

Comparisons[13] show that in the latest wave of the survey (2018-19):

Mean happiness scores for life as a whole, friends, appearance and school were significantly lower than when the survey began (2009-10).



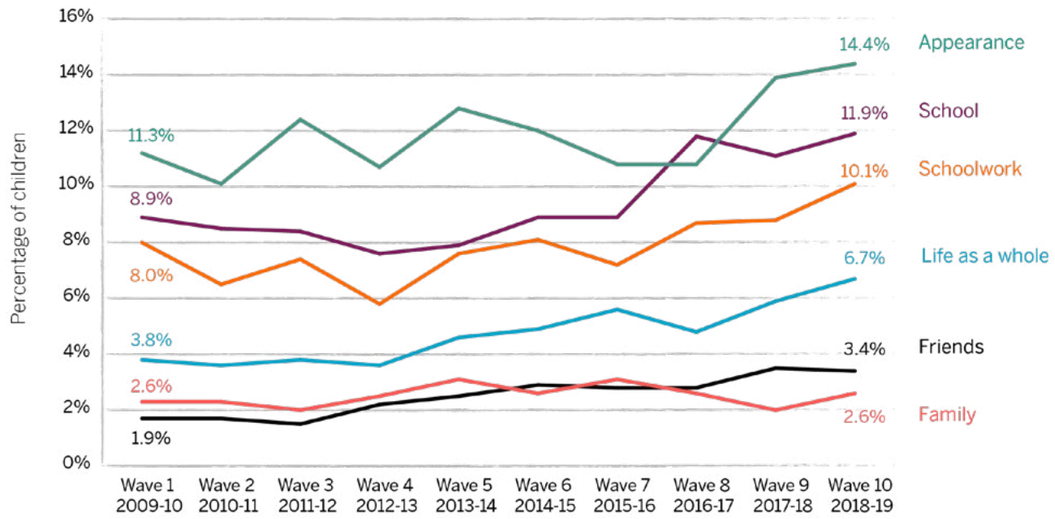
There was no significant change in mean happiness scores for family or schoolwork compared with 2009-10 (although the recent decline for schoolwork needs to be monitored in forthcoming waves).

Reassuringly, the findings from Understanding Society have consistently shown that the vast majority of children score above the midpoint for all six measures of happiness. There are a small proportion of children who score below the midpoint (indicating that they are unhappy) however, and we are concerned to improve the well-being of these children.

[13] For ease of understanding, the statistical significance of differences between USoc waves and by gender have been determined based on non-overlapping 99% confidence intervals. This approach provides a more conservative assessment of statistical significance than traditional methods. As a result, there may be some differences between conclusions on statistical significance compared to previous Good Childhood Reports.

Figure 6 shows that, across all 10 survey waves, more children reported being unhappy with their appearance and school than with any other area. In the last three waves, family has been the aspect of life where least children say they are unhappy.

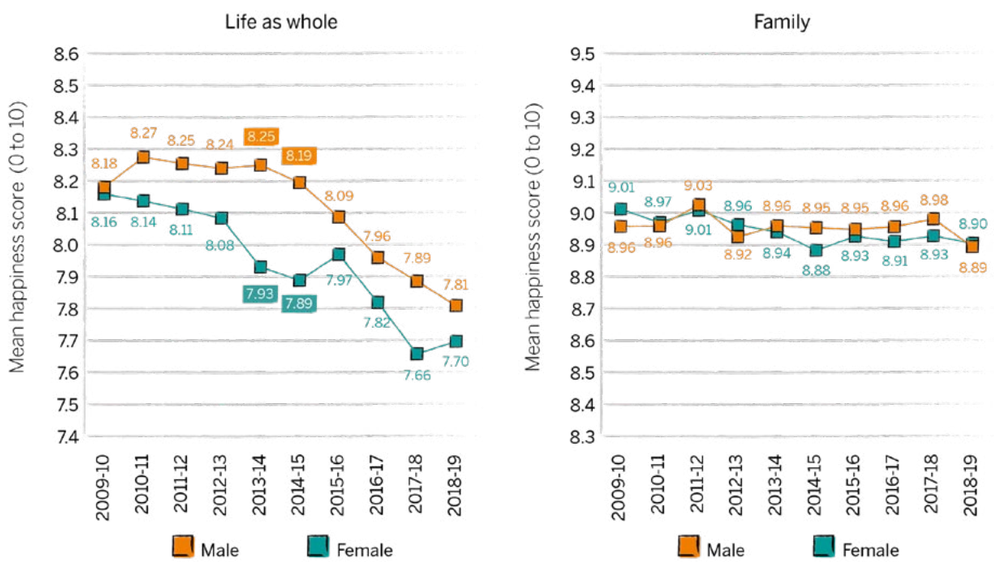
Figure 6: Proportion of children with happiness score below midpoint (0 to 4 out of 10) for life as a whole and five different aspects of life, UK, 2009-10 to 2018-19

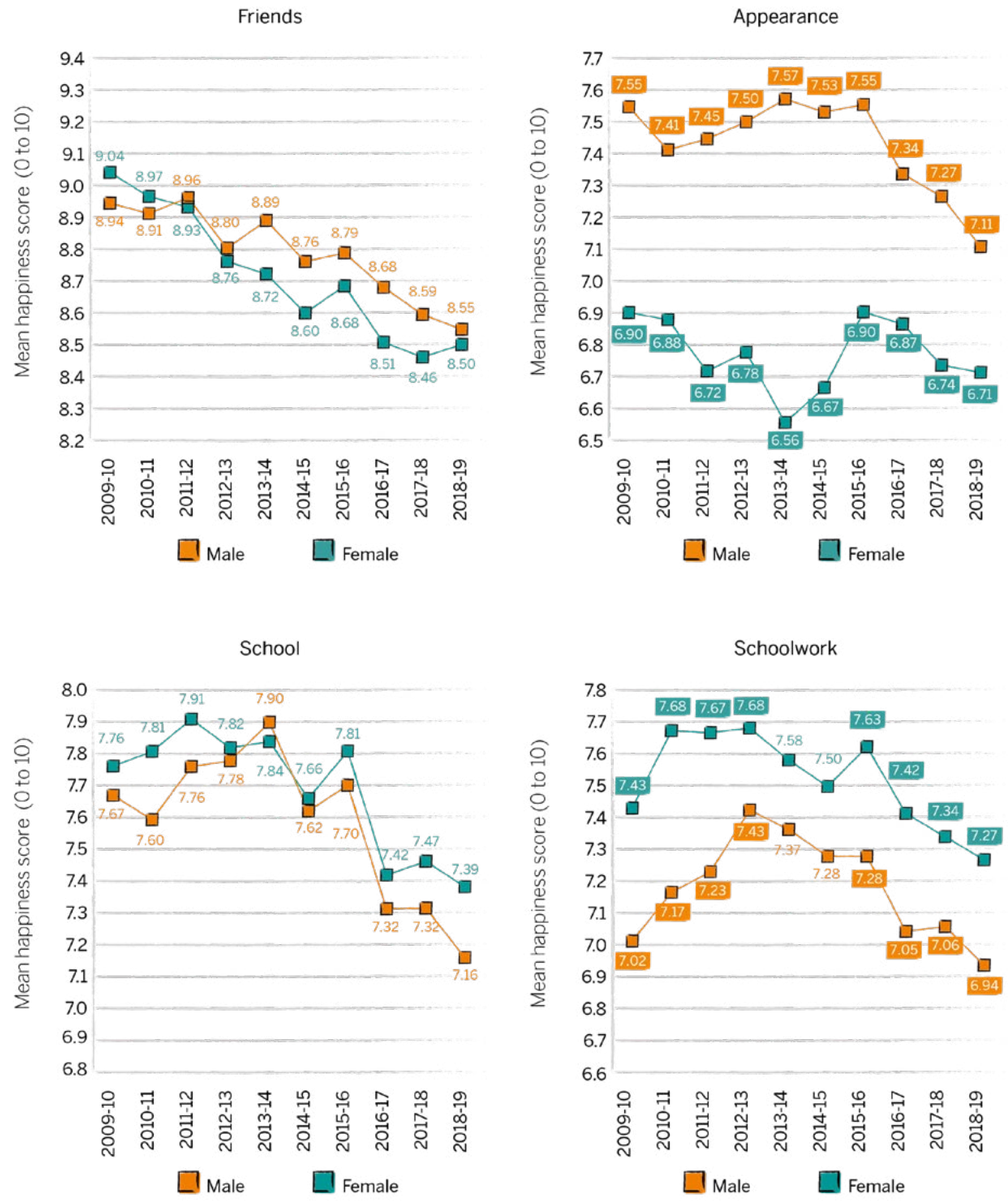


Source: Understanding Society survey, children aged 10 to 15, weighted data.

Figure 7 presents the mean happiness scores for girls compared to boys across waves. In Wave 10, boys' highest mean happiness score was for family, followed by friends, school, appearance and schoolwork. The order for girls was almost identical, except their lowest score was for appearance (and not schoolwork).

Figure 7: Trends in children's happiness with different aspects of life by gender, UK, 2009-10 to 2018-19





Source: Understanding Society survey, children aged 10 to 15, weighted data (confidence intervals take account of design effect).

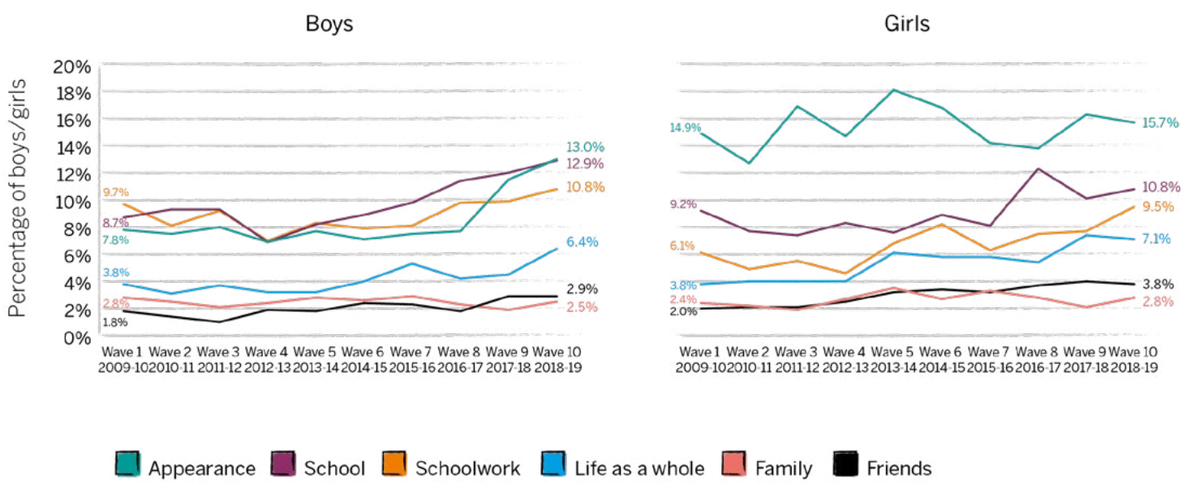
Presentational notes: All graphs use the same size range of values (1.2) so that they can be visually compared. Mean scores are displayed in boxes in those waves where there were significant differences by gender based on non-overlapping confidence intervals (at 99% level).

Comparisons between boys' mean scores and girls' mean scores[14] show consistent gender differences for:

- **Appearance:** The mean happiness score for boys has been significantly higher than for girls across survey years, although the gap has narrowed in recent waves.
- **Schoolwork:** Girls mean happiness scores have been significantly higher than boys in 8 out of 10 survey waves.

Figure 8 shows the proportion of boys and girls scoring below the midpoint of the scale for the Understanding Society measures (i.e. suggesting they are unhappy). Across waves, more girls were unhappy with their appearance than with any other measure. For several waves, more boys were unhappy with school than with other measures – although, in the most recent wave, similar proportions were unhappy with school and appearance.

Figure 8: Proportion of boys and girls with happiness scores below midpoint (0 to 4 out of 10) for life as a whole and different aspects of life, UK, 2009-10 to 2018-19



Source: Understanding Society survey, children aged 10 to 15, weighted data.

More girls were unhappy with their appearance than with any other measure

[14] Statistical significance was determined based on non-overlapping 99% confidence intervals, which provides a more conservative assessment than traditional methods. As a result, there may be some differences in conclusions about statistical significance compared to previous Good Childhood Reports. The Understanding Society variable ypsex was used to conduct the analyses by gender.

