

**The  
Children's  
Society**

**No child  
should feel  
alone**

# The Good Childhood Report 2018



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# Foreword

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**In the 13 years since our national children's well-being research programme was established, The Children's Society has asked over 65,000 children how their lives are going. This authoritative programme gives us profound and unique insights into how children feel about their lives.**

This seventh Good Childhood Report – produced in partnership with the University of York – gives the latest national picture of children's subjective well-being and trends over a number of years.

Children's happiness with their lives had risen steadily in the 15 years from 1995 to 2010. But this progress has now been reversed and children's well-being is now as low as it was two decades ago.

The 2018 report identifies other disparities: for example girls are unhappier with their lives, more likely to have depression, and twice as likely to self-harm as boys.

And shockingly, children attracted to the same or both genders have markedly lower well-being and higher rates of depression than other children – with almost half of these young people self-harming.

Our evidence shows that traditional gender stereotypes are still common and can be harmful to children's well-being. The report highlights examples of young people struggling to fit in with society's expectations of them, for example the damaging effects to girls' well-being of being bombarded by comments about their appearance at school.

With children facing overwhelming and sometimes conflicting pressures about how they should look, who they should like and how they should behave, it should come as no surprise that many are struggling to have a happy childhood.

Our report makes challenging reading for parents, teachers and other professionals who aspire for children to have a happy childhood – but it also points to ways to boost young people's well-being. For example, our new evidence underlines that strong family relationships make the biggest difference to young people's well-being, as children who feel closer and argue less often with their parents are far happier. Healthy interactions at school, and with friends outside school, also help to enhance children's well-being.

The reality is that we all need to do more to make sure every child feels happy and included at home, school and in our communities. Together we can help young people feel valued, cherished and loved for who they really are. Because no child should feel alone.

*Matthew*

**Matthew Reed**  
Chief Executive,  
The Children's Society





# Chapter 1:

## **The current state of children's subjective well-being:**

Overview, variations  
and trends over time



## Introduction

The Good Childhood Report 2018 is the seventh in a series of annual ‘state of the nation’ reports on children’s well-being in the UK, born out of a desire to fill the gap in what is known about how children feel about their lives. In 2005, The Children’s Society joined forces with the University of York to begin looking at this topic in depth, in the knowledge that children’s voices about what is important for a good life were largely missing from the debate on children’s well-being. Over the last 13 years, we have carried out qualitative research with children to better understand what contributes to – and what hinders – their well-being. We have also conducted quantitative research to monitor trends in well-being over time, explore international, national and local data, highlight variations in well-being for children with different characteristics and experiences, and propose explanations for those variations.

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### **This edition of the report includes:**

- An overview of the latest statistics and trends in subjective well-being, including variations by gender and other protected characteristics.
- Analysis of new data on the links between children's subjective well-being and their mental health.
- A focus on gender, including children's perspectives on gender stereotypes and experiences of comments/behaviours about their appearance.

### **What is well-being?**

'Well-being' is a common topic of everyday conversations, yet differences in what people mean by this term abound. Happiness, relaxation, not being ill, having enough money or being successful are just some examples of what well-being can be taken to mean in different contexts.

This patchwork of meaning plays out in how well-being is measured. Some of the best-known initiatives to evaluate well-being – including the ONS Measuring National Well-being in the UK – combine objective indicators alongside people's personal judgements about their lives. So, for example, the ONS brings together 43 objective indicators in domains such as 'economy', 'health', 'education and skills' and 'environment' with data from people themselves about their 'personal well-being'.<sup>1</sup>

A similar approach has been taken for children by UNICEF<sup>2</sup> and by Professor Jonathan Bradshaw in his book 'The Well-being of Children in the UK', which is in its fourth edition.<sup>3</sup> Children's subjective well-

being features in these frameworks, but it is one of many different aspects of children's lives to be considered, including topics such as child poverty and deprivation, physical health and education.

### **What is subjective well-being?**

Subjective well-being can be thought of as a positive state of mind in which a person feels good about life as a whole and its constituent parts, such as their relationships with others, the environments that they inhabit and how they see themselves.

It used to be standard practice for parents or teachers to evaluate well-being on behalf of children, but increasingly, doubt is being thrown on the validity of 'proxy reporting', not least because comparisons of responses from children and parents reveal considerable differences in child and parental reports. Children's and parents' responses to the same sets of questions about emotional and behavioural difficulties are not the same.<sup>4</sup> Indeed, why would another person (even someone as close as a mother or father) be able to reliably report on the thoughts and feelings of a child? Data from children should be considered the gold standard.

As can be seen in Figure 1, the research literature understands subjective well-being as comprising positive and negative emotions (also known as affect) as well as cognitive evaluations of the quality of one's life (also known as life satisfaction). At a given moment (eg now, or yesterday) people are asked to consider whether they feel happy, free from anxiety, and satisfied with their lives.

Children's responses to questions such as these show that life satisfaction is a stable concept, whereas feelings of happiness and sadness are more likely to change to reflect what is going on in their lives at a specific moment in time. For example, children are happier at the weekend than they are on weekdays, whereas life satisfaction remains more or less the same on different days of the week.<sup>5</sup>

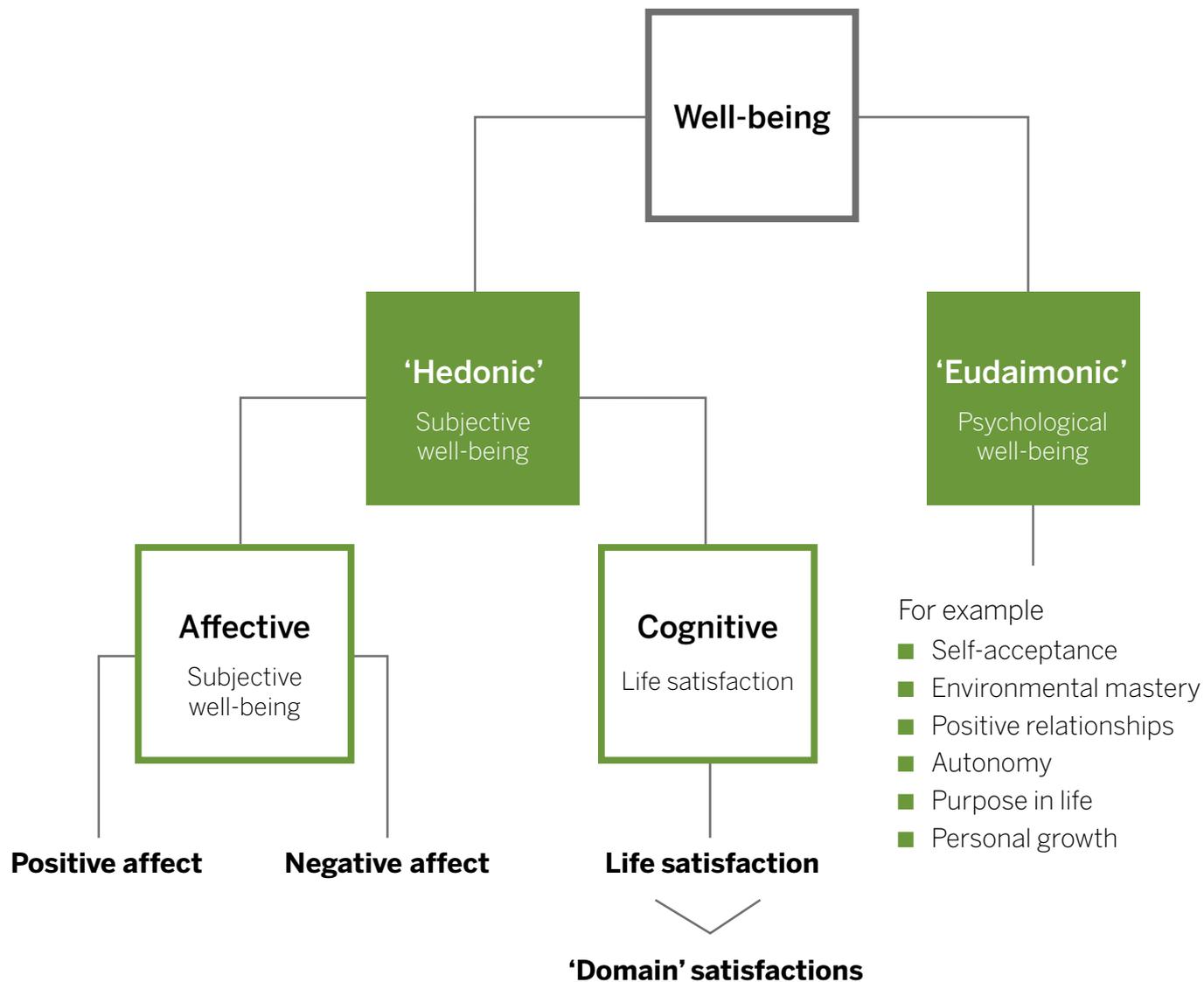
### **The meaning of 'happy'**

Research on subjective well-being typically makes a distinction between questions that ask people how happy they feel and those that ask them how happy they are with certain aspects of their life. The first of these is clearly about a person's mood – ie affective well-being. But if, for example, someone is asked how happy they are with their local area, then in everyday English they would not interpret this as a question about their current mood but about their evaluation (or satisfaction) with this aspect of their life.

A further distinction is made in the adult literature between feeling good (hedonic well-being) and functioning well (eudaimonic well-being) as shown in Figure 1. We have tested both hedonic and eudaimonic measures of well-being with children, and our analysis supports the idea that these concepts are distinct. As can be seen later in this chapter (in Figure 4) children give slightly different answers to questions about how happy they are (positive affect), how satisfied they feel with their life (life satisfaction) and whether they feel that life is worthwhile (eudaimonic well-being). This results in different average scores for these measures and different proportions with low scores. We also know that different components of well-being relate differently to other factors. For example, in the Millennium Cohort Study (MCS), being bullied was more strongly associated with feelings of sadness than with feelings of happiness or life satisfaction\*, and there are different patterns for other factors. Clearly there is value in measuring each of these aspects of children's well-being separately.

\* In Wave 5 of the MCS using weighted data, the Pearson correlations with the bullying variable 'How often do other children hurt you or pick on you on purpose?' were 0.374 for sadness, 0.223 for happiness and 0.226 for life satisfaction. The sadness correlation was significantly larger than the other two (see The Good Childhood Report 2016).

Figure 1: Components of self-reported well-being





### Measuring children's subjective well-being

As indicated already, there is a growing consensus that children's well-being can and should be measured.

In the UK, there are a number of well-designed longitudinal studies that contain data on children's subjective well-being. Most notably, since 1994–5 the British Household Panel Survey (now Understanding Society) has been asking children about their happiness with life as a whole and five other aspects of life: family, friends, appearance, schoolwork and (since 2003) school, and the Millennium Cohort Study has posed these questions to children when they were aged 11 and 14. These two long-standing surveys are a valuable source of data on children's well-being. However, they have a number of limitations, including using a shorter response scale than is ideal – a seven-point scale rather than a '0–10' scale, which is known to be preferable for this type of measure. They also only ask about a few domains of well-being when others (eg health, autonomy, time use and money/possessions) are known to be important to children. In addition, they only comprise single-item measures when research shows that multi-item measures are more reliable.<sup>6</sup>

For these reasons, in 2010 The Children's Society developed The Good Childhood Index, which contains a multi-item measure of overall life satisfaction and 10 single-item measures of happiness with different aspects of life. The latest figures for these measures of well-being are shown in Figure 3 and Figure 5 later in this chapter.

## Figure 2: 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 agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	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'

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. ...the school that you go to?	
16. ...the way that you use your time?	

Research shows that subjective well-being measures are remarkably stable\* while systematic differences between different groups of children reveal that measuring subjective well-being is meaningful. In other words, children with different characteristics or experiences in life report different well-being levels. For example, children with difficult family relationships report lower subjective well-being than children with harmonious, supportive family relationships;<sup>7</sup> children who have been bullied report lower subjective well-being than those who have not;<sup>8</sup> children with a longstanding illness report lower subjective well-being than children without an illness (see Table 1 later in this chapter) etc. The same is true of well-being in different 'domains' of life. For example, in the UK in the 10 to 15 year old age range, girls are unhappier with their appearance than boys – and for schoolwork boys are unhappier than girls.

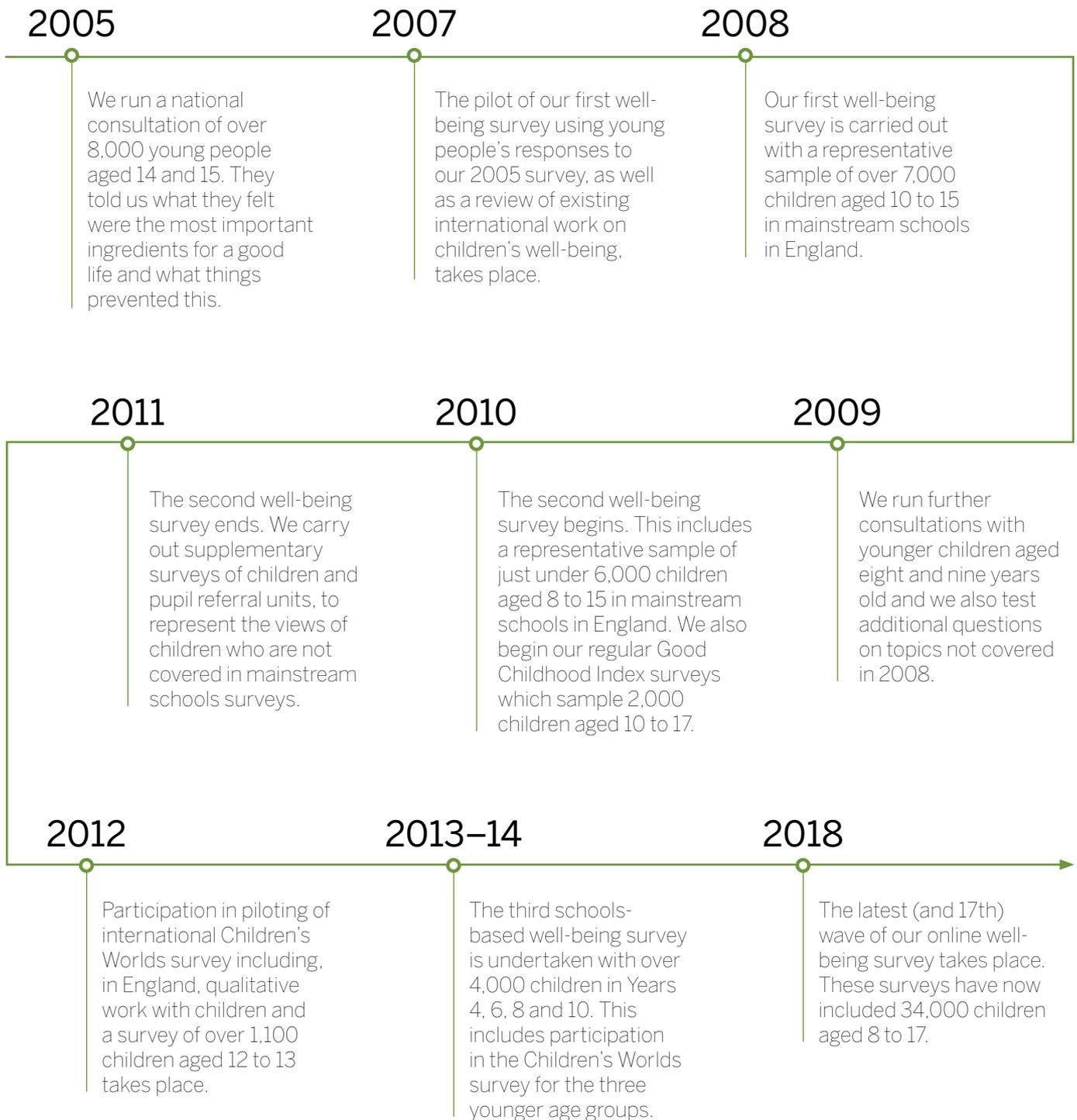
Although it is not straightforward to compare children's subjective well-being in different countries, cross-national comparisons can shine a light on the aspects of children's lives, and the particular groups of children, that are in the greatest need of support. These comparisons may be affected by cultural differences in answering subjective well-being questions. However, when in one country (eg the UK), girls have lower happiness with appearance than boys, and in another country (eg Colombia) the reverse is true, cultural differences in reporting are unlikely to be an adequate explanation.