Summary

This tenth report on the well-being of children in the UK highlights a number of areas of life that children are finding more difficult. In 2021, responses to our own Good Childhood Index suggest around 12% of children (aged 10 to 17) have low well-being (scoring below the midpoint on our multi-item measure of life satisfaction). This proportion is lower than in 2020 and similar to that in Household Surveys conducted before the pandemic. While most children are happy/score above the midpoint on questions about their happiness with different aspects of life, they are most commonly unhappy with school and their appearance. School and appearance are also the domains where more children (aged 10 to 15) have reported being unhappy across 10 years of the Understanding Society survey. More needs to be done to fully understand and address why some children feel this way about these two aspects of their lives.

The latest data from Understanding Society show that in 2018-19, children (aged 10 to 15) were less happy (on average) with life as a whole, friends, appearance and school (i.e. four of the six areas examined) than when the survey began. While children's happiness with family and schoolwork were more comparable with 2009-10, the recent downturn in children's happiness with schoolwork needs to be closely monitored in coming years.

Understanding Society highlights some interesting differences between boys and girls aged 10 to 15 years:

- Boys have consistently been happier with their appearance than girls.
- Girls have repeatedly been happier with schoolwork than boys.

A greater proportion of girls have been unhappy with appearance than with any other area of life across years. In recent waves, there has been a sustained rise in the proportion of boys who are unhappy with school, and, in the last two waves, an increase in boys who are unhappy with their appearance. These changes in boys' happiness with their appearance will continue to be monitored and may warrant further exploration in subsequent reports.

Chapter 2:

Comparing outcomes at age 17 for children with differing levels of subjective well-being in earlier adolescence

Previous editions of this report have explored the connection between children's subjective well-being and their characteristics/life experiences at the same point in time. The analysis undertaken has supported findings from other research that positive subjective well-being is not simply the opposite of poor mental health,[15][xv] and found connections between subjective well-being and a range of different factors (see Table 1 in Introduction).

The seventh sweep of the Millennium Cohort Study (MCS), conducted when children were around 17 years old, provides a unique opportunity to examine how children's subjective well-being in earlier sweeps relates to outcomes for these children at this later, transitional age. [16][xvi]

In this chapter, we use MCS data to look at how subjective well-being in earlier adolescence relates to responses to questions about the following at age 17 among the wider cohort:

- Psychological distress: using the Kessler K6 measure, a set of six questions answered by young people, which measure non-specific psychological distress.
- Emotional and behavioural difficulties: using the Strengths and Difficulties Questionnaire, a set of 25 questions, answered by the young person themselves for the first time in MCS Sweep 7.
- Self-harm: a set of questions asking whether the young person had hurt or harmed themselves in the past year.
- Attempted Suicide: a question asking whether the young person had ever hurt themselves on purpose in an attempt to end their life.

[15] The Good Childhood Report 2018 found that, of those children who reported low life satisfaction in Wave 6 of the Millennium Cohort Study (aged 14), nearly half identified high depressive symptoms and vice versa. However the overlap between those who reported low life satisfaction and who had a high emotional and behavioural difficulties score, based on parental assessment, was lower (at less than 1 in 5). Children may thus have low subjective well-being without symptoms of mental illness, and high subjective well-being despite a diagnosis of mental illness.

[16] Indeed, in early 2021, the Education and Policy Institute and The Princes Trust published a report which looked at the relationship between a range of social factors, and well-being, self-esteem, and levels of psychological distress in early and late adolescence for a sample of children living in England who took part in MCS.

Measures from the Millennium Cohort Study

Questionnaires containing the exact wording of the questions analysed in this chapter can be downloaded from **cls.ucl.ac.uk**

Life Satisfaction

In Sweeps 5 and 6, the child self-completion questionnaire included a standard question on happiness with life as a whole. Children are asked: 'On a scale of 1 to 7, where 1 means completely happy and 7 means not at all happy, how do you feel about... your life as a whole?' (see cls.ucl.ac.uk/wp-content/uploads/2017/12/MCS6-Young-Person-Questionnaire.pdf). These scores were reversed for the purpose of this analysis and transferred to a scale ranging from 0 to 6. A measure of whether children had low life satisfaction – that is a score of below 3 out of 6 – was also created.

Kessler (K6)

The Kessler Psychological Distress Scale (K6) is a six-item measure of psychological distress, which asks about how the child felt in the last 30 days. Each item is scored from 0 to 4 with a total possible score of 0 to 24. The analysis presented in this report used a score of 13 or above to indicate psychological distress (see hcp.med.harvard.edu/ncs/k6_scales.php for scoring).

Strengths and Difficulties Questionnaire (SDQ)

Young people were asked to complete the Strengths and Difficulties Questionnaire, which is widely used to measure children's emotional and behavioural difficulties (EBDs) over the last six months. The questionnaire consists of five scales each comprised of five items. The first four of these are added together to create a 'total difficulties' score ranging from 0 to 40. A score of 18 or over has been used to indicate EBDs in this chapter (see sdqinfo.org/py/sdqinfo/c0.py).

Self-harm

Young people are asked whether they have hurt themselves on purpose in any of six different ways (i.e. cut/stabbed, burned, bruised/pinched yourself, taken an overdose, pulled out hair, hurt yourself some other way) in the last year. Responses to these six items were collated into one yes/no item for the purpose of this report.

Attempted suicide

Young people are asked 'Have you ever hurt yourself on purpose in an attempt to end your life?' Responses were recoded into a dichotomous yes/no item for use in this chapter.

How does life satisfaction at age 14 relate to other characteristics among those taking part in MCS at age 17?

In The Good Childhood Report 2018 we explored differences in subjective well-being between sub-groups of children, drawing on data on children aged 14 from the Millennium Cohort Study. Here we consider the subjective well-being (based on responses to the question on life satisfaction) at age 14 of those children who went on to take part in the study at age 17.

Table 2 shows the overall breakdown of life satisfaction scores at age 14 for those young people who took part in Sweep 7 of MCS (at around age 17), and how they vary by gender and white/minority ethnic group. While there were significant differences by gender, with girls having lower scores on this measure of subjective well-being than boys, there were no significant differences for aggregated responses by ethnicity.[17]

Table 2: Life Satisfaction at age 14 of young people taking part in MCS, Sweep 7

Life satisfaction score	Total	Female	Male	Minority Ethnicities	White
0	1%	2%	1%	1%	2%
1	3%	5%	2%	4%	3%
2	5%	7%	4%	6%	5%
3	10%	12%	8%	9%	10%
4	17%	19%	15%	18%	17%
5	35%	34%	37%	34%	36%
6	28%	22%	34%	29%	27%

Source: University of London, Institute of Education, Centre for Longitudinal Studies. (2020). Millennium Cohort Study: Sixth Survey, 2015. [data collection]. 7th Edition. UK Data Service. SN: 8156, http://doi.org/10.5255/UKDA-SN-8156-8. Weighted data. Excludes missing data.[18]

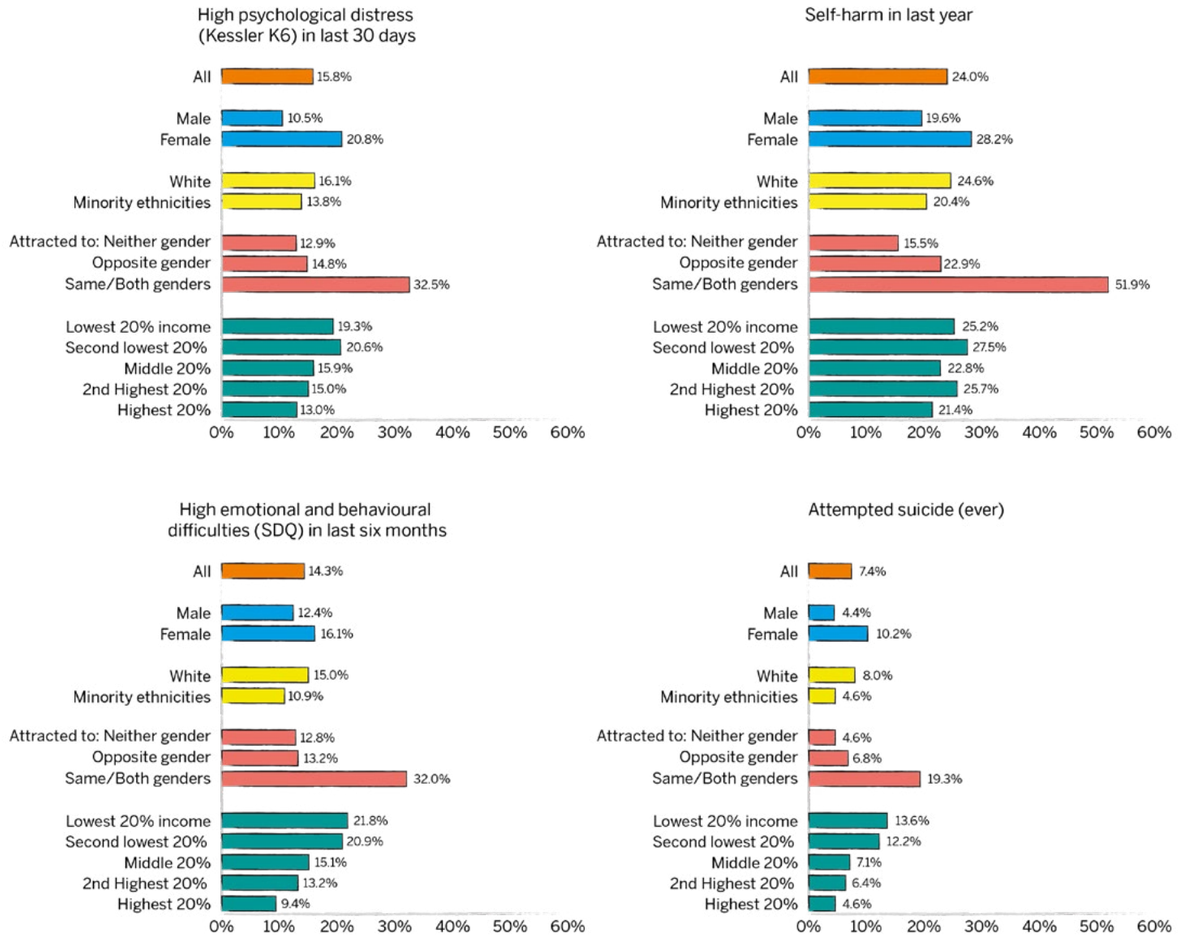
[17] More detailed analysis at age 14 showed differences for some of these measures between ethnic groups. See The Good Childhood Report 2018.

[18] The proportion of missing cases among participants in Sweep 7 was 12.5% (unweighted). The Wave 7 longitudinal weight for whole UK analyses (GOVWT2) was used for all analysis presented in this chapter.

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

Before looking at the relationship between outcomes at age 17 and life satisfaction at earlier ages, it is important to understand the prevalence of symptoms of mental ill-health, self-harm and attempted suicide reported at age 17.

Figure 9: Variations in high psychological distress, high emotional and behavioural difficulties, self-harm and attempted suicide at age 17, by children's characteristics



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

Note: The figures show average marginal effects from logistic regressions with each of the four outcomes at age 17 as a dependent variable and all of the characteristics and circumstances at age 14 as independent variables. For consistency with subsequent analysis, the analysis also controlled for age and country at age 14.

Figure 9 shows the overall proportion of children with poor scores (indicating negative outcomes) on each of the four measures (psychological distress, emotional and behavioural difficulties, self-harm, and attempted suicide) at age 17, together with a breakdown by children's characteristics and household income.[19xvii]

It indicates that girls have poorer outcomes on the four measures at age 17 than boys, and those children who were attracted to the same/both genders have poorer outcomes on all four measures than other children. It is important to note that, while females are more likely to attempt suicide, males are more likely to end their lives in adolescence. [20xviii]

Income was more strongly related to emotional and behavioural difficulties, and attempted suicide. A significantly higher proportion of children in the lowest income group had poor outcomes for these measures than children in the middle and two higher income groups. The largest difference between those from white and ethnic minority backgrounds was for attempted suicide.

[19] More detailed discussion of differences in the prevalence of these measures by demographic group at age 17, using the first release of Sweep 7 MCS data, can be found in Patalay and Fitzsimons (2021).
[20] See Bould et al (2019).

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

In this section, we look at the relationship between life satisfaction scores at age 14 (and to a lesser extent at age 11) and outcomes for the same young people at age 17. Much of the analysis focused on life satisfaction scores and contextual factors reported in Sweep 6 of MCS (at age 14) and outcomes in Sweep 7 (at age 17) in an effort to minimise the amount of missing data.[21]

Well-being: At age 17, the well-being of young people taking part in the MCS was measured using the Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS)[22xix] rather than life satisfaction (which was included in the survey at age 11 and 14). As SWEMWBS asks young people to think about the last two weeks specifically, the relationship between this measure and life satisfaction at age 14 is not considered in detail in this chapter. Initial exploratory analysis did suggest that a higher proportion of young people who had low life satisfaction at age 14 also had low scores on SWEMWBS at age 17, however.

Mental health outcomes: Simple bivariate analysis (looking at answers to two questions at a time), presented in Table 3, showed that young people who had lower life satisfaction at age 14 were significantly more likely to have high scores on mental health indicators (Kessler and SDQ) at age 17.

Self-harm: Young people who had lower life satisfaction at age 14 were found to be more likely to report, at age 17, that they had self-harmed during the last year.

Attempted Suicide: We also looked at the relationship between life satisfaction at age 14 and having ever attempted suicide (reported at age 17), and found that a significantly greater proportion of young people who had low life satisfaction at age 14 later said that they had hurt themselves on purpose in an attempt to end their life (see Table 3 for outcomes on each measure at age 17 according to a young person's life satisfaction score at age 14).

Table 3: Proportion of young people with negative mental health outcomes at age 17, compared with their life satisfaction scores at age 14

Life satisfaction at 14	Kessler	SDQ	Self-harm	Attempted Suicide
0	54%	50%	55%	38%
1	38%	31%	42%	19%
2	42%	38%	49%	18%
3	31%	27%	38%	14%
4	18%	16%	29%	8%
5	10%	9%	19%	5%
6	7%	7%	14%	3%
Total (All scores)	16%	14%	24%	7%

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

Note: The proportions in Table 3 reflect those children with differing life satisfaction scores at age 14 who also had poor scores for each of the outcome measures at age 17. The percentages are not cumulative (and do not add to 100%).

[21] There are larger amounts of missing data when considering three (rather than two) sweeps collectively. For example, while data on life satisfaction are available for 11,146 respondents at age 14, data on life satisfaction at both age 11 and 14 are only available for 10,333 respondents. Further respondents are then lost in the analysis for Sweep 7, depending on completion of the mental health measures of interest.
[22] The Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS) uses seven of the items from the full Warwick Edinburgh Mental Well-being Scale that are said to relate more to functioning than feeling. Scores on these seven items are summed and these raw scores, ranging from 7 to 35, are transformed into metric scores. A metric score of below 18 was used in the analysis for this report to indicate low well-being.

Life satisfaction scores at age 11 and age 14 were then combined into five categories to look at how different combinations at age 11 and 14 compared with outcomes for these young people at age 17 (see Table 4). These comparisons revealed that greater proportions of young people with low life satisfaction (i.e. a score of less than 3 out of 6) at age 14, and at both ages (11 and 14), reported high levels of psychological distress, high emotional and behavioural difficulties (based on Kessler and SDQ respectively), self-harming, and that they had ever attempted suicide at age 17 (than those young people who did not have low life satisfaction).

Young people with lower life satisfaction scores at age 14 were significantly more likely to have poor scores on mental health indicators at age 17

Table 4: Proportion of young people with negative outcomes at age 17 compared with their life satisfaction scores at age 11 and 14

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

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

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

Interestingly, having low well-being at age 11 only was not found to be associated with higher negative scores on these indicators at age 17 (compared to not having low well-being at either age and excluding those who scored highest at both ages).

There were also very low proportions of negative outcomes among those children who had the highest life satisfaction score (i.e. a score of 6) at both ages.

As shown in Figure 9, the proportion of young people with negative mental health outcomes at age 17, and who reported having ever attempted suicide, varies by demographic characteristics. Further analysis was therefore undertaken which took into account (or controlled for) variations in young people's personal characteristics and circumstances. It showed that, even after controlling for certain attributes at age 14 (age, gender, minority ethnic status, attraction to same, both or no sexes, income quintile and country), there was a strong relationship between life satisfaction at age 14 and negative outcomes for these young people at age 17 (see Table 5).

Table 5: Life satisfaction scores at age 14 and negative outcomes at age 17, after controlling for other characteristics[23]

Life satisfaction at 14	Kessler	SDQ	Self-harm	Attempted Suicide
0	47%	42%	47%	28%
1	33%	28%	37%	15%
2	39%	36%	46%	15%
3	28%	25%	35%	11%
4	18%	16%	28%	8%
5	11%	10%	20%	5%
6	7%	7%	16%	4%

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

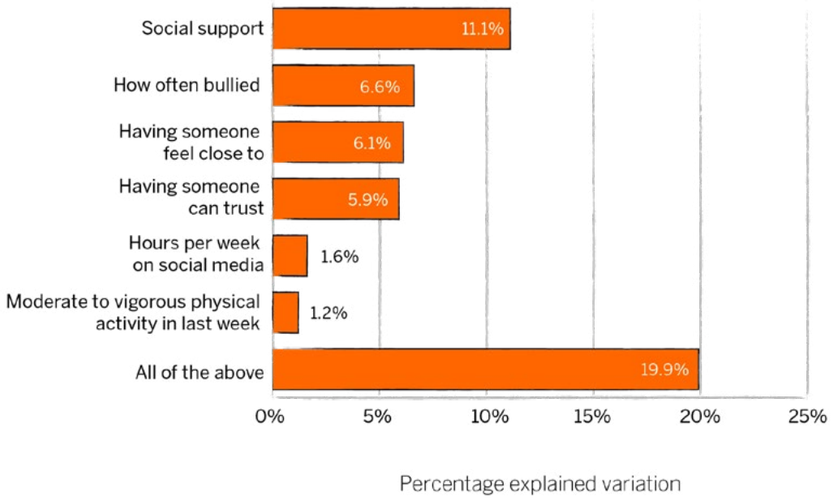
We also explored: i) associations between life satisfaction and other contextual factors at age 14 to see what else might have been going on in young people's lives that was linked to their well-being, and ii) the strength of life satisfaction as a predictor of outcomes at age 17 relative to other measures. Key findings were as follows.

Contextual factors associated with life satisfaction at age 14: Associations were examined between life satisfaction and six contextual factors available in MCS at age 14, which previous research – including other Good Childhood Reports – has suggested are important to consider.[24xx] Figure 10 shows how much explanatory power each of six contextual factors (how often bullied, having social support, having someone who trusts and could turn to if problems, having someone who felt close to, hours spent per week on social media, and days in last week doing moderate to vigorous physical activity) had on life satisfaction at age 14[25] (after controlling for individual characteristics/circumstances[26]). These figures can be thought of as percentages (with higher percentages indicating a stronger predictor), which suggest that having social support (family and friends who helped them feel safe, secure and happy) was the strongest predictor of life satisfaction at age 14 (having the largest explanatory power at 11.1%). This was followed by frequency of being bullied (explanatory power of 6.6%), feeling close to someone (6.1%), and having someone to trust if the young person had problems (5.9%). Comparatively, hours spent on social networking sites and time spent doing moderate to vigorous physical activity were relatively weak predictors of life satisfaction (at just 1.6% and 1.2% respectively).

Together, the six contextual factors explained 19.9% of the variation in life satisfaction scores at age 14 (after controlling for individual characteristics/circumstances).

[23] The proportions presented are predictive margins for life satisfaction from logistic regression analysis with each of the outcome measures as a dependent variable, and life satisfaction and the controls as independent variables.
[24] See, for example, The Good Childhood Report 2018, for evidence on physical activity, and The Good Childhood Report 2017 for findings relating to bullying.
[25] The percentages of explained variation included in Figure 10 are based on an eight model linear regression analysis for young people completing MCS at age 17 (Sweep 7). Model 0 included only control variables, models 1 to 6 introduced each of the six contextual variables in turn, and model 7 contained all control and contextual variables.
[26] As above, the controls included were age, gender, minority ethnic status, attraction to same, both or no sexes, income quintile and country.

Figure 10: Contextual factors and life satisfaction at age 14



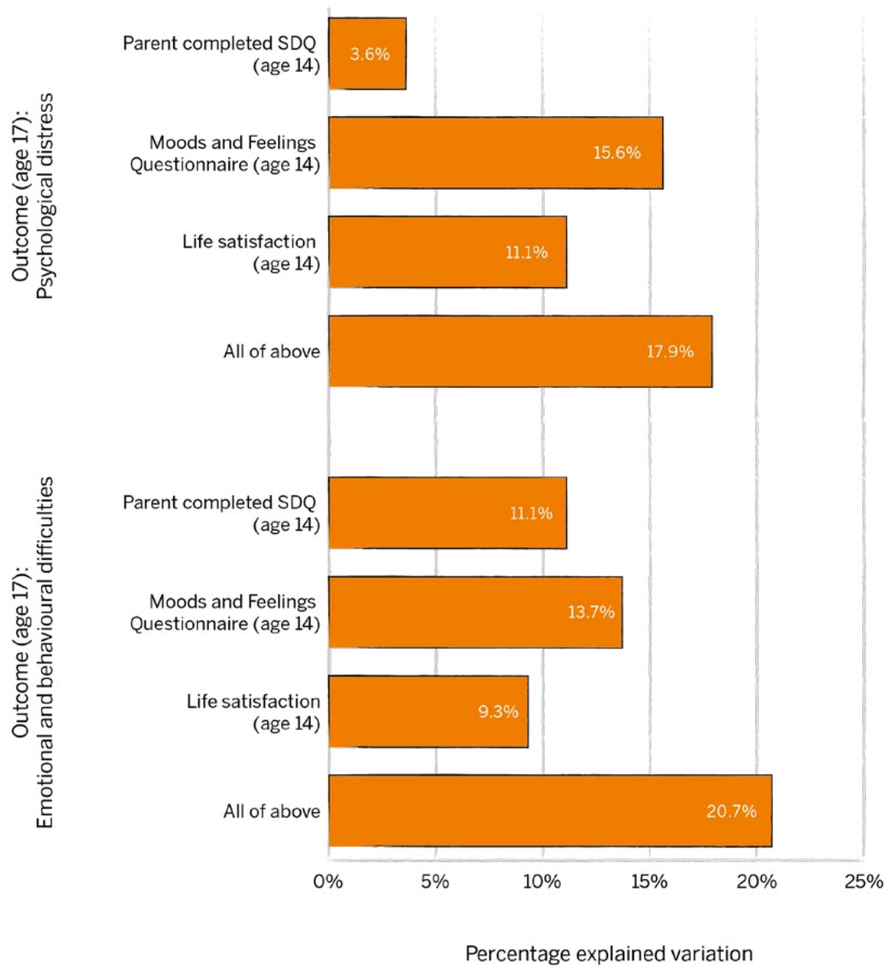
Source: Millennium Cohort Study, Sweep 6. Weighted data. Excludes missing responses.

Further exploratory analysis,[27] including both the control and contextual factors outlined above, also suggested that life satisfaction might even mediate the relationship between contextual variables (and bullying and social support in particular) and outcomes for young people at age 17, although considerable further analysis would be needed to fully test this hypothesis.

Life satisfaction as a predictor of outcomes at age 17: The analysis presented thus far has shown that life satisfaction predicts symptoms of mental-ill health at age 17. It is important to also consider how well life satisfaction compares to other measures as a predictor of these outcomes. The relative predictive strength of three measures (life satisfaction, depressive symptoms based on the young person's responses to the 13-item Moods and Feelings questionnaire (MFQ) at age 14, and parent reported total difficulties score based on the SDQ at age 14) was therefore considered.

Figure 11 shows the proportion of variation in i) psychological distress at age 17 and ii) emotional and behavioural difficulties at age 17, explained by each of the three measures at age 14. Again, these figures can be thought as percentages, with a higher percentage denoting a better predictor.

Figure 11: Relative strength of measures (at age 14) as predictors of psychological distress and emotional and behavioural difficulties at age 17



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

A single question on life satisfaction, asked at age 14, is a significant predictor of symptoms of mental ill-health at age 17

[27] Four pairs of logistic regressions were conducted which included contextual and control variables, with and without life satisfaction also being included. Coefficients for some of the contextual variables were smaller once life satisfaction was included.