### Well-being and mental ill-health

Health is often defined and understood as the absence of illness, rather than the presence of wellness. Research suggests that these two ends of a spectrum are related, but not simply the opposite of each other. In other words, feeling good is not the same as not feeling bad. Some children may have low subjective well-being without symptoms of mental illness, just as other children may enjoy high subjective well-being despite a diagnosis of mental illness. Yet children in the former group often have outcomes that are just as poor as children who do meet a threshold for mental illness. For example, one study found this group to have lower engagement in school than those with higher well-being (including the group classed as 'symptomatic but content' meaning that they had symptoms of mental illness at the same time as high subjective well-being).<sup>9</sup> Measuring both mental ill-health and well-being enables a more complete understanding of children's psychological health<sup>10</sup> and ensures that we don't overlook a vulnerable group of children who have low subjective well-being without symptoms of mental illness. The relationship between subjective well-being and mental ill-health is explored in more detail in Chapter 2.

\* For example, as reported in The Good Childhood Report 2017, the multi-item measure of overall life satisfaction shown in Figure 2 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 ( $p < 0.001$ ). For further details of the psychometric properties of The Good Childhood Index see pages 11 to 13 in The Good Childhood Report 2017.

## The research programme

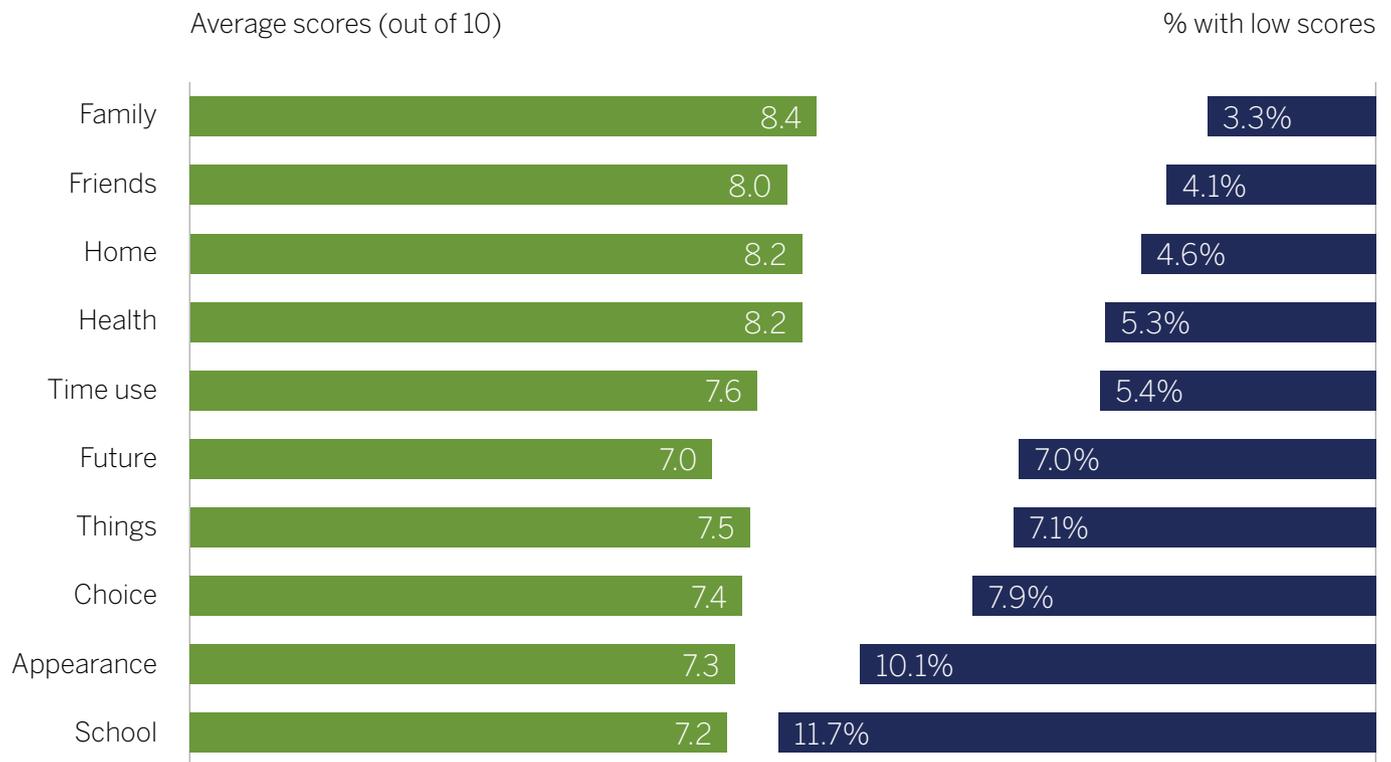


### The Good Childhood Index

Figure 3 shows the latest figures for The Good Childhood Index, based on a survey of around 2,000 children in May/June 2018, indicating both the average scores and the proportion who have low well-being (ie they score below the midpoint of the scale) for each aspect of life. As can be seen, children

are most happy on average with their family relationships and least happy with their school and appearance. Successive Good Childhood Reports show that the aspects of life that children are most and least happy with remain the same from year to year.

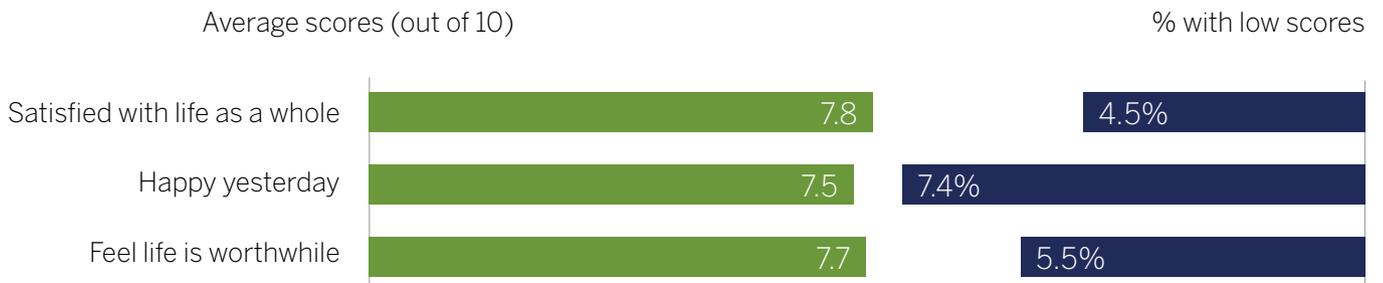
**Figure 3: Latest figures for The Good Childhood Index**



The Children's Society's household survey, Wave 17, May/June 2018, 10 to 17 year olds, Great Britain. Equally weighted by age and gender.

We also regularly ask children about three of the 'personal well-being' measures that were mentioned on page 9, and are the ONS data source for 10 to 15 year olds.<sup>11</sup>

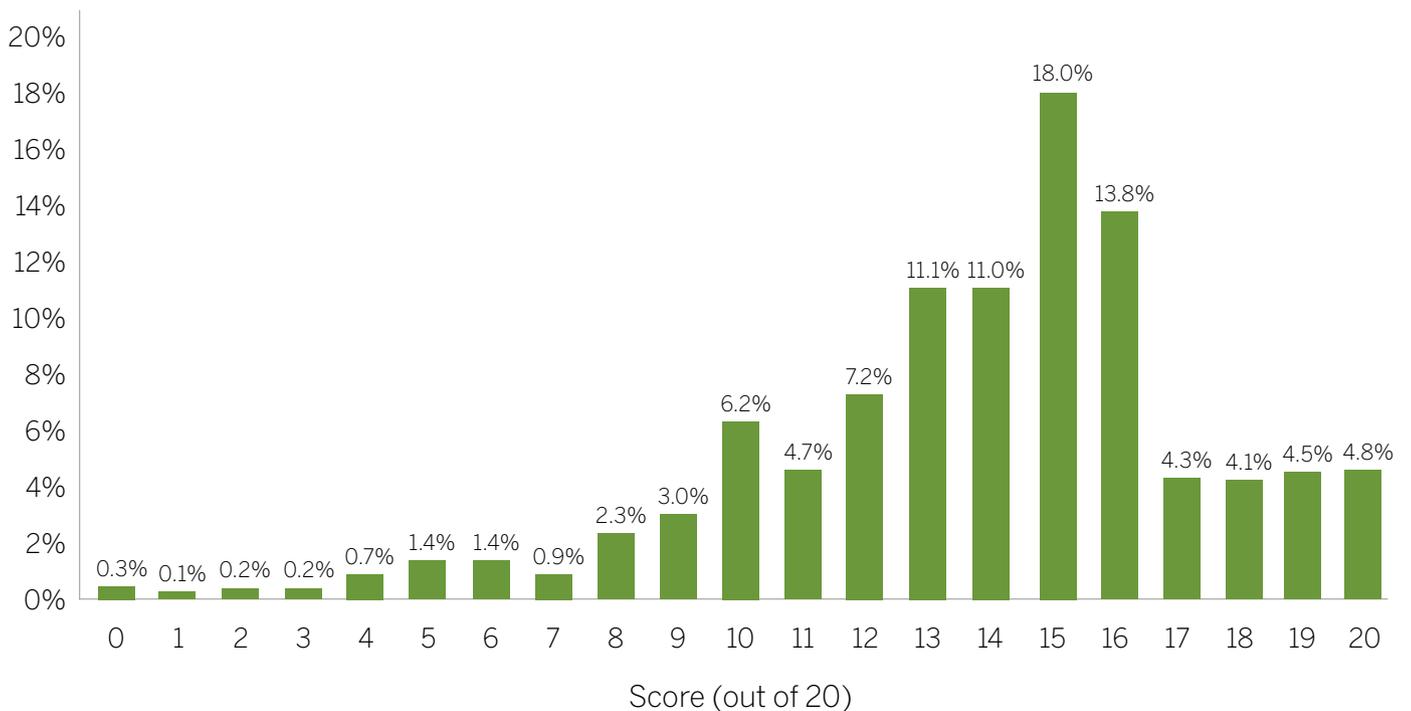
**Figure 4: Latest ONS measures of overall well-being**



The Children's Society's household survey, Wave 17, May/June 2018, 10 to 17 year olds, Great Britain. Equally weighted by age and gender.

We supplement these single-item measures of different aspects of children's lives with a multi-item measure of overall life satisfaction, as described on pages 12 and 13. The distribution of scores for this measure are shown in Figure 5.

**Figure 5: Latest figures for children's overall life satisfaction**



The Children's Society's household survey, Wave 17, May/June 2018, 10 to 17 year olds, Great Britain. Equally weighted by age and gender.

Figure 5 shows that the majority of children have well-being scores on or above the midpoint of the scale (10 out of 20), with a minority of children (in this case 11%) reporting low well-being. However, importantly, this is not a static picture. Children can move in and out of the 'tail' of the distribution. Homeostasis theory offers an explanation for this. Cummins<sup>12</sup> argues that in normal circumstances, people report relatively high levels of well-being within their set-point range. However, when faced with particularly challenging circumstances, 'homeostatic failure' can occur, resulting in large drops to well-being. External and internal buffers such as material resources, interpersonal relationships and a sense of purpose in life can help people to retain high well-being in challenging circumstances.

Hence, interventions that focus on these buffers can help restore well-being back to its normal set-point.

Understandably, given our history of working with some of the most disadvantaged children in society, The Children's Society is more concerned about recovering well-being for children who are not feeling good than increasing the well-being of children who are already well. Evaluation evidence shows that well-designed programmes can help children to recover well-being from low levels, and that larger improvements in well-being are achievable for children who face challenging circumstances than are possible for children who are well.<sup>13</sup> There is value in being able to identify which children are unhappy with their lives – and why – as they can be helped.

### Data sources used in this report

This report makes use of the best and most up-to-date evidence available on children's subjective well-being. Some of this data comes from our own research programme, which is described in the timeline on page 15. However, we also make use of available data from other sources such as Understanding Society and the Millennium Cohort Study. All of these surveys have representative samples, meaning that we can be confident that the findings that we report are generalisable to the wider population (at least the equivalent population ie the MCS age 14 data is only generalisable to 14 year olds, not to other age groups).

### The Children's Society household surveys

Since 2010 The Children's Society has conducted household surveys in Great Britain with parents and children aged 8 to 17. The surveys offer a chance to collect data on children's well-being together with data on the household, such as income and occupation of the parents or carers. The survey covers 2,000 households in England, Scotland and Wales, and is socio-economically representative of these countries.

### **Understanding Society**

(See [understandingsociety.ac.uk/about](http://understandingsociety.ac.uk/about) for further details)

Understanding Society is a longitudinal study covering 40,000 households in the UK. It is a random sample of households that surveys adults and children aged 10 to 15. The youth questionnaire contains questions on subjective well-being and other aspects of their lives.

### **Millennium Cohort Study (MCS)**

(See [cls.ioe.ac.uk](http://cls.ioe.ac.uk) for further details)

The MCS is a survey following the lives of around 19,000 children born in the UK in 2000–01. It is a random sample, stratified to ensure representation of all four UK countries, deprived areas and areas with high concentrations of Black and Asian families. So far, six waves of the survey have been carried out when children were around the ages of nine months, three, five, seven, 11 and 14 years. The data analysed for this report are from the sixth wave, which was carried out in 2015 when the

children were aged 14. We make use of information from children about subjective well-being and various aspects of their lives, and also some information gathered from their parents.

### **Statistical testing**

We have used a range of appropriate statistical tests to support the findings presented in this report. All comparisons highlighted in the report (eg gender differences) are based on accepted tests of statistical significance using a 99% confidence level unless otherwise stated. Weighted data sets have been used for analysis of the Understanding Society survey. Because this is a non-technical report we have avoided using technical language regarding these tests in the main text, although some basic explanatory information is provided in footnotes. Further details on the technical aspects of the research are available from The Children's Society's Research Team (see contact details at the end of the report).

### **Time trends**

In previous Good Childhood Reports, we have drawn on available data from the Understanding Society survey to present trends in children's well-being over time. Identifying time trends for particular aspects of well-being, or for particular groups of children, can help us to know where to focus our attention when trying to improve life for children.

For example, in The Good Childhood Report 2017 we highlighted a decrease in satisfaction with friendships and life overall between 2009–10 and 2014–15, and an increase in satisfaction with schoolwork over the same period.

In the current report, we have added the most recent wave of Understanding Society data to this analysis to explore the latest



time trends in children's well-being.\* Figure 6 shows trends in each of the six subjective well-being variables that are contained in Understanding Society, across seven waves of the survey. The shaded area around the main line shows 99% confidence intervals. Statistical tests indicate that:

The trends that were reported in The Good Childhood Report 2017 have continued in the latest wave of data:



There was a **significant decrease in happiness with life as a whole and friends** between 2009–10 and 2015–16.



There was a **significant increase in happiness with schoolwork** during this period.