After controlling for other characteristics at age 14,[28] the single life satisfaction question was not as strong at predicting psychological distress (based on Kessler) and emotional and behavioural difficulties (based on SDQ scores) at age 17 as children's depressive symptoms scores (based on their responses to a 13-item moods and feelings questionnaire at age 14).

Life satisfaction was a stronger predictor of psychological distress (explaining 11.1% of variation) at age 17 than the parent-reported 20 item SDQ at age 14 (explanatory power of 3.6%), although weaker as a predictor of emotional and behavioural difficulties at age 17 than the parent reported SDQ at age 14 (these measures explained 9.3% and 11.1% of variation in EBDs, respectively).

Life satisfaction at age 14 was still a significant predictor of outcomes at age 17, even when controlling for MFQ and SDQ scores at age 14.

These initial analyses suggests that a single life satisfaction question (very easy to answer and non-intrusive to administer) has more predictive power for some outcomes than some much longer and more intrusive scales. From a policy/practice perspective, it suggests that regular monitoring of children's responses to the single question on life satisfaction could therefore be a useful tool for identifying those at risk of later mental health problems.

For psychological distress (based on Kessler 6), the life satisfaction item has more predictive power than a 20-item scale completed by parents, once again[29xxi] emphasising the importance of asking children themselves about their feelings and behaviour rather than relying on reports from third parties.

[28] Five linear regression models were conducted for each of the two outcome variables (Kessler and SDQ at age 17), including i) controls only, ii) life satisfaction and controls, iii) MFQ and controls, iv) parent completed SDQ and controls, and v) life satisfaction, MFQ, parent completed SDQ and controls at age 14.

[29] Similar conclusions were also drawn in The Good Childhood Report 2018, Chapter 2 (The Children's Society, 2018).

Summary

Longitudinal surveys which collect information from the same cohort provide an essential opportunity to examine the relationship between children's experiences and characteristics, and changes over time. The Millennium Cohort Study allows links between children's subjective well-being in early adolescence to be compared with outcomes for these same children at later stages (here at age 17) in their life. The analyses of MCS data presented in this chapter indicate that:

- As reported in previous Good Childhood Reports, a significantly higher proportion of girls (taking part in Sweep 7 of MCS) scored low on a single measure of life satisfaction at age 14 than boys. Girls and those children who were attracted to the same/both genders had poorer scores for all outcomes (mental health indicators, and measures of self-harm and attempted suicide) examined at age 17.
- Encouragingly, there was no significant association between low life satisfaction at age 11 (but not also at age 14) and negative outcomes at age 17, and only a small proportion of those with the highest life satisfaction score at both age 11 and age 14 had negative outcomes at age 17.
- Even when controlling for other personal characteristics, young people with lower life satisfaction scores at age 14 were significantly more likely to have negative scores on mental health indicators at age 17, and to say they had self-harmed in the last year or ever tried to end their life. This suggests that low life satisfaction might act as a warning sign for other issues in a young person's life that could have negative consequences for their future. Tackling the factors that are linked to low life satisfaction at 14 – e.g. by helping the young person build supportive relationships and addressing bullying – could potentially have long-term benefits for the mental health of these young people.
- The single question on life satisfaction included in MCS (and also asked in other surveys of children, such as Understanding Society), completed at age 14, was a significant predictor of young people's self-reported psychological distress and emotional and behavioural difficulties (based on their Kessler and SDQ scores) at age 17. It was also a stronger predictor of Kessler than the parent reported 20 item SDQ. This suggests that regular collection and monitoring of children's responses to this question in early adolescence could be a useful tool for identifying young people at risk of later mental health problems.
- The increased strength of the life satisfaction measure over the parent SDQ in predicting young people's psychological distress at age 17 also further emphasises conclusions drawn in earlier Good Childhood Reports about the importance of asking children themselves about how they feel about their life.

Chapter 3:

Children's experiences of Covid-19: One year on

One year on from the publication of Life on Hold, which looked at parents' and children's experiences during the first national lockdown, the Coronavirus pandemic continues to affect the lives of people in the UK. Following three national lockdowns in England alone, together with varying local restrictions, we wanted to revisit the impact on families and how children and their parents are feeling.

Life on Hold[xxii] indicated that families taking part in the 2020 TCS Household Survey had experienced a range of impacts, and anticipated longer term negative consequences, particularly for their children's education. Most children reported that they had coped with the changes made as a result of the pandemic, although comparatively they had coped less well with not being able to see their friends and family. There were some early indications that children's cognitive well-being might have been adversely affected, with a greater proportion than usual scoring below the midpoint on our preferred (and usually stable) multi-item measure of life satisfaction.

After 10 years of improvements, adult data on well-being stalled in March 2020, as Covid-19 was said to impact on all the main drivers of well-being, including health and relationships.[30xxiii] Changes in adults' well-being have been tracked weekly throughout the pandemic in the government's Opinions and Lifestyle Survey.[31xxiv] Although there has been no comparable official data monitoring children's well-being, the impact of the pandemic and being out of school during lockdowns on several aspects of children's lives – such as academic performance,[32xxv] home schooling,[33xxvi] relationships/safety,[34xxvii] and well-being[35xxviii] – have been closely examined in other studies. The available evidence has also been synthesised in official reports.[36] A wide range of studies have been published, including results from longitudinal studies, which have shown an increase in mental health difficulties among children and young people (compared to pre-pandemic years).[xxix] Efforts to monitor the impact on parents, children and families,[37] have shown children experiencing increased behavioural and attention difficulties during lockdowns (when they have been unable to attend school),[38xxx] together with poorer parental mental health during these periods.[39xxxi] Benefits have also been reported, with some children feeling less stressed and enjoying more family time,[40xxxii] and some 11 to 16 year olds even reporting that life was 'much' or a 'little better' in lockdown.[41]

A range of questions from The Children's Society's 2020 Household Survey (undertaken in the first national lockdown) were repeated in our 2021 survey.[42] Although the 2021 survey was again conducted between April to June 2021, it was undertaken in different circumstances this year, following a third national lockdown in England, and when many children were back in school.

Parents' reflections on the impact of Covid-19

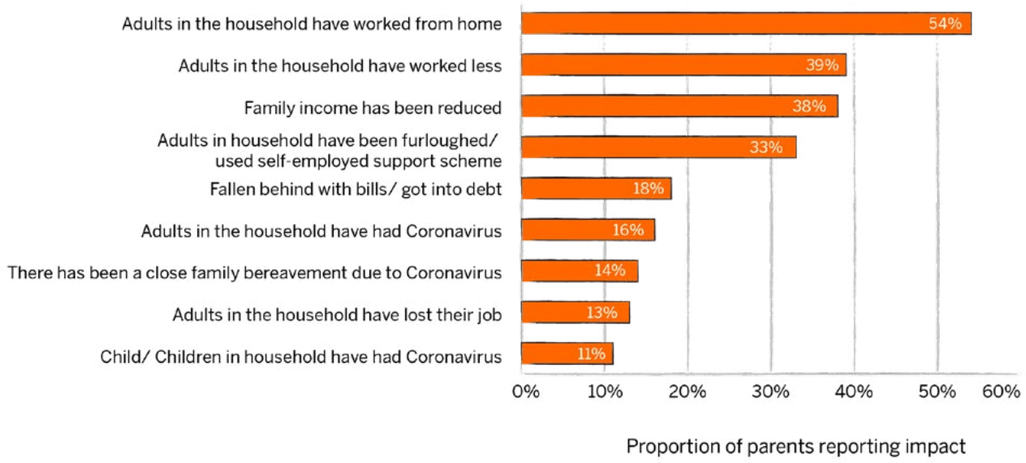
As in 2020, parents who indicated they were happy to answer questions about the pandemic[43] were asked how they felt about Coronavirus and the impacts it had had on their lives. In 2021, the survey focused on more long-standing/ life impacting changes (and excluded some of the more day to day consequences examined in 2020).

The vast majority of parents continued to be worried to some extent about Coronavirus (87% said they were 'extremely', 'very', 'somewhat' or 'slightly' worried). They also reported that Coronavirus had had a range of impacts (a range of 0 to all 9 impacts were reported by parents from a predetermined list) on their life since the pandemic began (see Figure 12) with an average of two impacts identified. Most commonly, parents stated that adults in the household had worked from home (54%), worked less (39%) and their family income had been reduced (38%).

[30] See Hardoon (2021).
[31] See, for example, ONS (2021a).
[32] See, for example, Hodder SchoolDash (2020).
[33] See, for example, Del Bono et al (2021).
[34] See, for example, NSPCC (2020).
[35] See, for example, SchoolDash and Edukit (2020), Department for Education (2020), and Public Health England (2021).
[36] See, for example, Department for Education (2020) and Public Health England (2021).
[37] See, for example, the CO-SPACE study: https://cospaceoxford.org/about/

[38] See, for example, Creswell et al (2021).
[39] See, for example, Blanden et al (2021).
[40] See, for example, Children's Commissioner (2020).
[41] See, for example, NSPCC (2020).
[42] These questions were placed at the end of the questionnaires for parents and children to avoid impacts on other questions, and their ordering consistent with 2020.
[43] Forty-seven parents (unweighted N) who took part in the survey opted out of completing the questions on Coronavirus (2.3%).

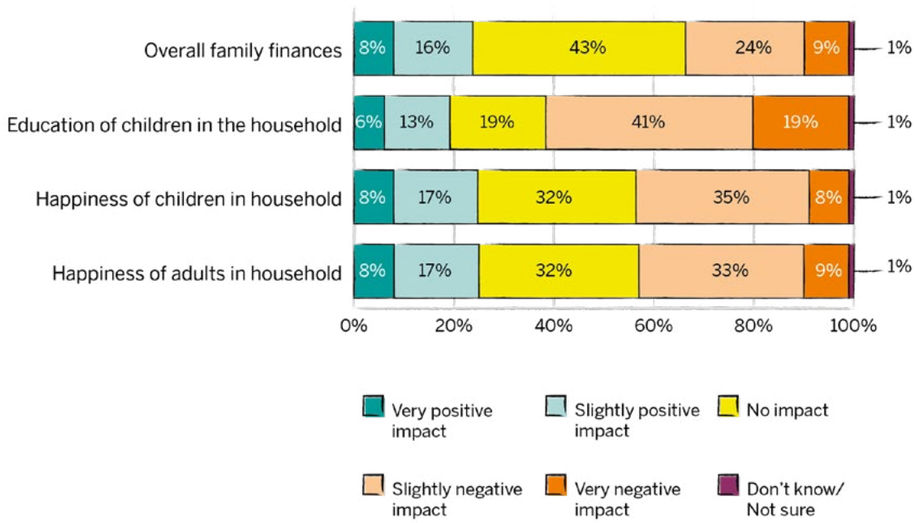
Figure 12: Proportion of parents reporting different impacts on their family since the pandemic began



Source: The Children's Society's Household Survey, Wave 20, April-June 2021, 10 to 17 year olds, United Kingdom. Weighted data. Proportions include 'Not sure' responses.

Parents were asked about the impact (positive or negative) Coronavirus had had on overall family finances, the education of their children and adults/children's happiness (see Figure 13). In line with predictions in 2020, the area where parents most commonly reported a negative impact in 2021 was on the education of children in the household (61% reported a 'slightly' or 'very' negative impact in 2021). Across all four areas examined, a lower proportion of parents reported a negative impact in 2021 than was feared by parents who completed the 2020 survey.

Figure 13: Reported impact of pandemic on specific aspects of family life



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

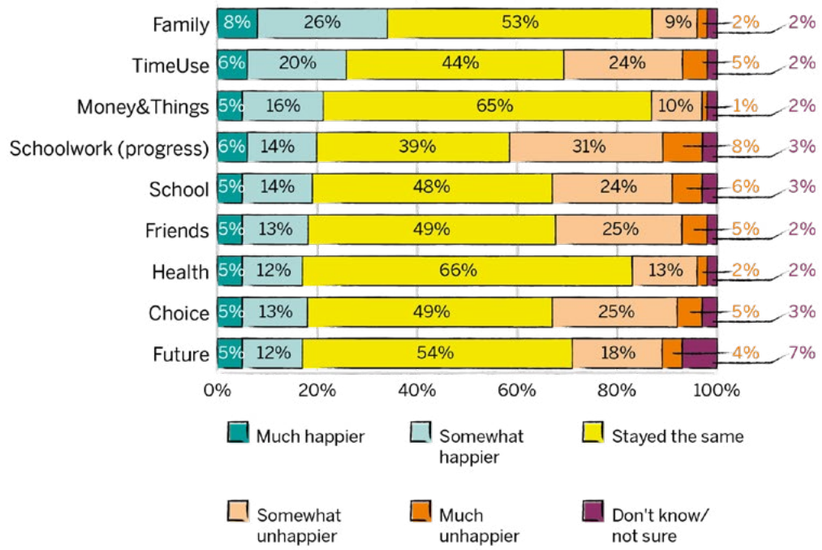
We also asked parents to rate, on a scale of 0 to 10 (where 0 indicated they had not coped very well and 10 that they had coped very well), how well they thought they had coped *with the changes that have been made to daily life because of the Coronavirus pandemic.* Encouragingly, 83% of parents who provided a response scored above five, suggesting they had coped to some extent. Overall, 8% scored below the midpoint indicating they had coped less well. The most notable differences by demographic group were for gender (5% of males and 10% of females scored below the midpoint), age group (5% of parents aged 51+ scored less than five, compared to 11% of those aged up to 39), number of reported impacts (11% of parents who reported three or more family impacts had low scores compared with 6% of those reporting 0-2 impacts), and low well-being (18% of those with low scores on the multi-item measure of life satisfaction had low coping scores versus 6% who did not have low well-being).[44] A small group of parents (almost 4% of those completing both questions) were identified who had both low coping scores and low well-being. As those scoring below the midpoint represent a relatively small number of respondents, some care needs to be taken when using these statistics.

The long-term impact of Coronavirus on children's well-being is a key concern, given the time children have spent outside of school and away from friends and other forms of support. We were interested in parents' views, one year on, on the effect that Coronavirus had had on their child's happiness with different aspects of their lives. Figure 14 shows parents' responses (they were asked: *What impact, if any do you think that Coronavirus has had on how happy the child who will be completing this survey feels about the following areas of their life?).*

In 2020, over half of parents felt that their child's happiness in relation to Time Use, Future, Health, Money and Things, and School had stayed the same or that they were happier. In 2021, over half of parents felt this way for all seven domains examined in 2020, together with the two new domains added in 2021 (Schoolwork and Family). Of those domains examined in 2021, the areas where higher proportions of parents reported that their child was less happy were in their progress with Schoolwork (39% 'somewhat' or 'much' unhappier), their Friends, School and Choice (all with 30% felt to be 'unhappier').

[44] Comparisons were made between parents who scored 0 to 4 and those who scored between 5 and 10. Parents were split into four age groups (based on the distribution of data): up to 39 years, 40-44 years, 45-50 years, and 51+ years. The number of family impacts was recoded into those with 0-2 and 3+ impacts for the purpose of analysis (these groups represented 60% and 40%, respectively). Patterns by white/minority ethnicity (based on parents' self-reported ethnicity), the number of children in the household (comparing those with one, two, or three of more children), and relative child poverty (defined as a household with less than 60% of the median equivalised income based on the sample for the 2021 Household Survey) showed no differences that would be significant in a random sample at 0.01 level.

Figure 14: Parents' views about the impact of Coronavirus on their child's happiness with different aspects of life



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

Children's reflections on the impact of Covid-19

Children's own views on the effects of Coronavirus are extremely important. As in 2020, we asked children to rate on a scale of 0 to 10 how well they had coped overall and with specific changes to their lives *(How well do you think you have coped with the following changes that have been made because of Coronavirus?)* As well as asking about some of those changes examined last year, we added new items including hobbies, staying at home and wearing masks (see Figure 15).[45] Response levels were high among those who agreed to complete the questions on Coronavirus,[46] with the largest proportion of young people responding 'prefer not to say' for 'exam cancellations/changes' (5%).

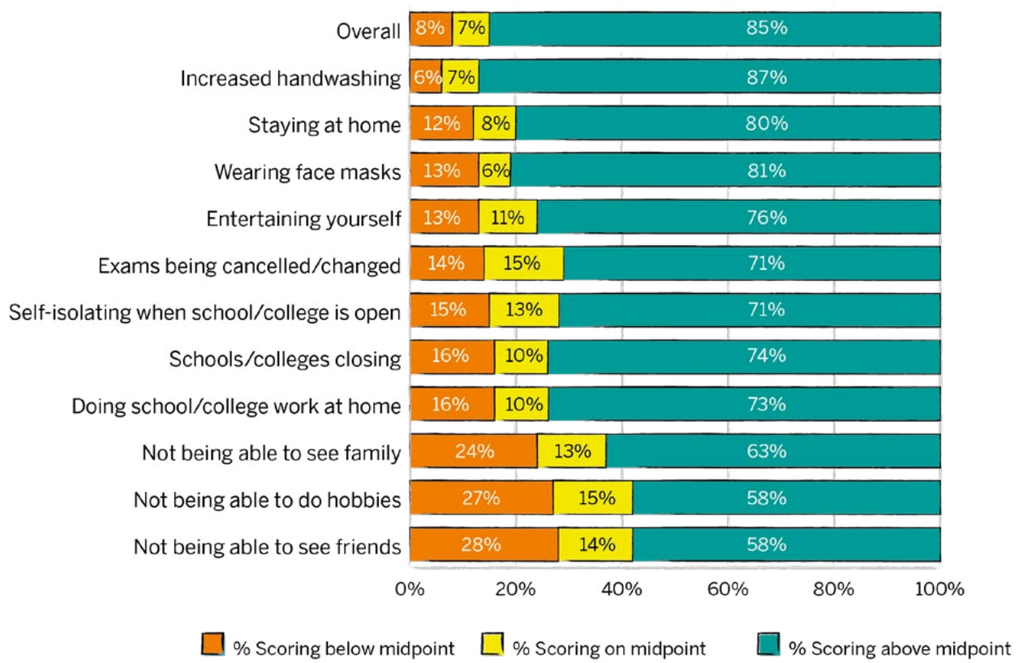
Encouragingly, 85% of those who provided a response scored above five for how well they had coped overall. Almost 1 in 12 (8%) children scored below the midpoint, suggesting they had not coped well, which is of concern. Further analysis suggested there were some differences between those children who scored below/on or above the midpoint according to their demographic characteristics and experiences of Covid-19.[47] It is important to bear in mind that those scoring below the midpoint represent a small group of children, and further breakdowns can result in very small numbers. A larger proportion of children who said their family was less well off scored below the midpoint (14% compared with 5% who said their family were very/quite well off),[48] together with children whose parents also had low scores on this measure (38% compared with 5% whose parents said they had coped),[49] whose parents reported three or more family impacts (10% versus 6% of those whose parents reported 0-2 impacts), and who scored below the midpoint on our multi-item measure of life satisfaction (34% compared to 4% of those scoring above the midpoint). Overall, 4% of children (completing questions on Covid-19 and life satisfaction) had a low overall coping score and also had low well-being, which is of concern. Where answers were available for both parent and child, 3% of children were coping less well and also had a parent that was not coping.

Consistent with 2020, the areas that children seemed to have coped less well with (that were examined in both 2020 and 2021) were not being able to see friends and family (although the majority of children had still coped with this, 28% and 24% scored below the midpoint on these items, respectively). Responses to new items for 2021 also suggested that children had coped less well with not being able to do their hobbies (27% scored below the midpoint). Given what we know about the five ways to well-being (i.e. the importance to children's subjective well-being,[50xxxiii] of **connecting with friends and family, being creative, being active, keeping learning** and **taking notice**) it is not surprising that some children felt they had coped less well with these life changes.

As for parents, we also asked children how they felt about Coronavirus, and the majority of children said they were worried to some extent (either 'very', 'quite' or 'a little' worried) about the virus (84%), 14% said they were 'not at all worried' and 2% responded 'not sure'/'prefer not to say'.

[45] As well as reflecting changes to children's lives and policies (i.e. with secondary children wearing masks in schools), further testing/discussion with a small group of children suggested these were important.
[46] Overall, 6% (unweighted N=124) of children taking part in the survey either opted out of the Coronavirus questions or their parents asked that they were not asked any questions on Coronavirus. Those who experienced a bereavement were not automatically excluded in 2021.
[47] There were no differences by gender, age group (comparing 10-13 with 14-17), White/minority ethnicity (based on child self-report) and whether or not the child had attended school during the most recent lockdown (asked of those in England only) that would be statistically significant in a random sample at the 0.01 level.
[48] Children were asked: How well off (or wealthy) do you think your family is? They could respond: Very well off, Quite well off, Average, Not very well off, Not well off at all, Not sure, Prefer not to say. For the purpose of analysis, responses were recoded into three groups: Above average (very/quite well off); Average; and Below average (Not very well off and Not well off at all). Previous Good Childhood research has shown a relationship between children's perceptions of wealth and their subjective well-being (see, for example, The Good Childhood Report, 2014).
[49] Overall, where data were available for both a parent and child, analysis suggested there were 3% of children and their parents not coping.
[50] See The Children's Society (2014).

Figure 15: Extent to which children (aged 10 to 17) think they have coped with Coronavirus changes



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

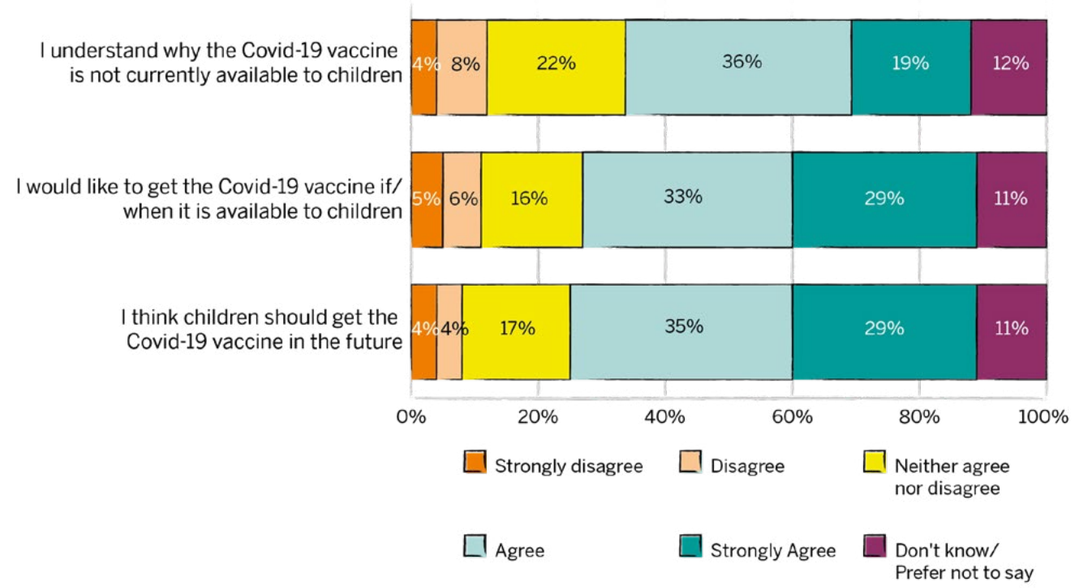
Looking to the future

How do children feel about vaccination?

There has been a great deal of media coverage about Covid-19 vaccinations, including whether or not children should be vaccinated. We were keen to get children's views about vaccination, and asked them to say whether they agreed or disagreed with three statements about vaccination in an effort to assess how they felt about children getting the vaccine (see Figure 16). Around 62% of children indicated they would like to get the vaccine (responding agree/strongly agree), 16% neither agreed nor disagreed, 11% indicated they would not like to get the vaccine (answering disagree/strongly disagree) and 11% responded 'Don't know'/'prefer not to say' indicating they were uncertain.[51xxxiv]

[51] The ONS (2021b) looked at sentiment towards vaccination among younger adults for the first time from 6 May to 20 June 2021 and found that 86% of those aged 16 to 17 reported positive sentiment towards vaccination, while 14% reported hesitancy (compared to 9% of those aged 18 to 21 and 10% of those aged 22 to 25).

Figure 16: Children's views about Covid-19 vaccines



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

There were some differences in responses between groups,[52] with a smaller proportion of children aged 14 to 17 (10%) than those aged 10 to 13 (15%) disagreeing they would like to get the vaccine, and lower proportions of those who felt their families were well-off (8% compared to 17% who felt their families were not well off).[53]

We also asked parents how much they agreed or disagreed with the statement *I would like my child to get the Covid-19 vaccine if/when it is available to children.* Their responses were remarkably similar to those of children, with 66% agreeing, 13% saying they neither agreed nor disagreed, 11% disagreeing and 10% answering 'don't know'/'prefer not to say'. Again, there seemed to be some differences by demographic groups in those that said they agreed, disagreed or neither agreed nor disagreed:[54]

- A larger proportion of females (15% compared with 8% of males), those aged up to 39 (17% compared to 8% of those aged 51+), and parents in families considered to be in relative child poverty (16% and 10% of those not in relative child poverty)[55] disagreed with the statement.
- Fewer parents of older children disagreed (10% of those with children aged 14 to 17 versus 14% of those with children aged 10 to 13).
- A larger proportion of parents from minority ethnicities responded 'neither agree nor disagree' (21% compared with 13% from a white background).