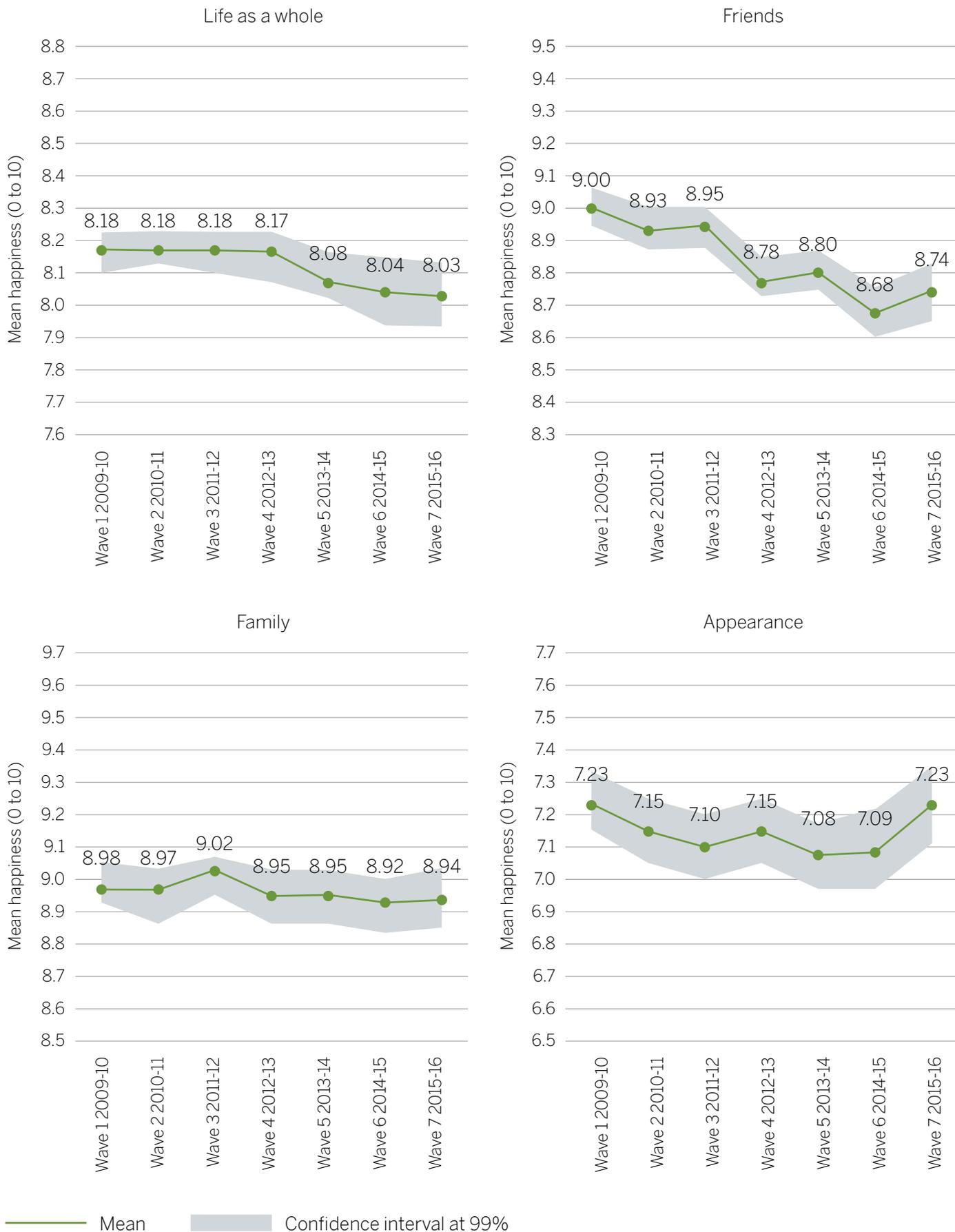
There was **no significant change for happiness with family or school** between 2009–10 and 2015–16.

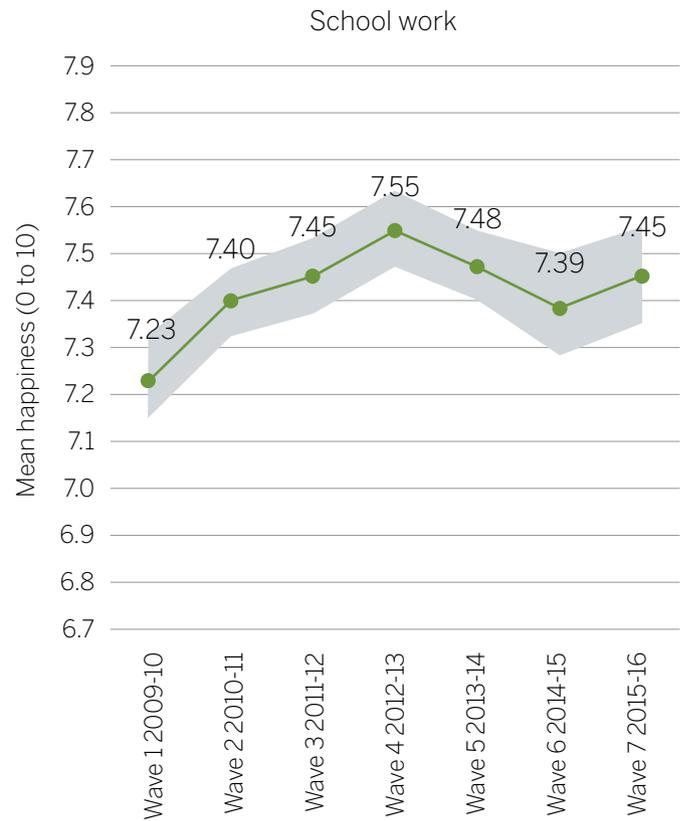
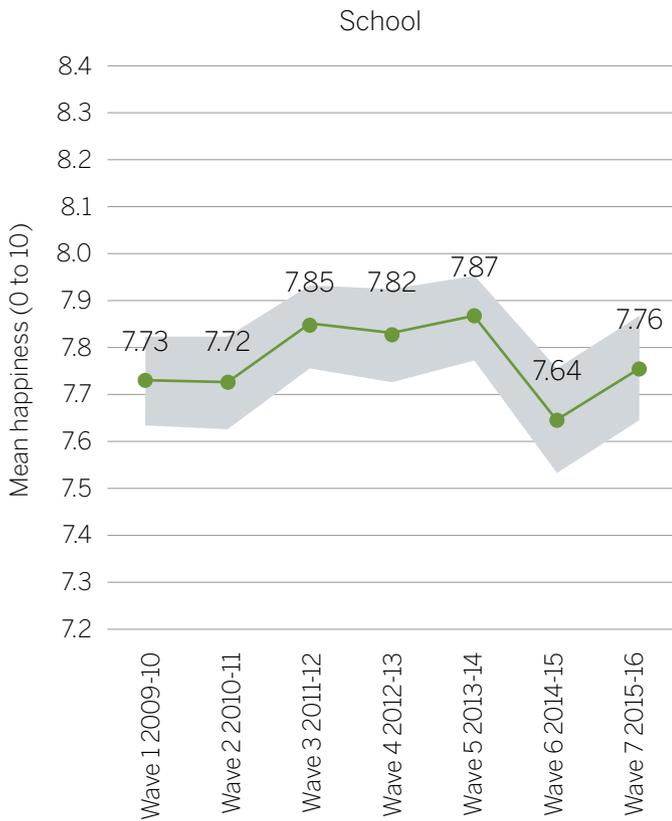


There was also **no significant change for happiness with appearance** during this period. The (marginal) decrease that was observed last year has been counterbalanced by an increase in the latest wave of data.

\* University of Essex. Institute for Social and Economic Research, NatCen Social Research, Kantar Public. (2018). Understanding Society: Waves 1-7, 2009-2016 and Harmonised BHPS: Waves 1-18, 1991-2009. [data collection]. 10th Edition. UK Data Service.

**Figure 6: Trends in children's happiness with different aspects of life, UK, 2009–10 to 2015–16\***





Source: Understanding Society survey, children aged 10 to 15, weighted (but confidence intervals do not take account of design effect).

\* Statistical note: The analysis uses weightings provided in the Understanding Society data set to ensure that the samples are as representative of the general population as possible. Presentational note: All trend graphs use the same sized range of values (1.2) so that they can be visually compared.



## The longer time series back to 1994–5

In this report, it has also been possible to look at a longer time series of data stretching back to 1994–5, because of recent harmonisation of the British Household Panel Survey (BHPS) with the Understanding Society survey, which enables direct comparison of these two surveys. The trends below are for 11 to 15 year olds (rather than for 10 to 15 year olds) as this is the age group covered by the BHPS. We have also used three year moving averages to minimise short term fluctuations. For these reasons, the figures for 2009–10 to 2015–16 in Figure 7 are slightly different from those shown in Figure 6.

As can be seen in Figure 7:



There was a **significant increase in happiness with family and schoolwork** over the longer-term ie between 1994–5 and 2015–16.



There was a **significant increase in happiness with school** between 2003–4 (when this started being measured) and 2015–16.



There was **no significant change in happiness with life as a whole or friends** over the longer-term ie between 1994–5 and 2015–6, although for both these measures there was:



A **significant increase between 1995–6 and 2009–10**.

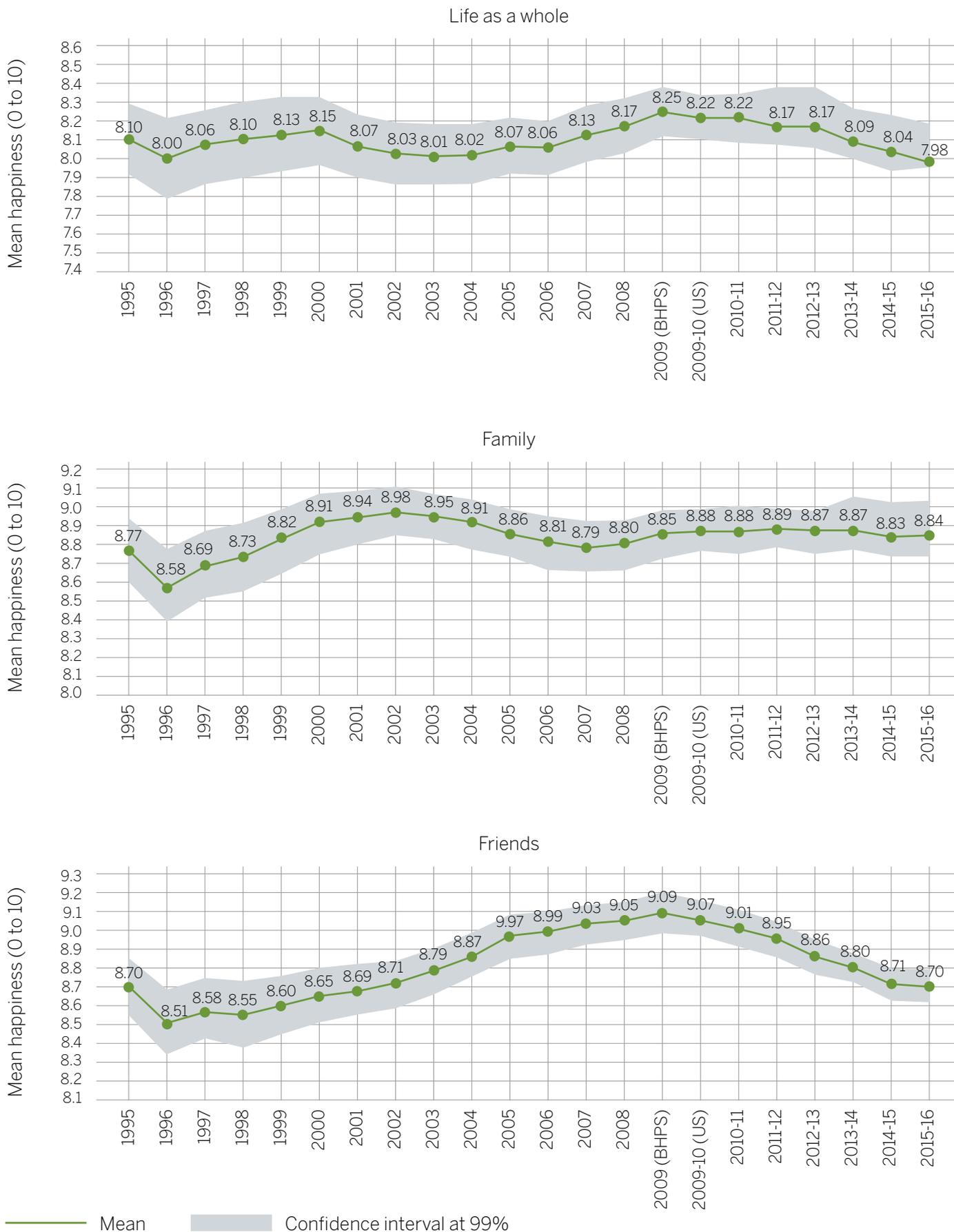


A **significant decrease between 2009–10 and 2015–16** (as mentioned earlier).

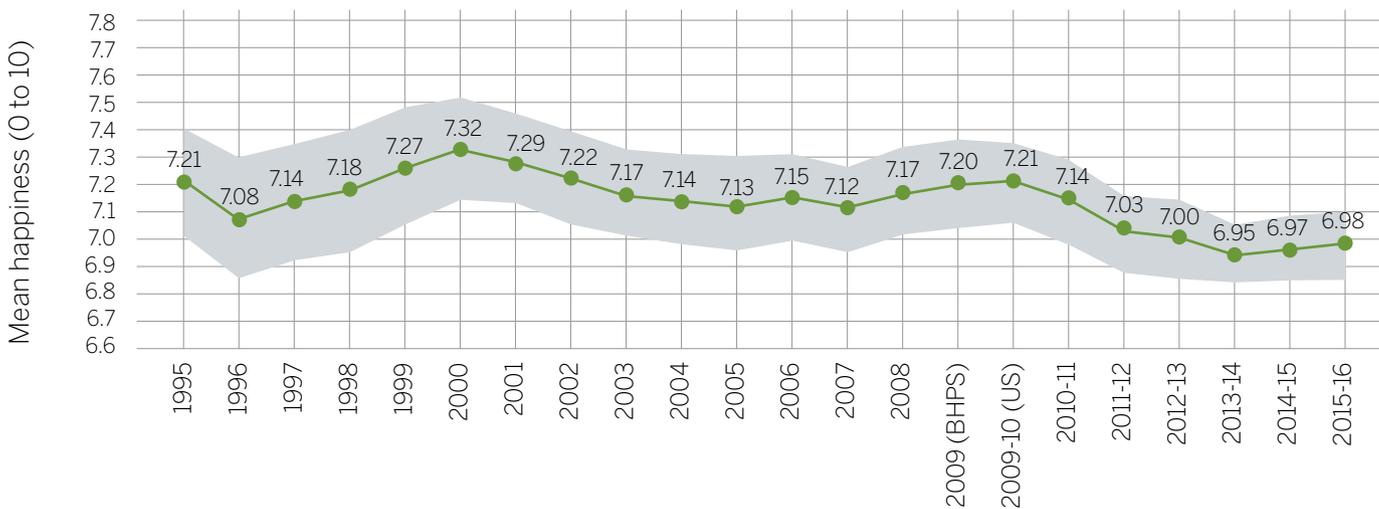


There was **no significant change in happiness with appearance** over the longer-term ie between 1994–5 and 2015–6.

**Figure 7: Trends in children's happiness with different aspects of life, UK, 1995 to 2016\***



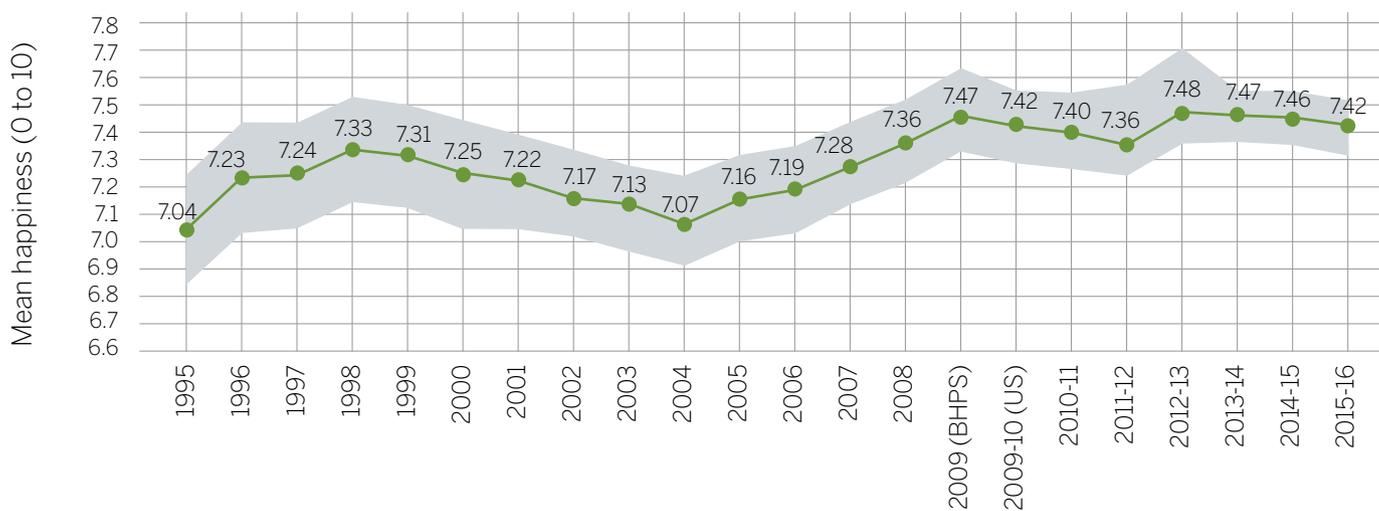
### Appearance



### School



### School work



\* Statistical note: The analysis uses weightings provided in the Understanding Society data set to ensure that the samples are as representative of the general population as possible.

Presentational note: All graphs use the same sized range of values (1.2) so that they can be visually compared.

## **Variations in subjective well-being for different sub-groups of children**

In The Good Childhood Report 2017, we looked at how multiple adverse experiences or disadvantages in childhood – such as difficulties within family relationships, household circumstances and neighbourhoods – were linked to children's subjective well-being. Of the 27 individual disadvantages that we considered, family factors such as parental mental ill-health and emotional neglect, material factors such as households being in debt or struggling with bills, and neighbourhood factors such as children worrying about or experiencing crime, were particularly important for children's subjective well-being. This analysis of multiple disadvantage considered age, gender and ethnicity – and found a higher likelihood of economic disadvantage amongst children from ethnic minority backgrounds – but other protected characteristics (ie characteristics that are protected by the Equality Act 2010) were not considered.

In this report, we wanted to supplement what we know about multiple disadvantage with a greater understanding of differences in subjective well-being between sub-groups of children. To do this, we have drawn on the Millennium Cohort Study, which includes recent data from children themselves when they were aged 14.\* The large sample size of the MCS makes it possible to analyse differences in children's subjective well-being by characteristics that have relatively small proportions within the population.

In addition to gender, which we look at in depth in Chapter 3, we looked at the protected characteristics (shown in Table 1) which include ethnicity, disability and a question that approximates to sexual orientation. Table 1 shows the number of children and proportion of the sample that reported having each characteristic. It also gives the average well-being scores for children with each characteristic, revealing some striking differences. Children who said that they are attracted to children of the same gender, or to both males and females, had significantly lower subjective well-being than those who said that they are attracted to the opposite gender or to neither. Children with a long-standing illness had significantly lower subjective well-being than children who did not. The differences for the other characteristics were smaller, and only some were significant. For example, children of Indian origin had significantly higher subjective well-being than children of White or Mixed origin. The difference for children with special educational needs (SEN) was not significant.

\* University of London. UCL Institute of Education. Centre for Longitudinal Studies, Millennium Cohort Study: Sixth Survey, 2015 [computer file]. 6th Edition. Colchester, Essex: UK Data Archive [distributor].

The MCS asked 14 year olds to indicate whether they had ever been attracted to a male or a female. We split up the responses into those who had been attracted to the opposite gender, the same gender, both, or neither. In some places we have equated this to sexuality for ease of interpretation but have avoided labels like ‘lesbian’, ‘gay’ or ‘bisexual’ which do not necessary map onto the experiences of children. Indeed, more children (12%) indicated they were attracted to neither boys nor girls than indicated they were attracted to the same, or both (just over 5%). The question, and its responses, highlight how children are exploring their attraction to others and, by not asking children to choose a label, should more accurately reflect their lived-experience.

**Table 1: Prevalence of different protected characteristics in wave 6 of the MCS in 2015, (when children were aged 14)**

Protected characteristic	% of sample	Average subjective well-being
<b>Gender</b>		
Male	51%	7.97
Female	49%	7.00
<b>Ethnicity</b>		
White	81%	7.47
Mixed	5%	7.38
Indian	2%	8.09
Pakistani and Bangladeshi	5%	7.76
Black or Black British	4%	7.58
Other	3%	7.42
<b>SEN</b>		
Yes	9%	7.37
No	91%	7.51
<b>Long-standing illness</b>		
Yes	16%	6.89
No	83%	7.61
<b>Attracted to*</b>		
Neither	12%	8.21
Opposite	83%	7.53
Same	<1%	5.45
Both	5%	5.42

The percentages shown are for the weighted MCS sample of children excluding missing responses to the question about happiness with life as a whole.

Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14)

\*The questions asked of the child were whether they have ever been attracted to a female and to a male.

In the next chapter, when considering the 'attracted to' questions in more detail, we have combined those children who indicated being attracted to the same or both genders for analysis. This is because the small number of children in the 'same' category means that it is not robust enough for separate statistical analysis.

When we looked at these characteristics together in a single regression, gender, sexual orientation (ie attraction to males/ females) and long-standing illness were the most important predictors of subjective well-being (see also Figure 9 in Chapter 2). All of the characteristics together explained just under 10% of the variation in children's life satisfaction.





## Summary

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**There is widespread agreement that children's well-being can and should be measured, and that children's own reports of their well-being should be considered the gold standard.**

Measuring children's well-being can help us to know where to focus our attention, and to think about actions that might help bring about improvements to children's lives. Data on children's well-being reveals differences from one country to another, over time, and between groups of children.

**The latest trends show that in recent years ie from 2009–10 to 2015–16, there has been:**

- A significant decrease in happiness with life as a whole and with friends.
- A significant rise in happiness with schoolwork.
- No change in happiness with family or with school.
- No change in happiness with appearance: the marginal decrease that was observed in last year's report has been balanced by a small increase in the latest wave of data. It will be important to monitor this indicator next year to see if it constitutes a trend.

**The longer time series – which combines data from the British Household Panel Survey with Understanding Society to cover the period from 1994–5 to 2015–16 show that there were:**

- Significant increases over the long-term in children's happiness with family, school and schoolwork.
- No changes for happiness with life as a whole or friends over this period. However, for both these measures the longer-term trend masks a significant increase between 1995–6 and 2009–10, and a significant decrease between 2009–10 and 2015–16.
- No change for happiness with appearance over this period.

Data from the Millennium Cohort Study when children were aged 14 years old reveals that characteristics such as gender, sexuality and long-standing (physical or mental) illness are important factors predicting well-being.



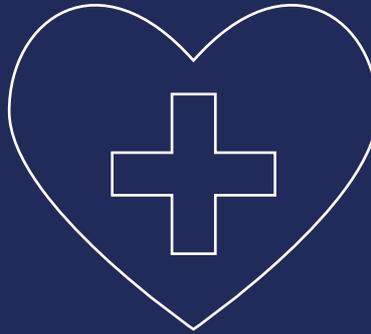


# Chapter 2:

# Subjective well-being and mental health

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



The Good Childhood Report 2016 highlighted important gender differences in this respect. By 14 years old, girls have more emotional health problems than boys. These problems have a stronger association with happiness with life as a whole and with appearance than with other aspects of life – family, friends, school and school work – and this is particularly true for girls.

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

- A question about happiness with life as a whole, answered by children, which can be viewed as measure of children's life satisfaction.
- A set of 13 questions – the Moods and Feelings Questionnaire (MFQ) – also answered by children, which was designed as a screening tool for depression.
- A set of 20 questions – the Strengths and Difficulties Questionnaire (SDQ) – in this case answered by a parent about their child, which can be used to screen for emotional and behavioural difficulties.

We used all of the information in these measures for our statistical analysis.

For simplicity we illustrate the patterns using a simple high/low measure where around 10% of children have particularly negative scores – ie low life satisfaction, high depressive symptoms and high emotional and behavioural difficulties. The box on the next page provides further details of the measures and how we used them.

**The chapter addresses three questions:**

1. What is the relationship between life satisfaction, depressive symptoms and emotional and behavioural difficulties?
2. How do each of these vary according to children's characteristics and circumstances?
3. To what extent do each of these measures predict the likelihood of children engaging in certain behaviours?

## **Measures of life satisfaction, depressive symptoms, and emotional and behavioural difficulties in sweep 6 of the Millennium Cohort Study**

It is possible to download the age 14 young person questionnaire – and the specific wordings of the questions analysed in this chapter – from **[cls.ioe.ac.uk](http://cls.ioe.ac.uk)**

### **Life satisfaction**

The child self-completion questionnaire includes a standard question on happiness with life as a whole. Children are asked to respond on a seven-point scale where 1 means ‘completely happy’ and 7 means ‘not at all happy’. We have reversed these scores and transferred them onto a scale ranging from 0 to 10 to make interpretation easier. We refer to this as life satisfaction. The average score on this scale was just under 7.5 out of 10. We also use a shorter measure of whether children have low life satisfaction – that is if they score below 5 out of 10. Around 11% of children had low life satisfaction.

### **Depressive symptoms**

This questionnaire also includes the short version of the Moods and Feelings Questionnaire. This is a 13-item scale designed to act as a screening tool for depression. It asks children to respond, regarding the last two weeks, to statements such as ‘I didn’t enjoy anything at all’ with three response options – ‘not true’, ‘somewhat true’ and ‘true’. A score is created that ranges from 0 to 26. Higher scores indicate lower mood and feelings. We have adjusted this scale so it ranges from 0 to 10. The mean score was 1.4 out of 10. There are no fixed cut-off points. A score of 12 or more on the original scale

may indicate the presence of depression. However here we have used a cut-off of 14 or more. This is consistent with the approach taken to life satisfaction (above the mid-point) and around 11% of children met this threshold.

### **Emotional and behavioural difficulties**

Parents of children were asked to complete the Strengths and Difficulties Questionnaire. This is a widely used questionnaire that is referred to as either measuring children’s emotional and behavioural difficulties or their mental health problems (we will use the first term here). The questionnaire consists of five scales consisting of five items. These are designed to measure emotional symptoms, peer problems, conduct disorder, hyperactivity/inattention and pro-social behaviour. Response options for each item are similar to those for the MFQ. The first four scales are added together to create a ‘total difficulties’ score which can range from 0 to 40. We have converted that scale so that it ranges from 0 to 10. The mean score among children aged 14 years old in the MCS was around 2.2 out of 10. There are no fixed cut-offs but we have used a threshold of greater than 17 out of 40 on the original scale to indicate emotional and behavioural difficulties. Around 10.5% of children fell into this category.

**What is the relationship between life satisfaction, depressive symptoms and emotional and behavioural difficulties?**

The first important insight of the analysis is that there are much stronger links between life satisfaction and depressive symptoms than between either of these and emotional and behavioural difficulties (reported by parents) (see Table 3). These associations are depicted in Figure 8, which shows the overlap in the percentages of children with low life satisfaction, high depressive symptoms and high emotional and behavioural difficulties.

- Of those who had low life satisfaction, almost half (47%) had high depressive symptoms – and the same applied the other way around.
- In contrast, only 19% of those who had low life satisfaction, and 21% of those who had high depressive symptoms, had a high emotional and behavioural difficulties score.

**Figure 8: Overlaps between low life satisfaction (LS), high depressive symptoms (DS) and high emotional and behavioural difficulties (EBD)**

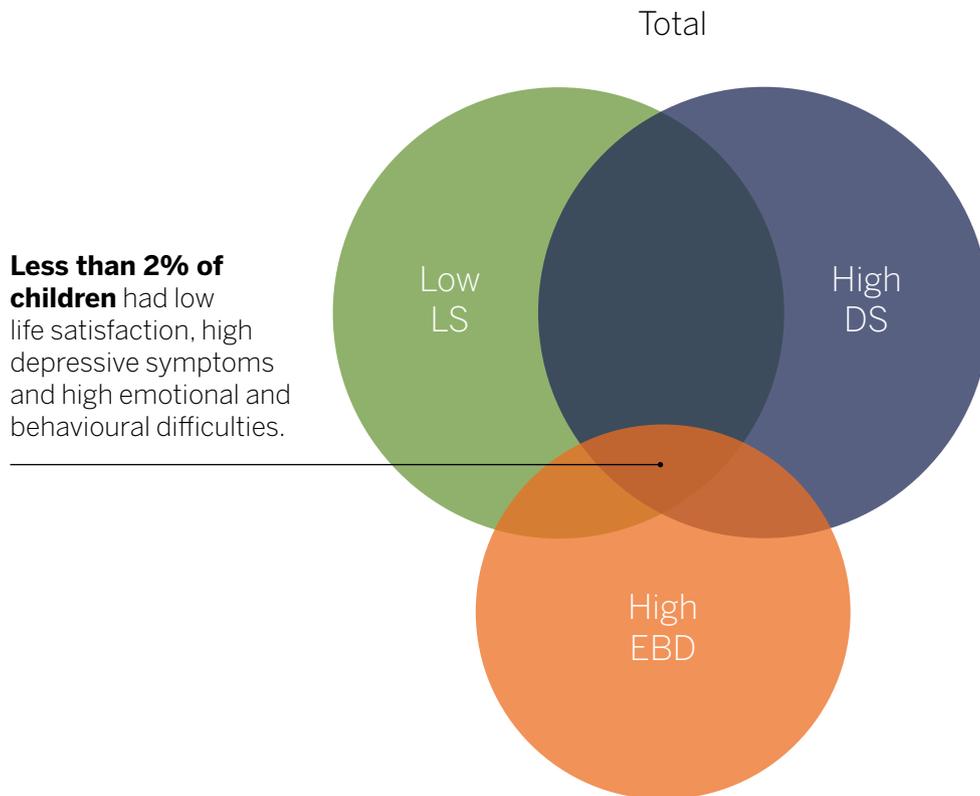
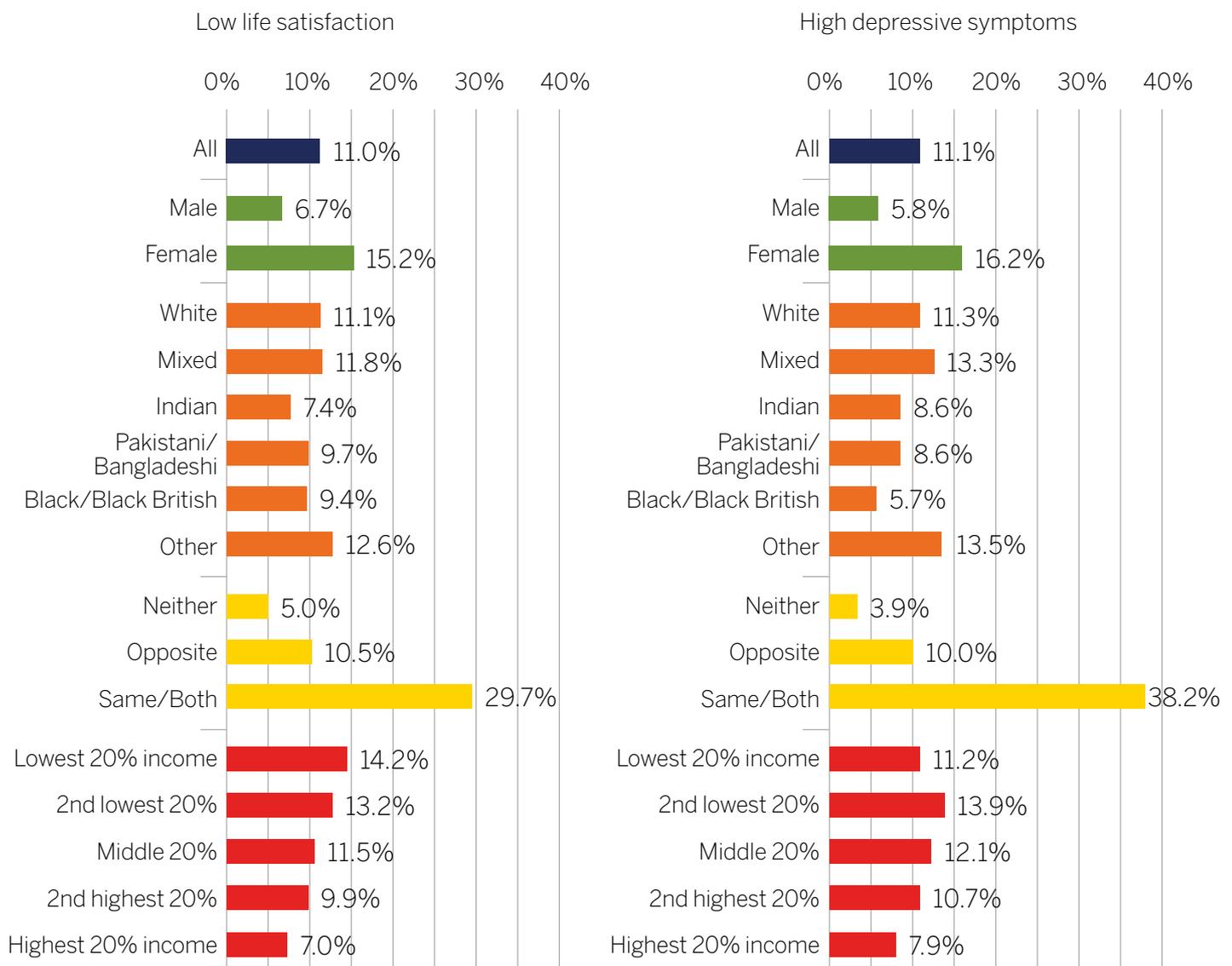