In most instances, parent's responses to the questions about vaccination matched those of their child. When grouped into three categories agree, neither agree nor disagree, and disagree, the views of children and parents aligned in over three-quarters (78%) of cases (where responses for both the parent and child were available).

[52] Response options were recoded into agree, neither agree nor disagree, and disagree for the purpose of this analysis, and excluded 'Don't know and 'Prefer not to say'.
[53] Only a small number of children in the survey scored below the midpoint for the GCI measures on happiness with health and some care must therefore be taken with findings relating to this subgroup. Exploratory analysis did suggest that a smaller proportion of this group indicated that they would like to get the vaccine (55% compared to 71% of those who scored five or above on the GCI Health measure). No differences were found according to gender, or white/minority ethnicity status. The sample of children from minority ethnicities is small, however, and may mask differences between these groups.
[54] These analyses exclude those who responded 'don't know' or 'prefer not to say'.
[55] Relative child poverty was defined as a household with less than 60% of median equivalised income based on the sample for the 2021 Household Survey.

How do children feel about the future?

In Chapter 1, the most recent figure for the ONS measure of psychological well-being shows that most children score on or above the midpoint (just over 93%) when asked to rate (on a scale of 0 to 10) the extent to which they feel that the things they do in their life are worthwhile.

Going forward, The Children's Society is also planning to look at using multi-item measures of children's psychological well-being. In 2021, a set of questions previously developed based on psychological well-being concepts identified by Ryff (1989) were asked in the Household Survey for the first time since 2016.[xxxv] Detailed analysis of children's responses to these questions will be conducted at a later date. In this chapter, we were interested in responses to just one of the items which is specifically concerned with how children feel about the future. Children were asked to indicate on a five-point scale how much they agreed/disagreed (from strongly disagree to strongly agree) with the statement: *I feel positive about my future.*

Overall, 72% of children agreed or strongly agreed with this statement, 21% responded 'Neither agree nor disagree' and only 7% disagreed.[56] The most notable differences by children's characteristics/circumstances were for age (e.g. 66% aged 14 to 17 agreed with the statement compared to 77% of those aged 10 to 13), and children's assessments of how well off their family was (e.g. 56% of those who felt their family was not well off agreed, compared with 73% who felt their family was about average, and 83% who thought their family was well-off).[57]

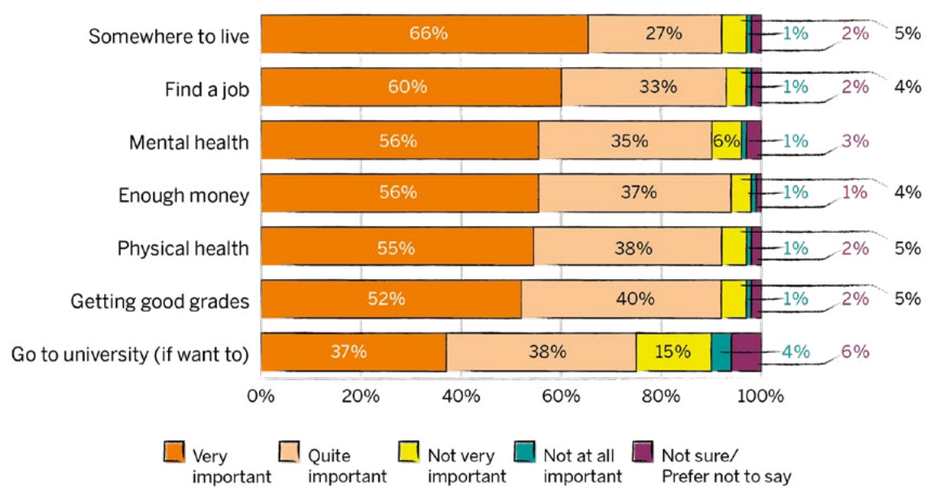
The Good Childhood Report 2019 looked at how children felt about the future in light of the many advancements in digital technology and concerns voiced by young people about issues such as the environment. This is an important topic as children's feelings about the future are closely linked to their current sense of well-being.[58][xxxvi] After over a year of living with the Coronavirus pandemic, we wanted to check how children felt about their own future and wider societal issues.

72% of children feel positive about their future

As in 2019, we first asked children how important they thought a set of issues were for their own future: getting good grades, being able to go to university, being able to find a job, having enough money, having somewhere to live, mental health, and physical health.

Children's answers to these questions are presented in Figure 17.[59] The aspect of life children rated as most important was having somewhere to live, followed by being able to find a job, and their mental health. Going to university was rated as least important. The order is quite similar to that in our 2019 survey (place to live, physical health, find a job, enough money, mental health, get good grades and go to university) in spite of changes in methodology, except that in 2021 physical health is slightly lower in children's priorities.[60]

Figure 17: Children's ratings of the importance of different things for their own future



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

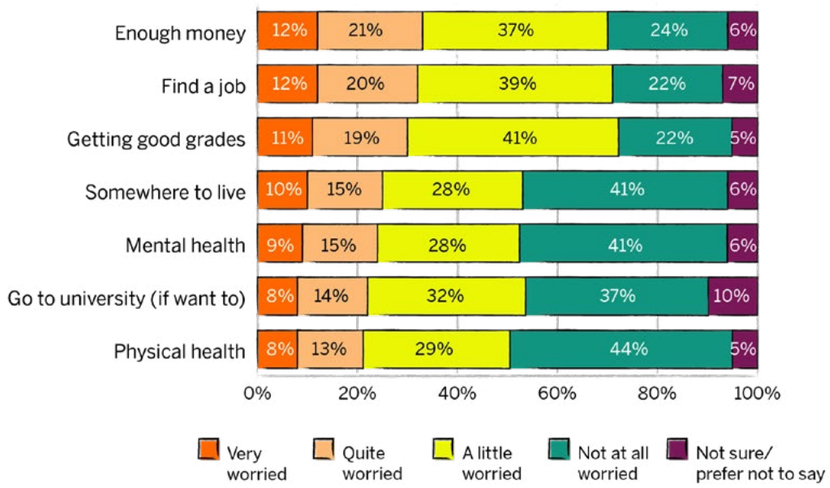
We then asked children how much they worried about each of the issues relating to their future. Their responses are presented in Figure 18.

In 2021, children were most worried about having enough money (33% were 'very' or 'quite' worried), followed by being able to find a job and getting good grades (both at 31%). They were least worried about their physical health and going to university (21% and 22% respectively). The ordering of items is remarkably similar to 2019 when children were also most worried ('very' or 'quite' worried) about having enough money, getting good grades and finding a job.

There was a slightly larger proportion of children who were 'very' or 'quite' worried about their mental health (at 24%) in 2021 (compared with 17% in 2019). The proportion reporting being 'very' or 'quite' worried about other aspects of life was within four percentage points of that obtained in 2019.

[56] This excludes don't know responses, which were very low (at 2% of all those completing the survey).
[57] Analysis was conducted by recoding children's responses into three categories: agree, neither agree nor disagree and disagree. Don't know responses were excluded. There were no differences by gender or White/Minority ethnicity that would be statistically significant in a random sample at 0.01 level.
[58] See The Children's Society (2012).
[59] There were slight revisions to the wording of some items in 2021 to take account of feedback and in an effort to address higher numbers of don't know responses for some items (e.g. how much children worried about their mental health, physical health and going to university) in 2019.
[60] Slight changes to clarify what is meant by mental health and physical health may have affected responses in 2021.

Figure 18: Extent of children's worries about their own future



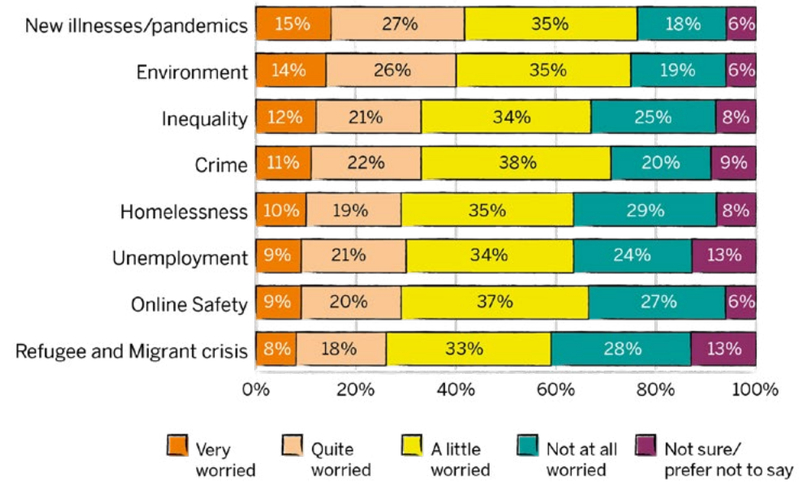
Source: The Children's Society's Household Survey, Wave 20, April-June 2021, 10 to 17 year olds, United Kingdom. Weighted data.

Finally, children were asked about how much they worried about eight broader issues:

- The environment
- Levels of unemployment (or whether there will be enough jobs for everyone)
- The amount of crime
- Online safety
- Homelessness
- Inequality (the unequal treatment of different people in society)
- New illnesses/pandemics (not Covid-19)
- Refugee and migrant crisis (people being forced to leave their homes and go to other countries due to war etc.)

Responses are shown in Figure 19. Levels of worry (quite or very) ranged from 26% for refugee and migrant crisis to 42% for new illnesses/pandemics and 40% for the environment. As there have been changes from the issues children were asked to consider in 2019, it is harder to compare their responses. However, as in 2019, it is clear that the environment features highly in children's concerns about wider society, with more children saying they were 'very'/'quite' worried about that than about any aspect of their own future.

Figure 19: Extent of worry about broader issues



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

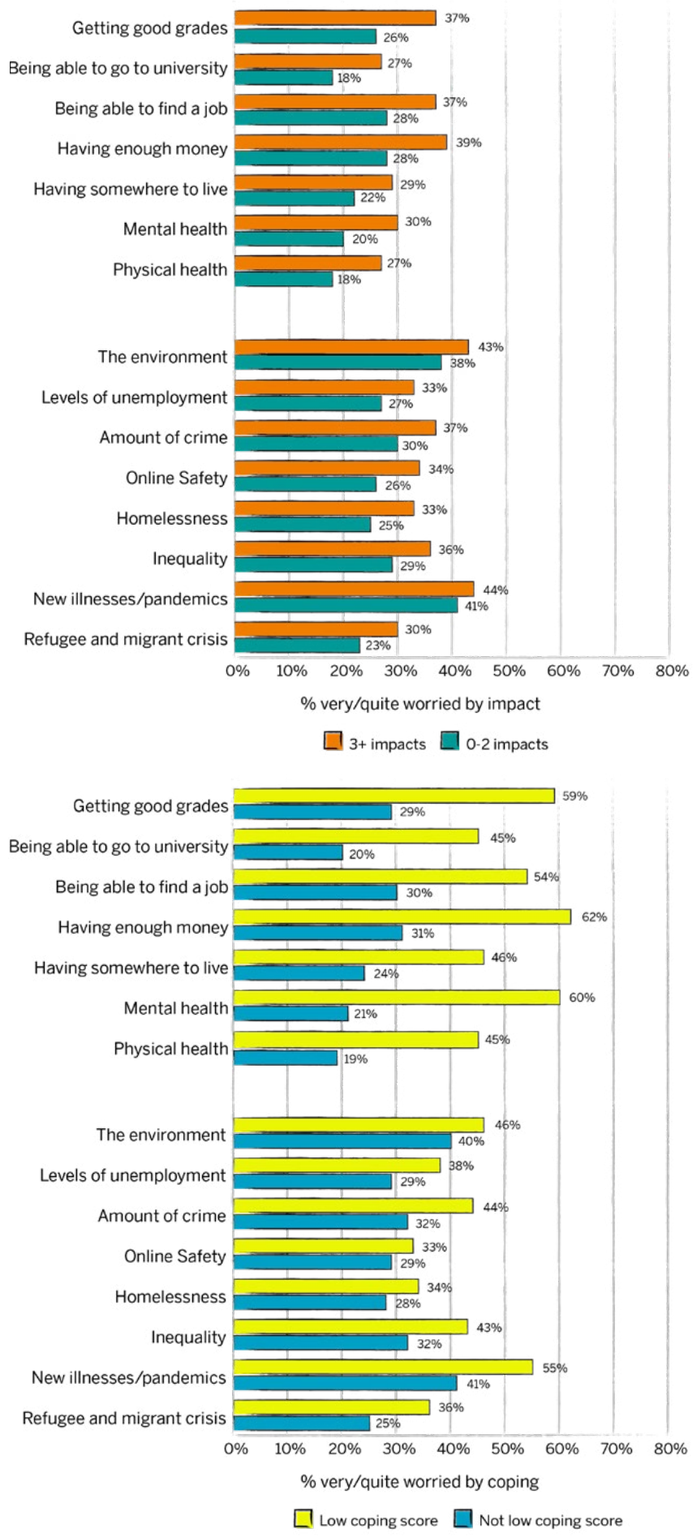
In 2020, we looked at demographic differences in children's responses to these questions. This year, we were keen to look at whether there were differences according to children's experiences of Covid-19. Figure 20 compares the proportion of children who were 'very'/'quite' worried according to whether their family had experienced 0-2 and 3+ impacts (see Figure 12 for a summary of reported impacts), and low/not low scores on the overall coping measure.[61]