Diagram above not to scale  
 Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14)

### How do the measures vary according to children’s characteristics and circumstances?

The second part of the analysis looked at how each of the three main measures varied by three of children’s characteristics considered in the previous chapter\* and by household income. The key findings are illustrated in Figure 9:

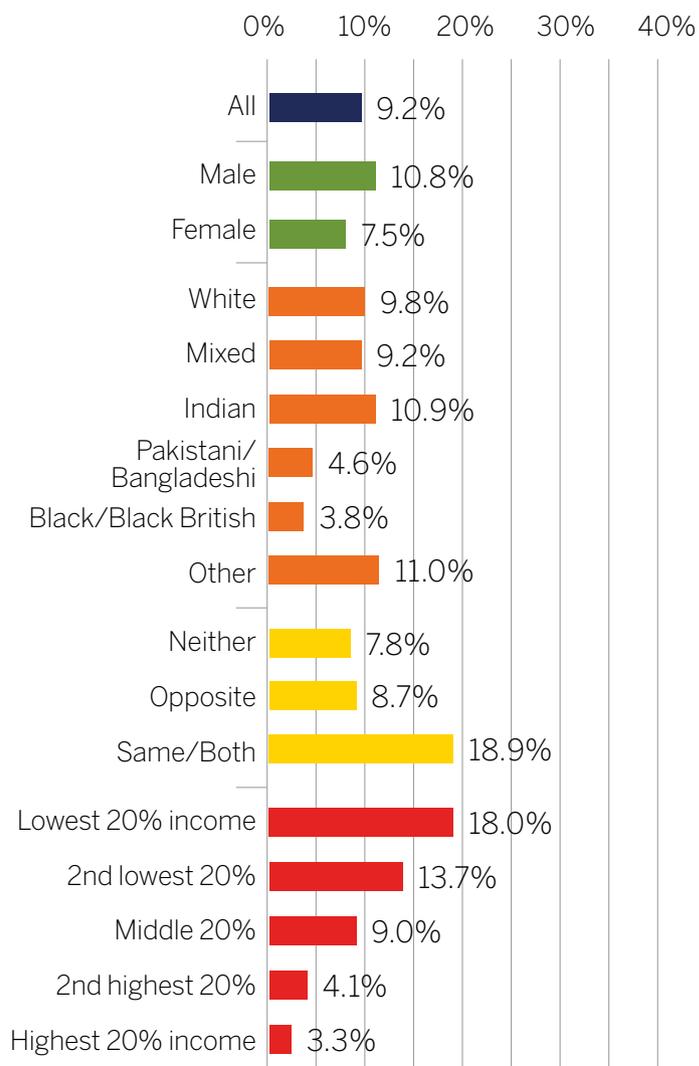
**Figure 9: Variations in low life satisfaction, high depressive symptoms and high emotional and behavioural difficulties by children’s characteristics and circumstances**



\* We did not include whether the child had a long-standing illness in this analysis, as the question about this referred to physical and mental health problems. Consequently there is likely to be overlap between this variable and the definitions of emotional and behavioural difficulties (which include conduct disorders and hyperactivity/inattention) in particular.



### High emotional and behavioural difficulties



Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14). Note: The figures show average marginal effects from logistic regressions with each of the three heading measures as a dependent variable and all of the characteristics and circumstances as independent variables.

**To what extent do each of these measures predict the likelihood of children engaging in different behaviours?**

There is relatively little research that compares the potential consequences of low subjective well-being and poor mental health. This is an important issue in its own right. It can also clarify to what extent asking children about their subjective well-being or mental ill-health is useful as a screening method for other issues.

In this section we look at whether children engage in three behaviours that might generally be regarded as positive or negative – regular physical activity, truancy and self-harm. We have chosen these behaviours as illustrative examples, from information available in the MCS data set, based on them having plausible connections with subjective well-being and mental health. The wordings of the questions are shown to the right.

We look at the relationship between each of the well-being and mental health measures considered previously and children's answer to these three questions. We assume for this analysis that current subjective well-being and mental health predict these recent behaviours. Of course, in reality the links may be bi-directional or more complex – for example, being more physically active may contribute to higher well-being. It is not possible to identify possible directions of causality using data gathered at one point in time. Answering this type of question requires the same questions to be asked on several occasions. This would be a possible area for future research.

**1. On how many days in the last week did you do a total of at least an hour of moderate to vigorous physical activity?**

By moderate to vigorous we mean any physical activity that makes you get warmer, breathe harder and makes your heart beat faster, eg riding a bike, running, playing football, swimming, dancing etc.

Children could answer on a frequency scale from 'Not at all' to 'Every day'. We have simplified this to a 'yes-no' variable indicating whether the child had been active in this way on five or more days during the week.

**2. In the last 12 months, have you ever missed school without your parents' permission, even if only for half a day or a single lesson?**

This question used a 'yes-no' format.

**3. In the past year have you hurt yourself on purpose in any way?**

This question also used a 'yes-no' format.

## **Physical activity**

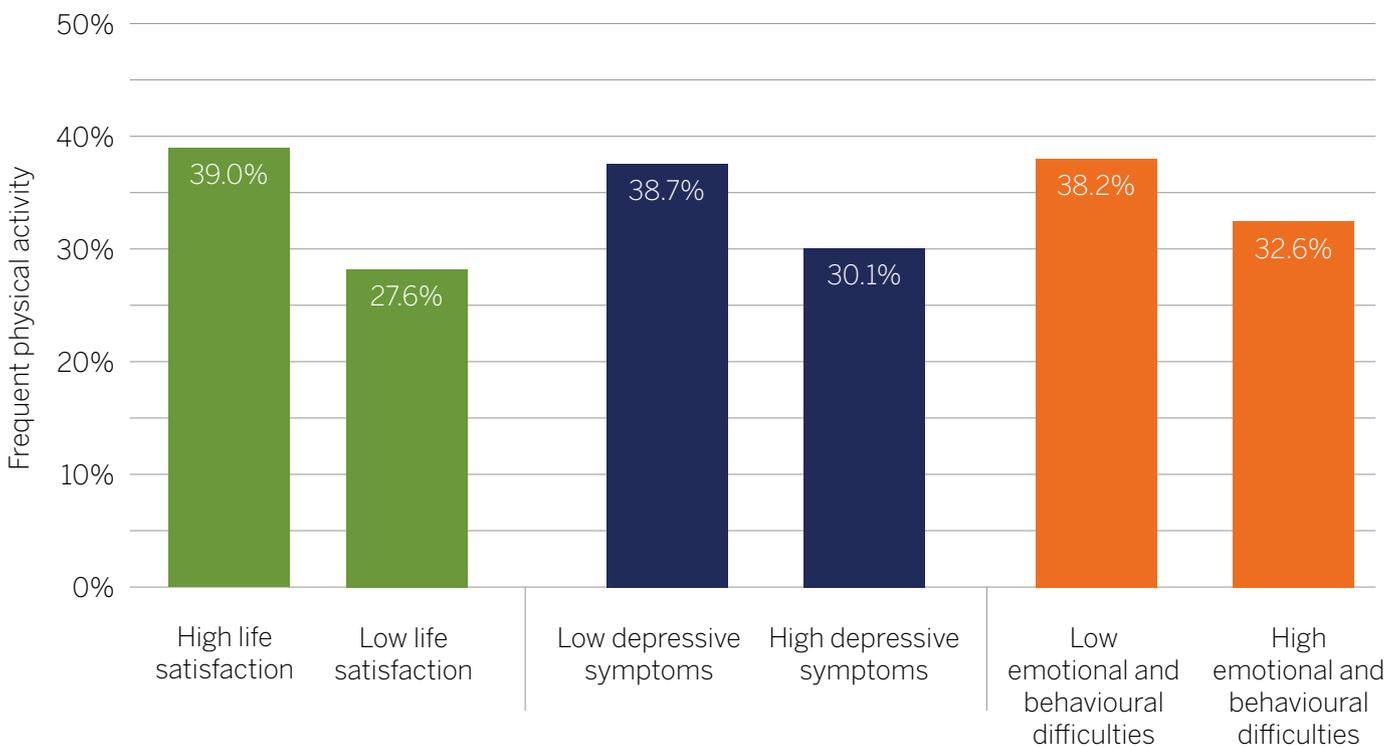
Over a third (38%) of children said that they had been physically active on five or more days in the past week.

All three well-being and mental health measures were significant predictors of frequent physical activity.

Children with lower life satisfaction, and those with higher emotional and behavioural difficulties and depressive symptoms, were less likely to be frequently physically active than other children.

These patterns are illustrated in Figure 10. The associations between each well-being measure and physical activity remained significant after controlling for characteristics and circumstances.

**Figure 10: Subjective well-being, mental health problems and frequent physical activity**



Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14).

## Truancy

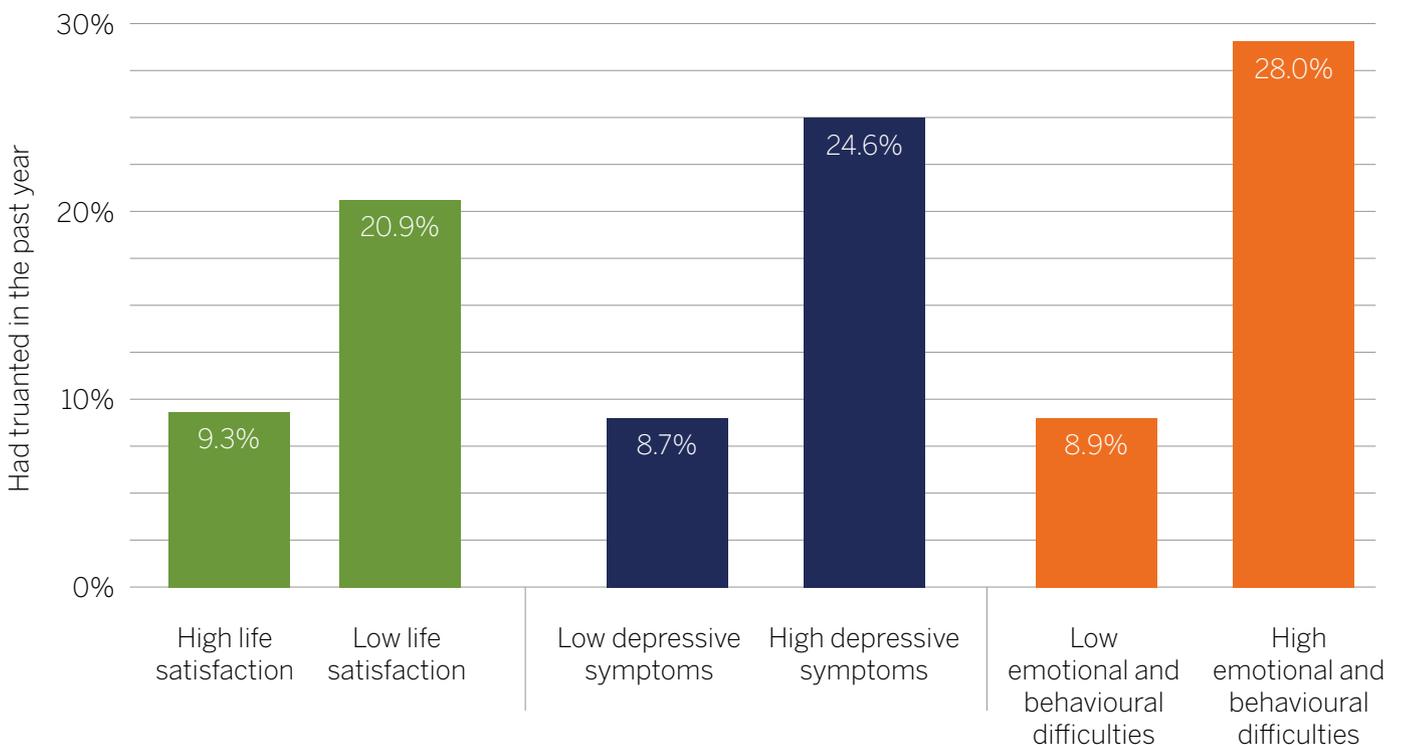
Just under 11% of children aged 14 years old had truanted at least once in the past year.

Figure 11 shows the link between truancy and the indicators of subjective well-being and mental health. All three indicators were significantly associated with the likelihood of having truanted and this remained the case after controlling for characteristics and context.

Children who had low life satisfaction, high depressive symptoms and high emotional and behavioural difficulties were all significantly more likely to have truanted than other children.

However, the link between subjective well-being and truancy was a little weaker than the link between either of the two mental health measures and truancy.

**Figure 11: Subjective well-being, mental health problems and truancy**



Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14).

Girls were **more than twice as likely** as boys to self-harm.

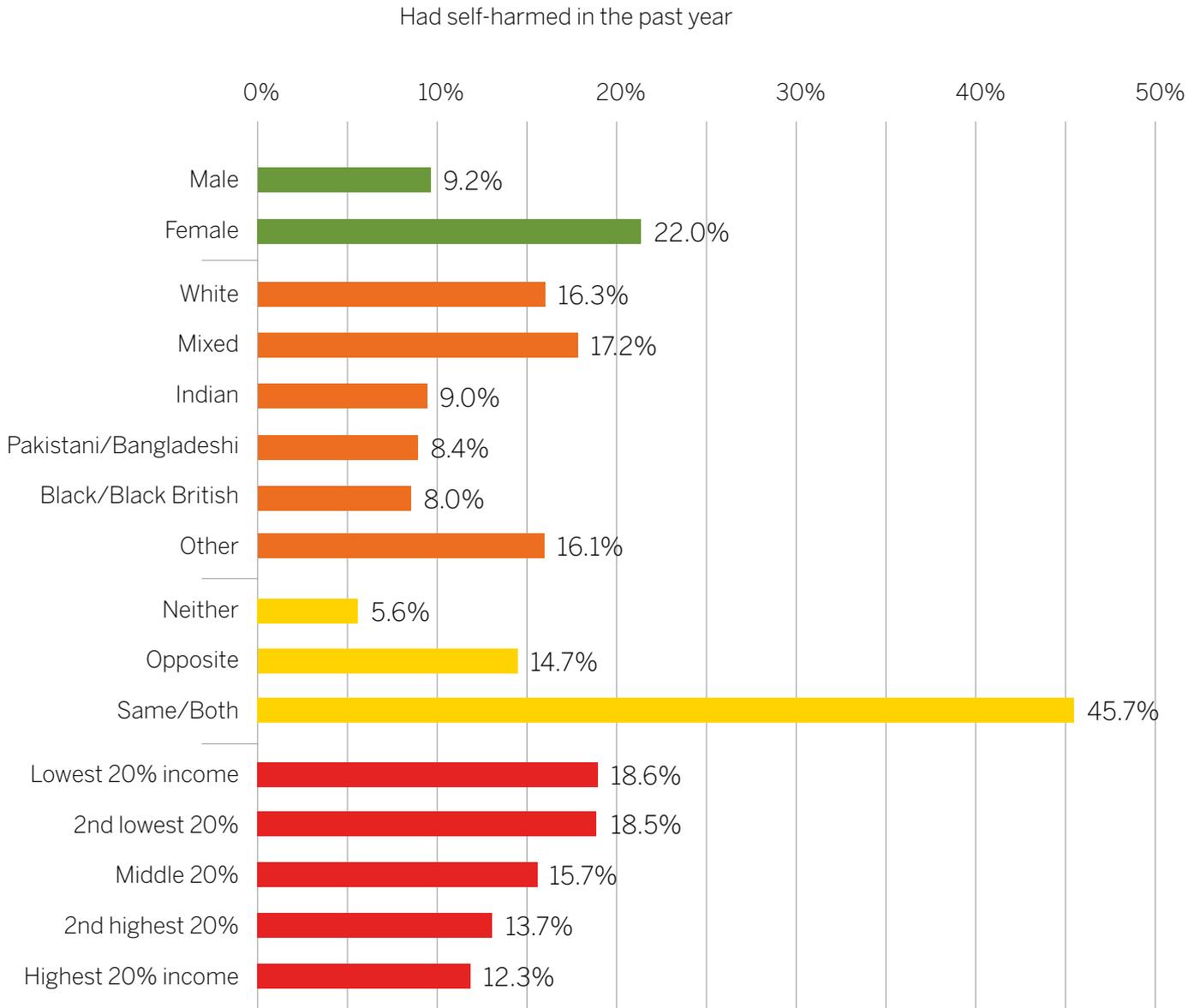
### Self-harm

Over 15% of children who responded had self-harmed in the past year. There were some particularly notable variations (all statistically significant) in this percentage according to children's characteristics and circumstances and these are shown in Figure 12:\*

- Girls (22%) were more than twice as likely as boys (9%) to self-harm.
- Children in the Indian, Pakistani/Bangladeshi and Black/Black British ethnic groups were much less likely to self-harm than children from White, Mixed and Other groups.
- Children who were attracted to children of the same gender or both genders were much more likely to self-harm – in fact, almost half of these children were likely to have done so.
- There was a weaker link with household income – although children in the highest two income groups were less likely to have self-harmed than children in the lowest two income groups.

\*The chart shows average marginal effects based on a logistic regression, with self-harm as the dependent variable and the characteristics and circumstances all entered as independent variables.

**Figure 12: Self-harm by children's characteristics and circumstances**

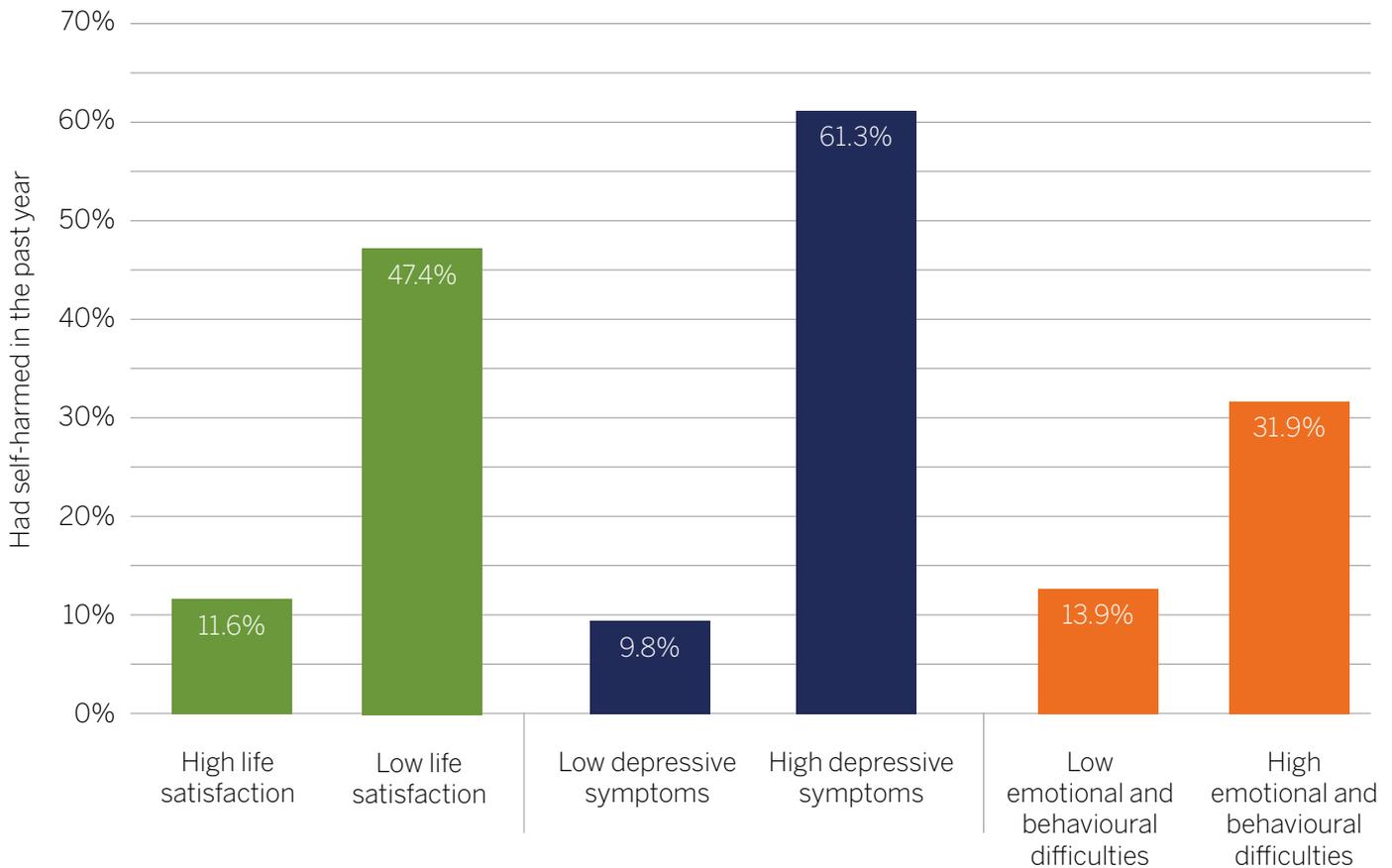


Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14).

In addition to these patterns, each of the three measures of subjective well-being and mental health significantly predicted the likelihood of self-harming. Over 60% of children with high depressive symptoms, almost half of children with low life satisfaction, and over 30% of children with high emotional and behavioural difficulties

had self-harmed, compared with the average of around 15%. These figures were slightly lower when taking account of children's characteristics and circumstances –for example, children who had high depressive symptoms were more commonly female, and females were more likely to self-harm. But the patterns were still strong.

**Figure 13: Self-harm by low and high well-being and mental health measures**



Clearly children who have low well-being or poor mental health have a much higher than average risk of self-harming. What is also notable is that the life satisfaction measure (based on a single question) was a more powerful predictor of self-harm than a 20-item scale of emotional and behavioural difficulties reported by parents.

Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14).



## Summary

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### Key findings

- There is a stronger link between life satisfaction and depressive symptoms (both child-reported) than between either of these and emotional and behavioural difficulties (reported by the parent about the child).
- Girls had lower life satisfaction and higher depressive symptoms, while boys had greater emotional and behavioural difficulties.
- Children who were attracted to the same gender or both genders had much more negative scores on all three measures than other children. This pattern was stronger for life satisfaction and depressive symptoms than for emotional and behavioural difficulties.
- Income was more strongly related to emotional and behavioural difficulties than the other two measures.
- All three subjective well-being and mental health measures predicted frequent physical activity.
- All three subjective well-being and mental health measures also predicted truancy, although the link with life satisfaction was a little weaker than for the mental health measures.
- Depressive symptoms and life satisfaction were better predictors of children having self-harmed than the measure of emotional and behavioural difficulties.

- There were some important variations in likelihood of self-harm. Girls, children who were attracted to the same or both genders, and children from lower-income households all had higher than average risk of self-harming.

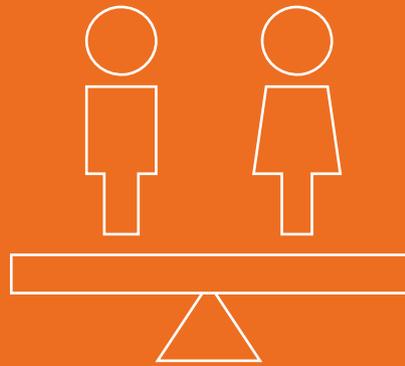
### Measurement issues

- It is noteworthy that a single question about life satisfaction answered by children was a better predictor of self-harm than a list of 20 questions about children's emotional and behavioural difficulties answered by parents. It may be that a similar list reported by children would be more closely linked to self-harm. On the other hand, a better multi-item subjective well-being measure would also probably be more powerful.
- So perhaps the two linked conclusions are the value of asking children's own views and feelings rather than relying on reports of their well-being by third parties, and value of asking children about subjective well-being – particularly as these kind of questions are much less intrusive than many measures of mental health symptoms and problems.



Chapter 3:

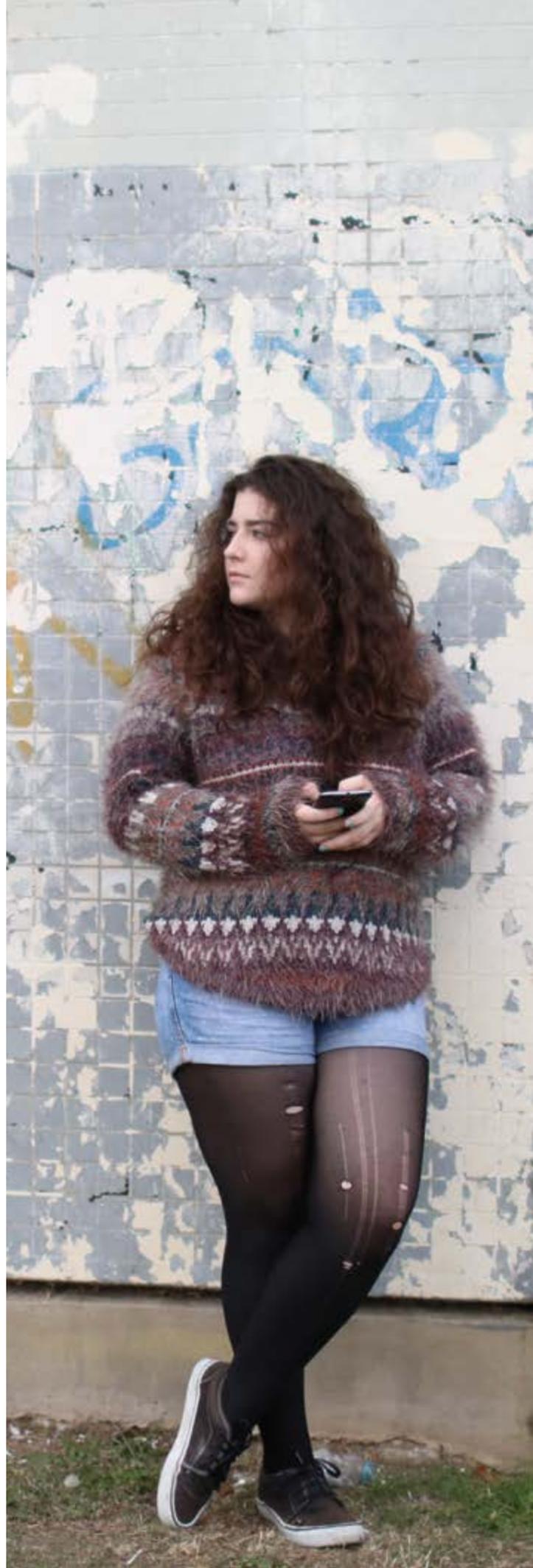
**Gender differences  
in subjective  
well-being**



As discussed in successive Good Childhood Reports, there are some notable differences between boys' and girls' subjective well-being in the UK that we still cannot fully explain: from secondary school age onwards, girls are less happy than boys with most aspects of life. When trying to understand this, it is useful to consider whether the same is true in other countries, and over time. If every country had the same gender patterns for children's subjective well-being, and these did not change over time, it might be argued that these differences are so entrenched that there is little hope in trying to change them. However, evidence from international studies and time series data tells a different story. The UK has pronounced gender patterns for some aspects of children's well-being that other countries do not<sup>14</sup>, and which have changed over time (as will be discussed in more detail in this chapter).

**This chapter considers three different aspects of gender differences in subjective well-being:**

- 1.** We start by exploring gender differences over time, drawing on data from Understanding Society and the British Household Panel to chart these over more than two decades from 1995 to 2016.
- 2.** We draw on the latest wave of the Millennium Cohort Study to focus on 14 year olds in particular, and explore whether relationships with friends and family are more or less important for girls' and boys' well-being.
- 3.** We make use of a recent survey by The Children's Society of 10 to 17 year olds to explore whether children's experience of gender stereotypes and of negative or sexualised comments about their appearance is related to their subjective well-being.