There were variations in the magnitude of children's worries about their own future and wider society, according to the number of Covid impacts that were reported by their parents. Children in families reporting three or more impacts expressed levels of worry/ concern seven or more percentage points higher for every item relating to their own future (than those in families with two or less impacts). The largest gap was for having enough money (11 percentage points). Although there were some slight variations, the ordering of these items (from highest to lowest worry) was broadly similar between the two groups of children.

While more children in families with three or more impacts also reported being very/quite worried about the items relating to wider society (than those in families reporting 0-2 impacts), the differences were generally smaller for these items (ranging from three to eight percentage points). The order of the first four items (in terms of highest levels of worry) were the same for the two groups: New illness/pandemics, the environment, amount of crime and inequality.

[61] To ensure comparability with the approach taken in 2019, the proportions include 'Not sure/prefer not to say' responses.

Figure 20: Children's worries about their future and wider issues by pandemic impacts and coping



Source: The Children's Society's Household Survey, Wave 20, April-June 2021, 10 to 17 year olds, United Kingdom. Weighted data. Proportions include 'Not sure'/ 'Prefer not to say' responses.

Those with low coping scores comprise a small subgroup for the purposes of analysis. While care should be taken in trying to make wider inferences from the proportions presented in Figure 20, they offer an accurate reflection of the responses of those children with low scores who took part in the survey.

There were marked differences (ranging from 22 to 38 percentage points based on unrounded proportions) between the proportions of children with/without low coping scores who were very/quite worried about issues related to their own life. The largest gap was for mental health (38 percentage points), followed by having enough money (31 percentage points) and getting good grades (30 percentage points). The proportions highlight a small group of children who seem disproportionately concerned about their own future (compared to their peers) and who might benefit from support.

There were also differences in the ordering of items according to children's coping scores. For those with low coping scores, having enough money was the biggest worry, followed by mental health, getting good grades, and being able to find a job. Among those who did not have low coping scores, the areas with the highest proportion very/quite worried were having enough money, being able to find a job, getting good grades and having somewhere to live.

While there are also differences between the proportions of children with/without low coping scores who were very/quite worried about wider societal issues, the differences were less stark (at between four and 14 percentage points). The order of the first four items (in terms of highest levels of worry) was the same for the two groups: New illness/pandemics, the environment, amount of crime and inequality.

Summary

This chapter has provided an up to date picture of how children and young people in the UK, participating in our annual survey, felt over one year into the global Coronavirus pandemic – a year which has required them to make considerable changes to their lives, including not seeing their friends and not being able to go to school or do their hobbies. This chapter also provides us with important insights into their feelings about vaccination and their concerns about the future.

- In 2021, parents continued to report a range of impacts on their families, most commonly adults in the household working from home or working less, and family income being reduced. While lower than predicted in 2020 (when 73% of parents expected a negative impact), three-fifths of parents reported that the pandemic had had a negative impact on their children's education, and almost 2 in 5 reported that the child completing the survey was less happy (than before the pandemic) with their progress with schoolwork.
- While the majority of parents and children reported having coped to some extent with the changes to daily life that have resulted from the pandemic, there was a small proportion in both groups whose scores indicated they had not coped so well. It is important that support is available for both parents and children, as a parent who is coping is likely to be better equipped to support their child. A small group of children and parents have been identified who have not coped well with the changes and also have low well-being, which is of great concern.
- There are parallels between the aspects of life that children coped less well with (e.g. not being able to see friends and family, and not being able to do hobbies/pastimes) and the types of activities that we know are important to protecting children's subjective well-being. Indeed, all of the five ways to well-being[62] (connect, be active, be creative, keep learning, take notice) identified for children will have been affected by pandemic restrictions.
- While the numbers are small for the purposes of analysis and some caution is needed, a larger proportion of those children who rated their families as less well-off indicated that they had coped less well with Coronavirus, suggesting, as in other research, that the pandemic might have caused/exacerbated existing inequalities.[63] Not surprisingly, a greater proportion of children in families who were more affected by Coronavirus also reported coping less well. It is therefore important that children's experiences are taken into account when supporting their recovery.
- At the time the Household Survey was conducted, a decision on the vaccination of children had not been made. Although around two-fifths of children and two-thirds of their parents indicated that they would like to/like their child to get the Covid-19 vaccine if/when it becomes available to children, the remaining children/parents disagreed or indicated that they were uncertain about doing so. Following the recent decision to offer the vaccine to some groups of children,[64xxxvii] it is imperative that children's own views on this issue are taken into account. The findings from this study suggest there is some uncertainty, particularly among younger children and those from less financially stable backgrounds.
- Children's feelings about their future are closely linked to their current sense of well-being, and an important consideration in ensuring their recovery from the pandemic. We asked children how much they worried about seven different aspects of their own future. Overall, one-third were worried about having enough money, and almost one-third were worried about being able to find a job and getting good grades. A slightly larger proportion of children were 'very'/'quite' worried about their mental health in 2021 than in 2019 (although methodological differences may affect the comparability of these figures). With regards to broader societal issues, future illnesses/pandemics and the environment were children's top concerns.
- Levels of worry about the future varied among children and young people according to the number of impacts the pandemic had had on their family and how well they thought they had coped with the pandemic overall. Those with lower coping scores (i.e. 0 to 4 out of 10) expressed greater concerns about all seven aspects of their own life, with mental health featuring more highly in their concerns than for other children. While some caution is needed around these findings as the number of children not coping is quite small, they do seem to highlight a group who have substantial concerns about the future and who are likely to be in need of support.

[62] See The Children's Society (2014).
[63] See, for example, Children's Commissioner (2020).
[64] See Public Health England (2021).

Discussion

Time trends in subjective well-being

Chapter 1 presents 10 years' worth of data on children's (aged 10 to 15) subjective well-being from Understanding Society. Responses to the latest survey show a significant decline in children's happiness with four of the six areas examined (life as a whole, friends, appearance and school) compared to when the survey began. While children's happiness with family has remained relatively stable over the last 10 waves, their happiness with schoolwork has also decreased in recent waves (although the mean score is not yet significantly lower than in 2009-10). For the first time, in 2018-19, trends for all but one aspect of life seem to be heading in the same (downward) direction, which is of concern, especially given that these findings reflect how children were feeling before the pandemic.

Gender differences for children aged 10 to 15 are consistent with those reported in previous Good Childhood Reports, with boys generally happier with their appearance than girls, and girls happier with their schoolwork. While higher than that for girls, boys' average happiness with appearance is also declining. We need to further understand why boys' happiness with this aspect of life is changing if we are to take action to reverse this concerning trend.

Chapter 2 and 3 of this Good Childhood Report offer some insights into where we might focus our efforts to improve things for children in general, and in response to the pandemic specifically.

Comparing outcomes at age 17 for children with differing levels of subjective well-being in earlier adolescence

Chapter 2 looks at how subjective well-being in earlier adolescence relates to responses to questions about symptoms of mental ill-health among the same cohort of young people at age 17. It shows that young people with lower life satisfaction scores at age 14 were more likely to have negative scores on mental health indicators at age 17 than other children, and to say they had self-harmed in the last year or ever tried to end their life.

The single question on life satisfaction included in MCS was a significant predictor of young people's self-reported psychological distress and emotional and behavioural difficulties (based on their Kessler and SDQ scores) at age 17, even after controlling for depressive symptoms (based on the young person's responses to the 13-item Moods and Feelings questionnaire at age 14), and parent reported total difficulties score (based on the SDQ at age 14).

The practical implication of these analyses is that regular monitoring of children's life satisfaction could help us to identify those in need of support using a simple measure. Working with these children to address those factors known to be linked to low life satisfaction (e.g. social support and bullying at age 14) could in turn assist us with improving outcomes for these children later in their life.

Children's experiences of Covid-19: One year on

Our 2021 Household Survey shows some encouraging reductions, when compared to our lockdown survey of 2020, in the proportions of children (aged 10 to 17) with low well-being overall, unhappy with the amount of choice they have, and unhappy with their relationships with their friends. While not all back to pre-pandemic levels, these reductions add weight to hypotheses that social restrictions related to lockdown added to children's feelings of unhappiness. This is not surprising given that lockdown will have restricted children's ability to engage in activities (e.g. connecting with others, being active etc) which are linked to their well-being.[65]

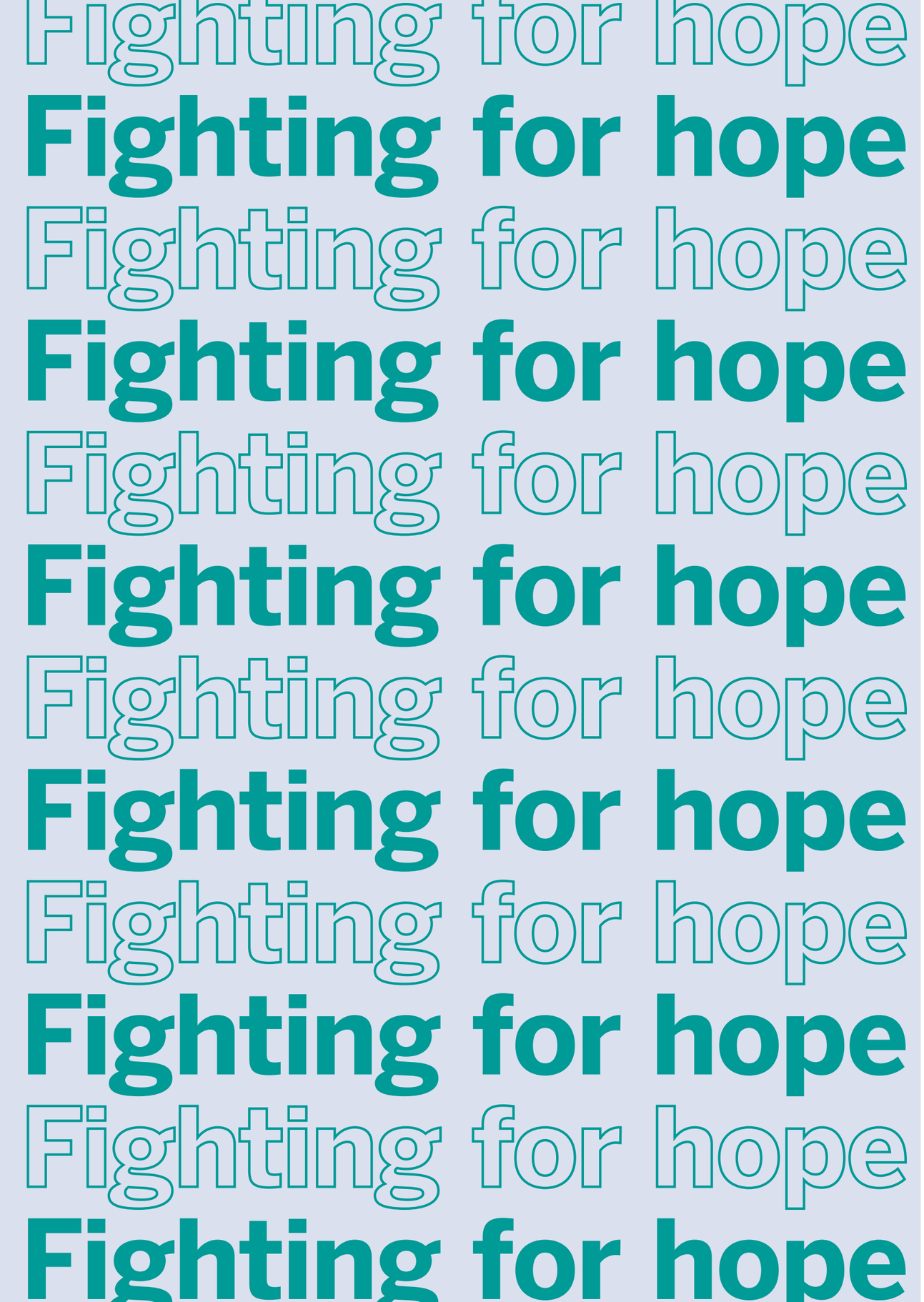
Families taking part in our survey were differentially affected by the pandemic. Some parents reported no financial or health related impacts (from a predetermined list), while others reported reduced income, a family bereavement and family members having Coronavirus. Among children, there was an association between the number of impacts families had experienced and the extent to which they said they had coped with the changes made as a result of the pandemic.