### Time trends

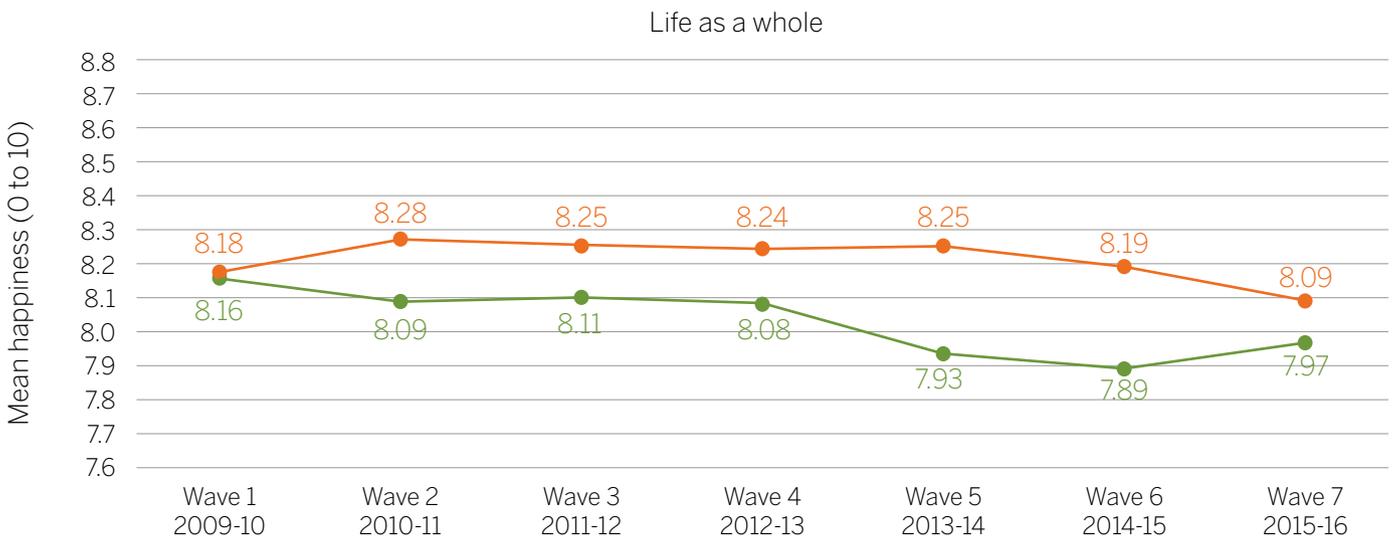
The Understanding Society survey has been asking 10 to 15 year olds about their happiness with life as a whole and five different aspects of life (family, friends, appearance, school and school work) every year since 2009–10. For this age group, the greatest gender differences are for appearance (with which boys are happier) and schoolwork (with which girls are happier). Figure 14 shows time trends in gender differences from 2009–10 to 2015–16:

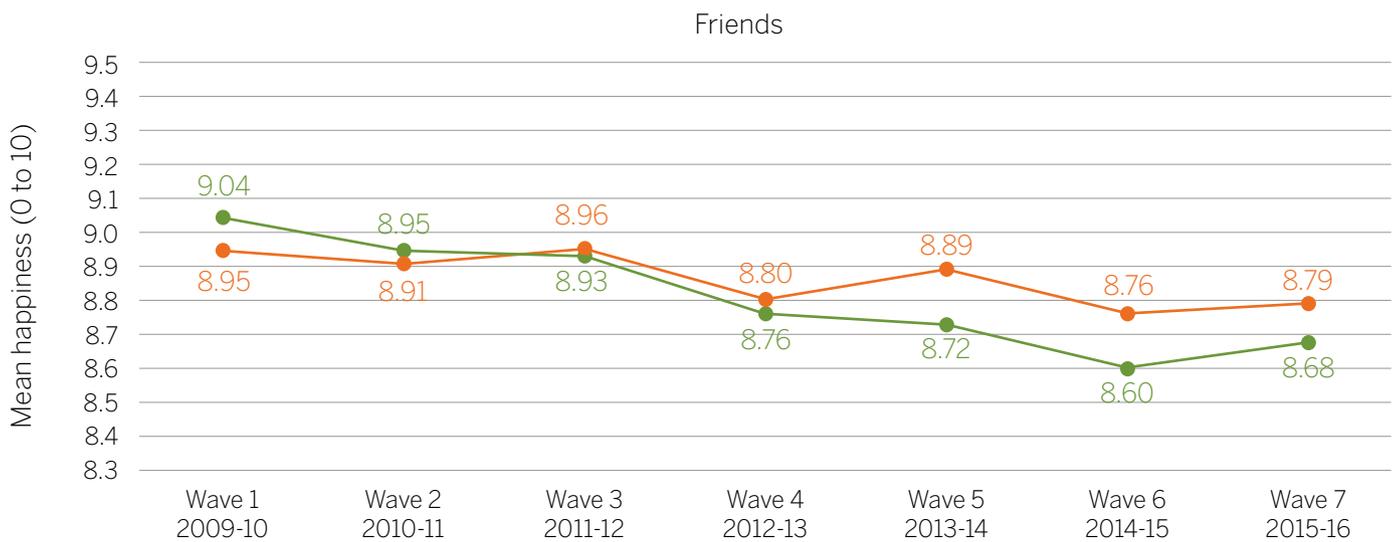
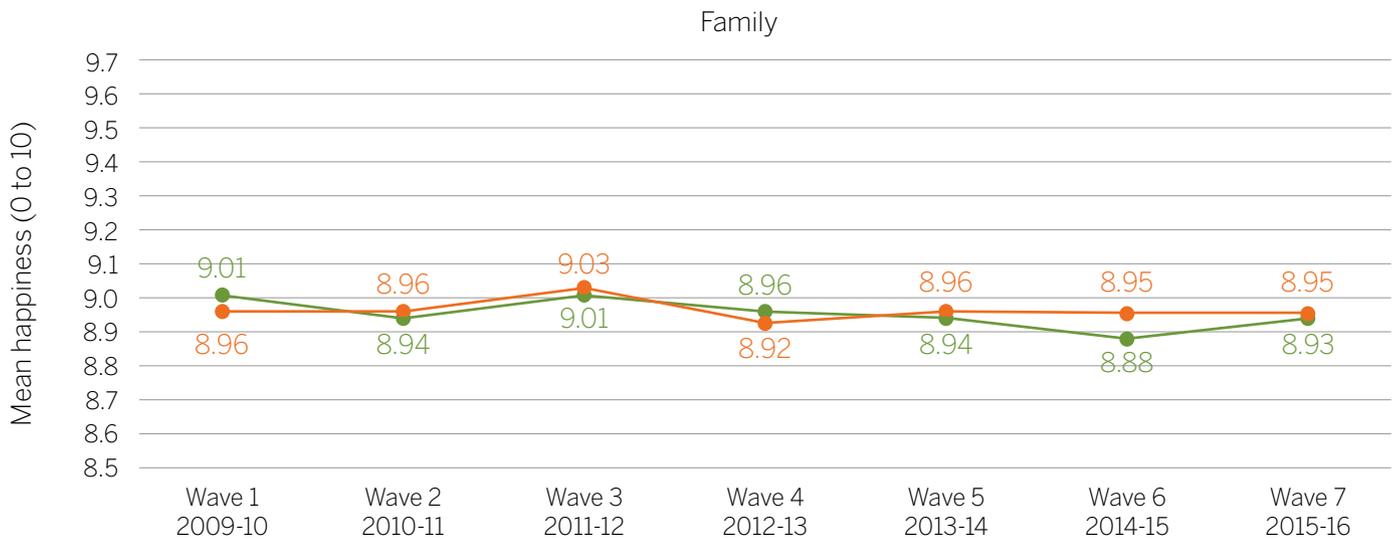
- School work: Girls were significantly happier than boys in all waves.
- Appearance: Boys were significantly happier than girls in all waves. However, in the latest wave of data, girls’ happiness with their appearance increased,

and the gender gap for this aspect of life narrowed. It will be important to monitor this trend next year to see if this constitutes a trend.

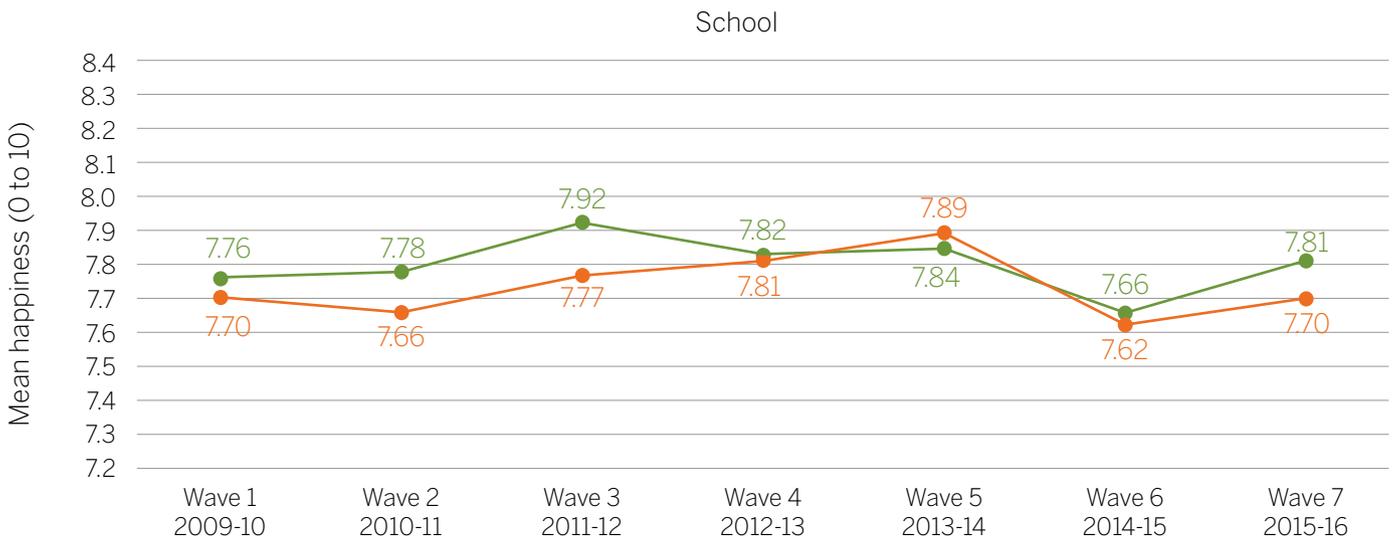
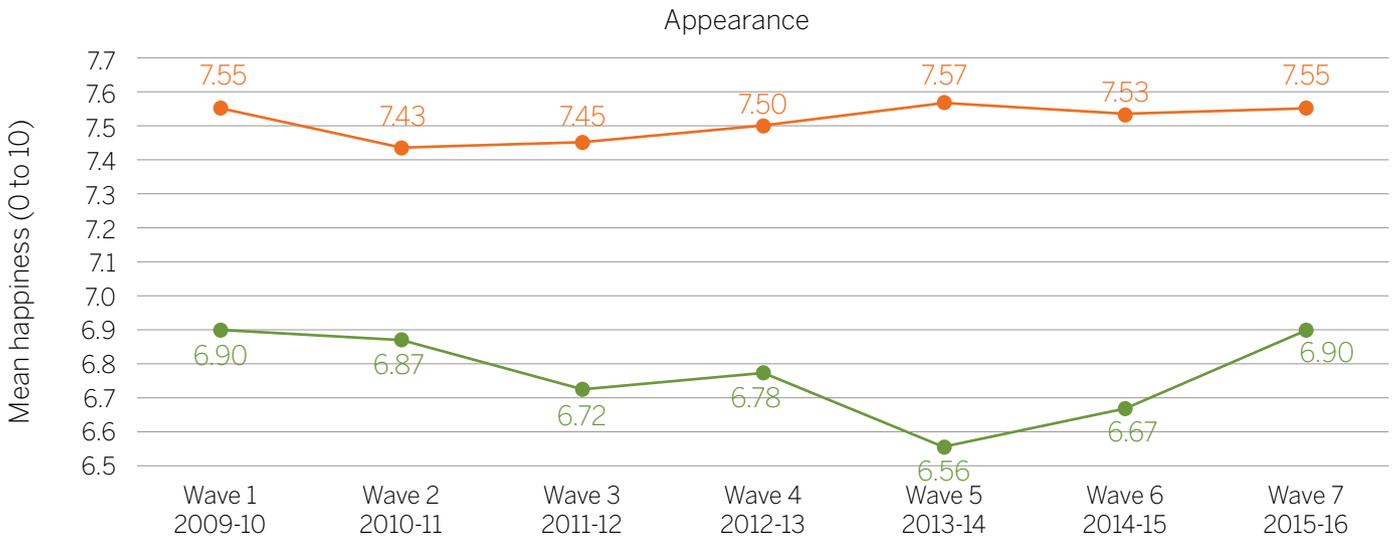
- Family and school: There were no significant gender differences in any wave.
- Friends: There is no clear gender trend. Girls were (marginally) happier than boys in Waves 1 and 2, boys were happier than girls in Waves 5 and 6, and in the latest wave of data there was no significant difference.
- Life as a whole: Boys were significantly happier than girls in Waves 5 and 6 only but, notably, this gender difference closed in the latest wave of data. It will be important to monitor this trend next year.