Three in five parents reported that the pandemic had had a negative impact on their children's education, and almost 2 in 5 that the child taking part in the survey was less happy with their progress with schoolwork than before the pandemic. The survey was conducted when children were back in school, but parents' responses suggest there is still some way to go to make up for the disruption to children's education. It will be interesting to see if/how this translates in children's responses to questions on school/schoolwork in the next two waves of the Understanding Society survey, undertaken in 2019-20 and 2020-21, which will be reported on in subsequent Good Childhood Reports.

While the majority of parents and children who took part in the survey seem to have coped to some extent with the changes to life resulting from the pandemic, there was a small proportion in both groups who had not coped well and might need further support. Those children who said they had not coped so well were also more concerned about their own future (than other children), including their mental health. Given what we know about the impact of children's feelings about the future on their sense of well-being, it is important that the concerns of these children are addressed.

There has been a lot of discussion in the media over the last 6 to 8 months about Coronavirus vaccines with attention, more recently, moving to the potential vaccination of children. Responses to our survey suggest there is some uncertainty among a sizable proportion of both children and their parents (around

[65] In line with our research on the Five Ways to Well-being (The Children's Society, 2014).



one-third). As mentioned on page 53, following decisions to offer the vaccine to some groups of children,[66] it is vital that their views on vaccination, including variations among particular sub-groups, are taken into account/addressed.

Overall comment

As Coronavirus restrictions are lifted, this report highlights a number of key areas for focus in improving children's lives. Survey data shows that, even before the pandemic, there were worrying reductions in children's happiness with their lives as a whole, their friends, their school and their appearance, which need to be understood and targeted. School and appearance have consistently been the aspects of life where more children have been unhappy over the last 10 years, and (un)happiness with appearance no longer appears to just be a concern for girls, with boys' happiness with this aspect of life also declining. Although children are now back at school, parents' responses to our 2021 survey suggest there is still some way to go to make up for the disruption to children's education, and it will be important to monitor responses to questions on happiness/satisfaction with school and schoolwork in surveys/other research going forward.

Encouragingly, in 2021, there seems to have been some recovery in children's scores for those Good Childhood Index items (e.g. overall life satisfaction, choice and friends) that saw changes during the 2020 lockdown. Most children and their parents also seem to have coped to some extent with the restrictions that they have faced as a result of the pandemic. There are a small group of parents and children who have coped less well, however, and who must get the support they need. The many restrictions and lockdowns that have been needed will have impacted on all those areas we know are important to children's well-being. Going forward, we must ensure that, wherever possible, children have opportunities and are encouraged to connect, be active, be creative, keep learning and to take notice.[67]

How children feel about the future has an impact on how they feel about their lives overall.[68] Among those taking part in our 2021 survey, 7 in 10 children (aged 10 to 17) were optimistic about the future (in spite of living through the pandemic). With 7% not optimistic and 21% indifferent, there is room for improvement, however. Policymakers and practitioners must take children's fears about their own future and wider society seriously. The results of our survey provide some insights into the types of areas/issues that might be prioritised. When asked about their own lives, around a third of children told us that they were most worried about having enough money, being able to find a job and getting good grades. With regards to wider societal issues, they were most worried about new illnesses, the environment, inequality and crime.

Finally, the report has highlighted the potential value of regularly monitoring children's well-being using a simple, one question measure (which is less intrusive than other instruments) of life satisfaction (i.e. 'On a scale of 1 to 7, where 1 means completely happy and 7 means not at all happy, how do you feel about your life as a whole?')[69xxxviii] to identify those who may be experiencing other issues in their life that they need support with. Working with these young people to address those factors that are linked to low life satisfaction in earlier adolescence could potentially have long-term benefits for the mental health of these young people.

[66] See Public Health England (2021).
[67] In line with our research on the Five Ways to Well-being (The Children's Society, 2014).
[68] See The Children's Society (2012).
[69] Centre for Longitudinal Studies (2017, p. 65).

Appendix A

Figure 21: The Good Childhood Index

The Good Childhood Index contains the following 16 items:

Please say how much you disagree or agree with each of the following statements						
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Don't know
1. My life is going well						
2. My life is just right						
3. I wish I had a different kind of life						
4. I have a good life						
5. I have what I want in life						

Please tick one of the boxes to say how happy you feel with things in your life

These questions use a scale from 0 to 10. On this scale:

- 0 means 'very unhappy'
- 5 means 'not happy or unhappy'
- 10 means 'very happy'

Very unhappy — Not happy or unhappy — Very happy

0 1 2 3 4 5 6 7 8 9 10

How happy are you with ...	
6. ...your life as a whole?	
7. ...your relationships with your family?	
8. ...the home that you live in?	
9. ...how much choice you have in life?	
10. ...your relationships with your friends?	
11. ...the things that you have (like money and the things you own)?	
12. ...your health?	
13. ...your appearance (the way that you look)?	
14. ...what may happen to you later in your life (in the future)?	
15. ... your school, in general?	
16. ...the way that you use your time?	

Appendix B

Figure 22: The research programme

2005

We run a national consultation of over 8,000 young people aged 14 and 15. They told us what they felt were the most important ingredients for them to have a good life and what things prevented this.

2007

The pilot of our first well-being survey using young people's responses to our 2005 survey, as well as a review of existing international work on children's well-being, takes place.

2008

Our first well-being survey is carried out with a representative sample of over 7,000 children aged 10 to 15 in mainstream schools in England.

2009

We run further consultations with younger children aged eight and nine years old and we also test additional questions on topics not covered in 2008.

2010

The second well-being survey begins. This includes a representative sample of just under 6,000 children aged 8 to 15 in mainstream schools in England. We also begin our quarterly Good Childhood Index surveys, which sample 2,000 children aged 8 to 15.

2011

The second well-being survey ends. We carry out supplementary surveys of children and pupil referral units, to represent the views of children who are not covered in mainstream schools' surveys.

2012

Participation in piloting of international Children's Worlds survey including, in England, qualitative work with children and a survey of over 1,100 children aged 12 to 13 takes place.

First annual Good Childhood Report published.

2013–14

The third schools-based well-being survey is undertaken with over 4,000 children in Years 4, 6, 8 and 10. This includes participation in the Children's Worlds survey for the three younger age groups.

2015

The latest (and 14th) wave of our – now annual - online Good Childhood Index survey is undertaken. These surveys have now included over 28,000 children and young people aged eight to 17

2016-19

Further waves of our annual online well-being survey take place, covering a sample of around 9,500 children.

2020

Our 19th Good Childhood Index survey is conducted during the first national lockdown in the Coronavirus pandemic. For the first time, children (aged 10 to 17) in all four nations are included.

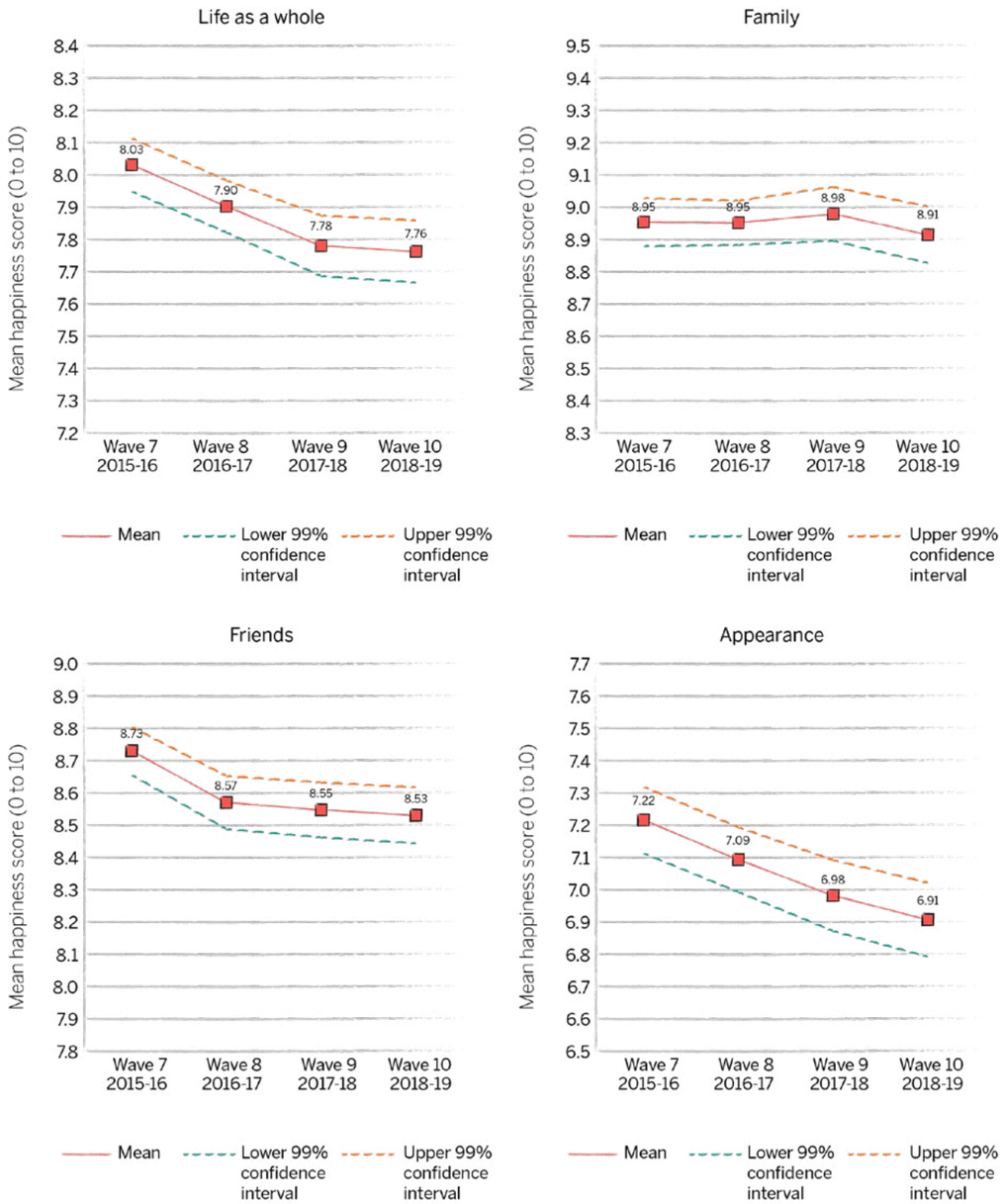
Results for England from the third wave of the International Children's Worlds survey are published. Data collection for the England survey, which focused on children in Year 6, was carried out jointly by The University of York and The Children's Society.

2021

The latest (and 20th) wave of our annual online well-being survey is completed. These surveys have now included almost 42,000 children.

Appendix C

Figure 23: Trends in children's (aged 10 to 15) happiness with different aspects of life, including Immigration and Ethnic Minority Boost (IEMB) Sample, UK, 2015-16 to 2017-18



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

In 2018-19, mean happiness scores for the whole sample including the IEMB booster were significantly lower (based on non-overlapping 99% confidence intervals) for life as a whole, friends, appearance, school and schoolwork than in 2015-16.

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