**Figure 14: Trends in children’s happiness with different aspects of life by gender, UK, 2009–10 to 2015–16**

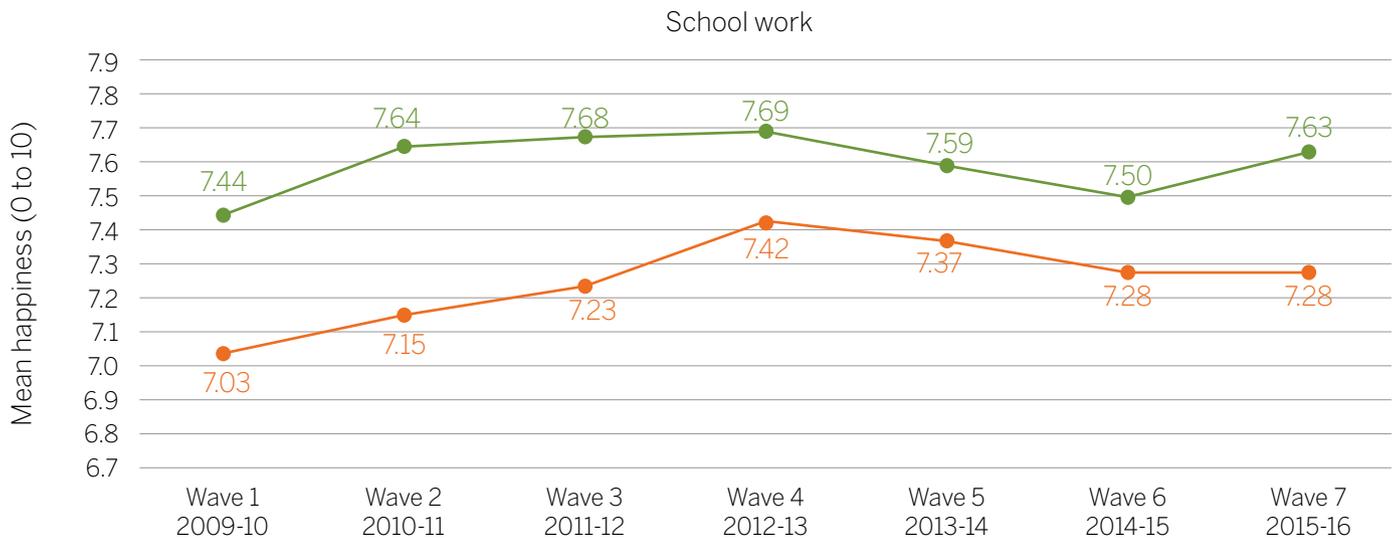




— Girls      — Boys



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



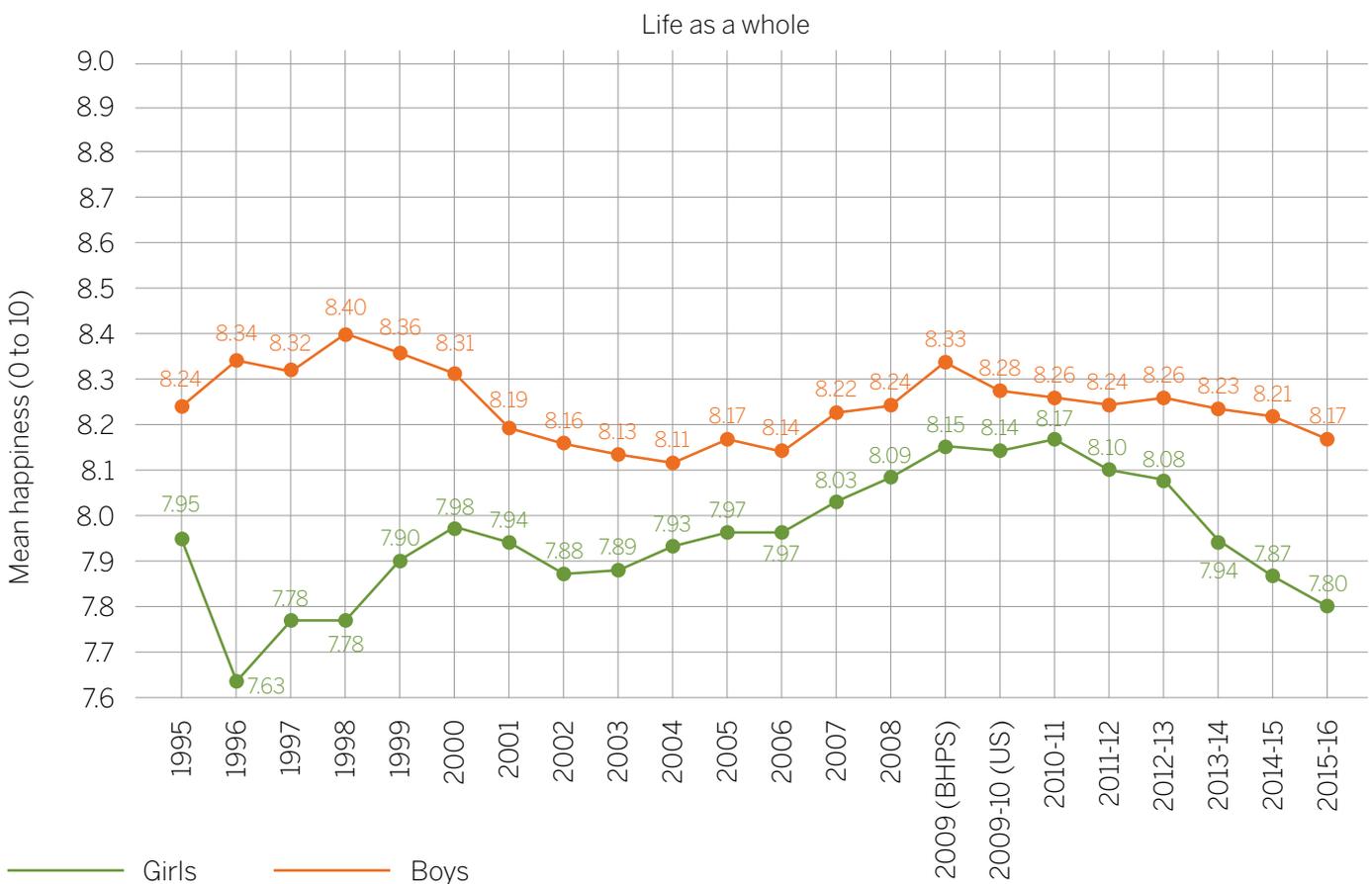
As in Chapter 1, we have been able to explore the longer-term trends in gender differences from 1994–95 onwards using data from the British Household Panel Survey (BHPS), which has been harmonised with its successor, the Understanding Society survey. Just as with the overall trends shown in Figure 7 in Chapter 1, the longer-term time trends for gender are for 11 to 15 year olds (rather than for 10 to 15 year olds) as this is the age group covered by the BHPS. We have also used three-year moving averages to minimise short-term fluctuations. For these reasons, the figures for 2009–10 to 2015–16 in Figure 15 are slightly different from those in Figure 14.

As can be seen in Figure 15, the longer time series shows divergent trends for appearance and schoolwork – with a gender gap that has been growing over time for happiness with appearance, and narrowing over time for happiness with schoolwork:

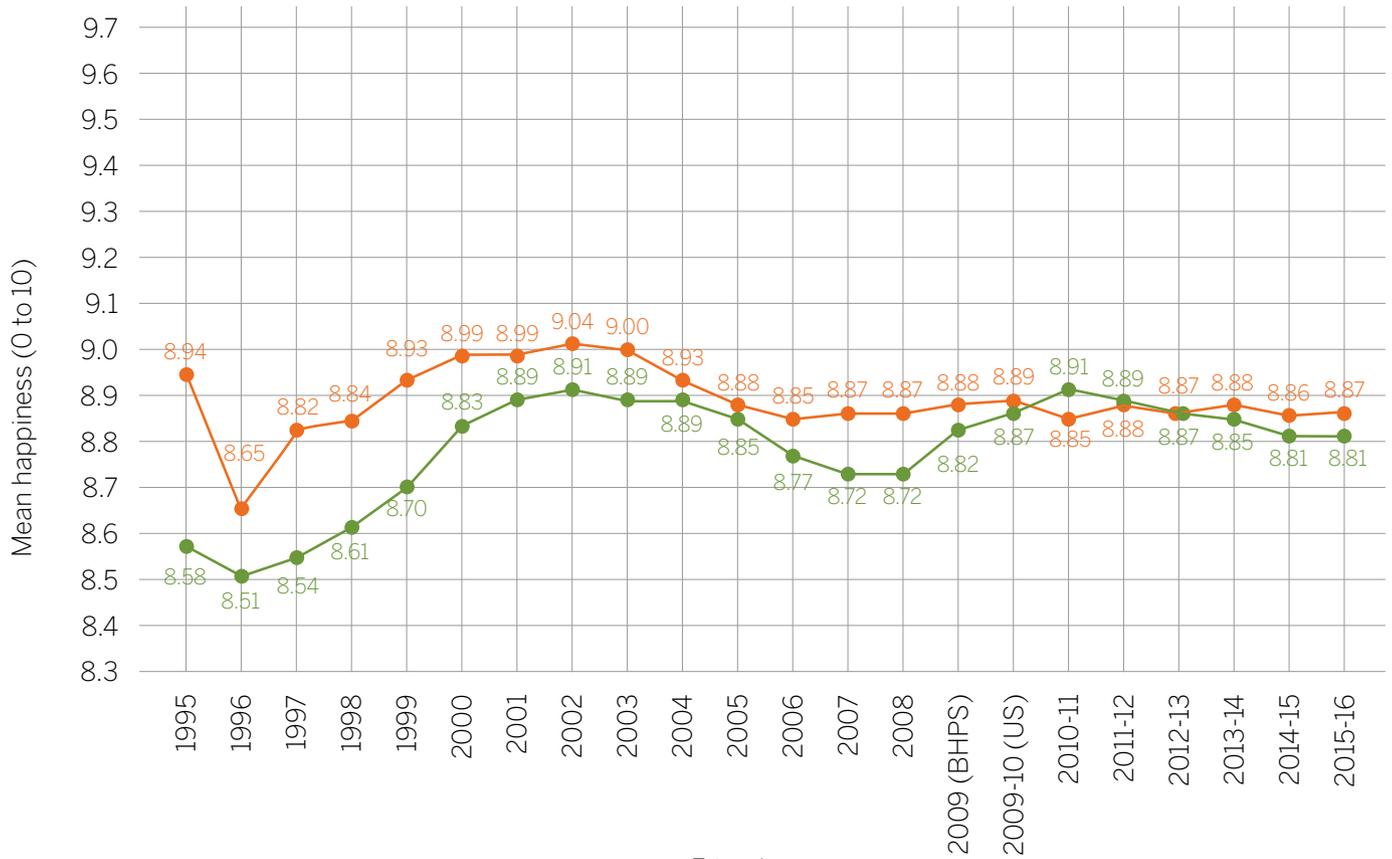
- For about a decade from the mid-1990s the gender gaps in happiness with appearance and life as a whole narrowed substantially, but in recent years these have been opening up again with the result that they are now are similar in magnitude to 20 years ago.

- For schoolwork the converse is true. The gender gap that appeared towards the end of the 1990s for happiness with schoolwork increased for a number of years, but appears to be narrowing in the most recent period.
- For friends, family and school, there have been no clear gender differences over the past two decades.

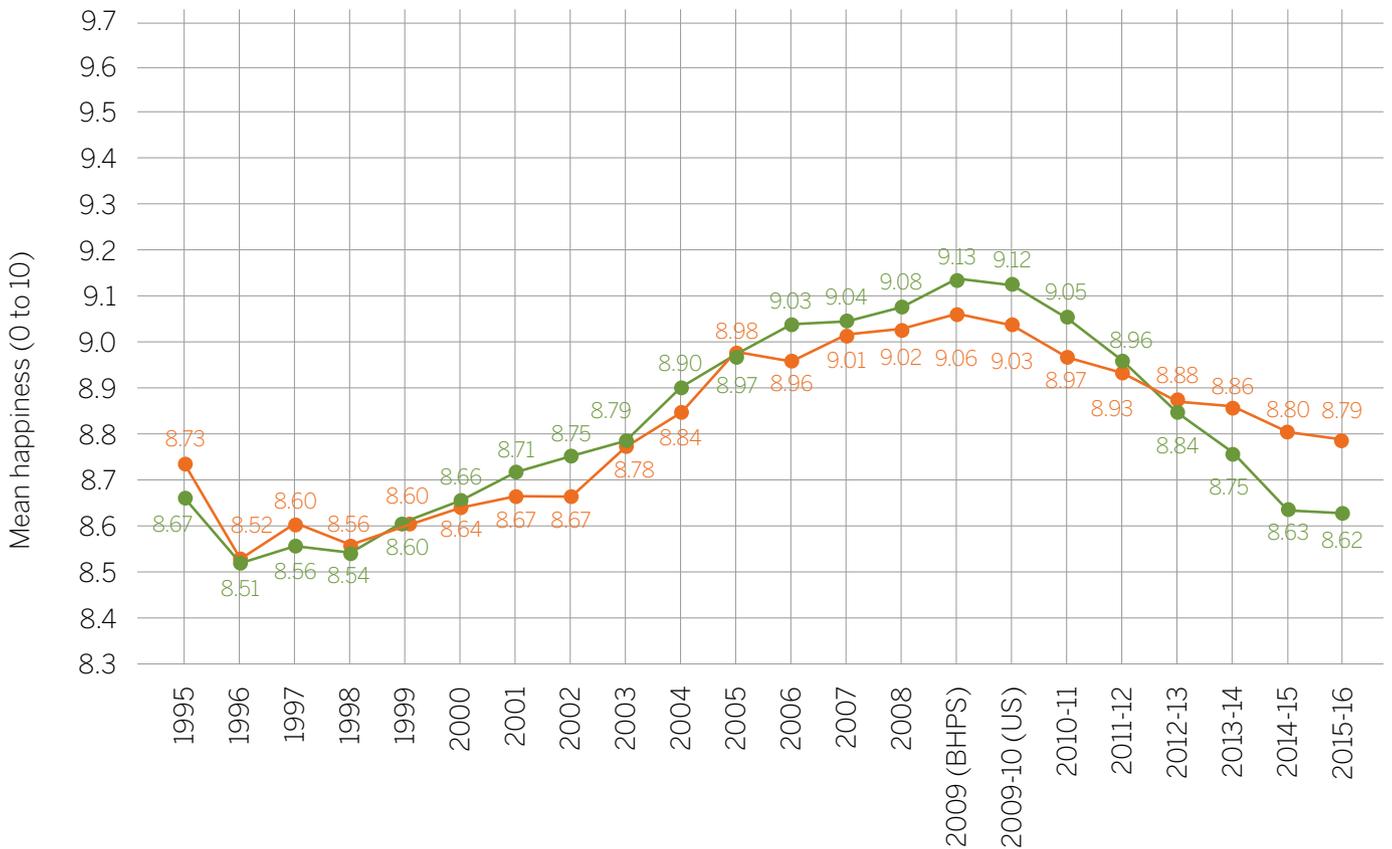
**Figure 15: Trends in children’s happiness with different aspects of life by gender, UK, 1995 to 2015**



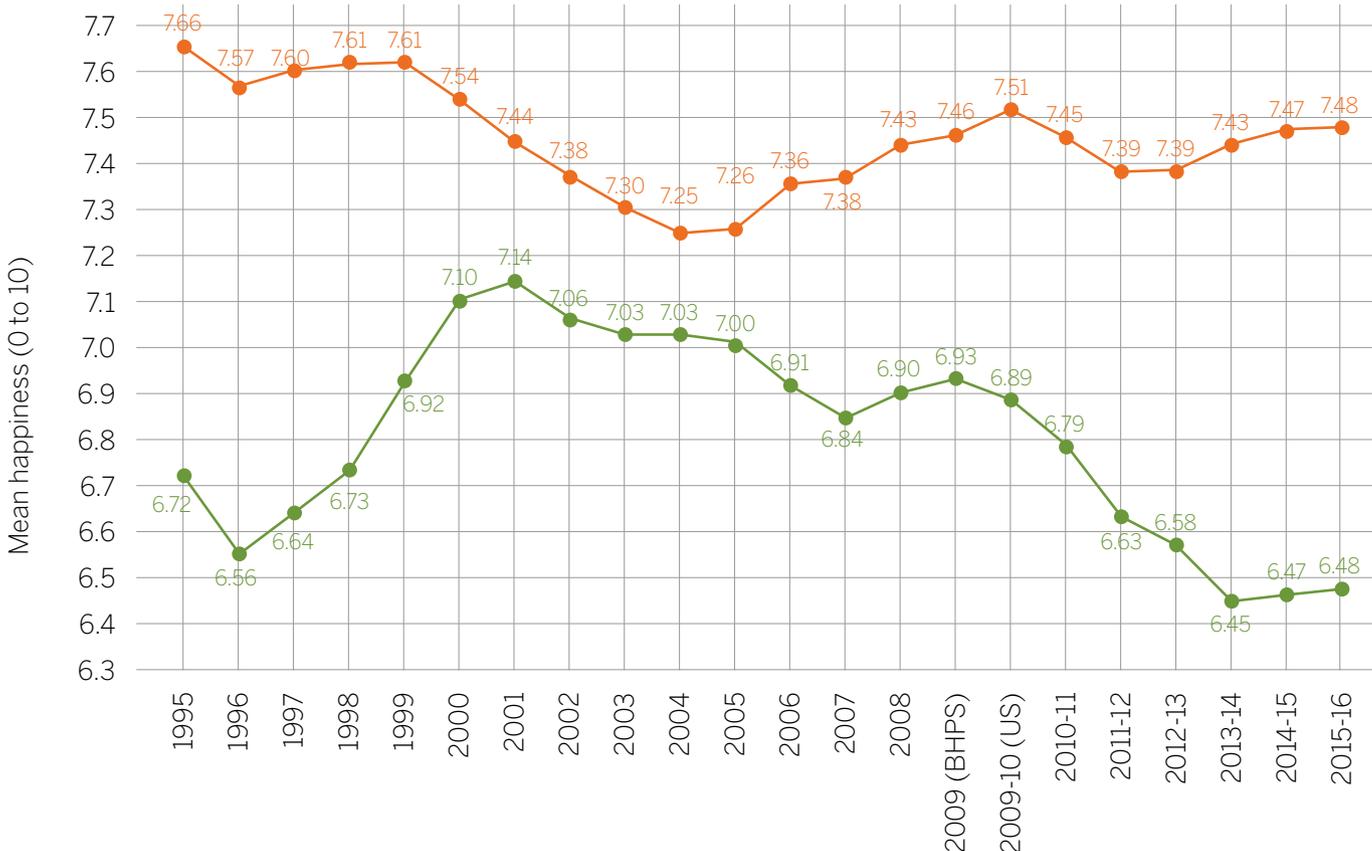
Family



Friends

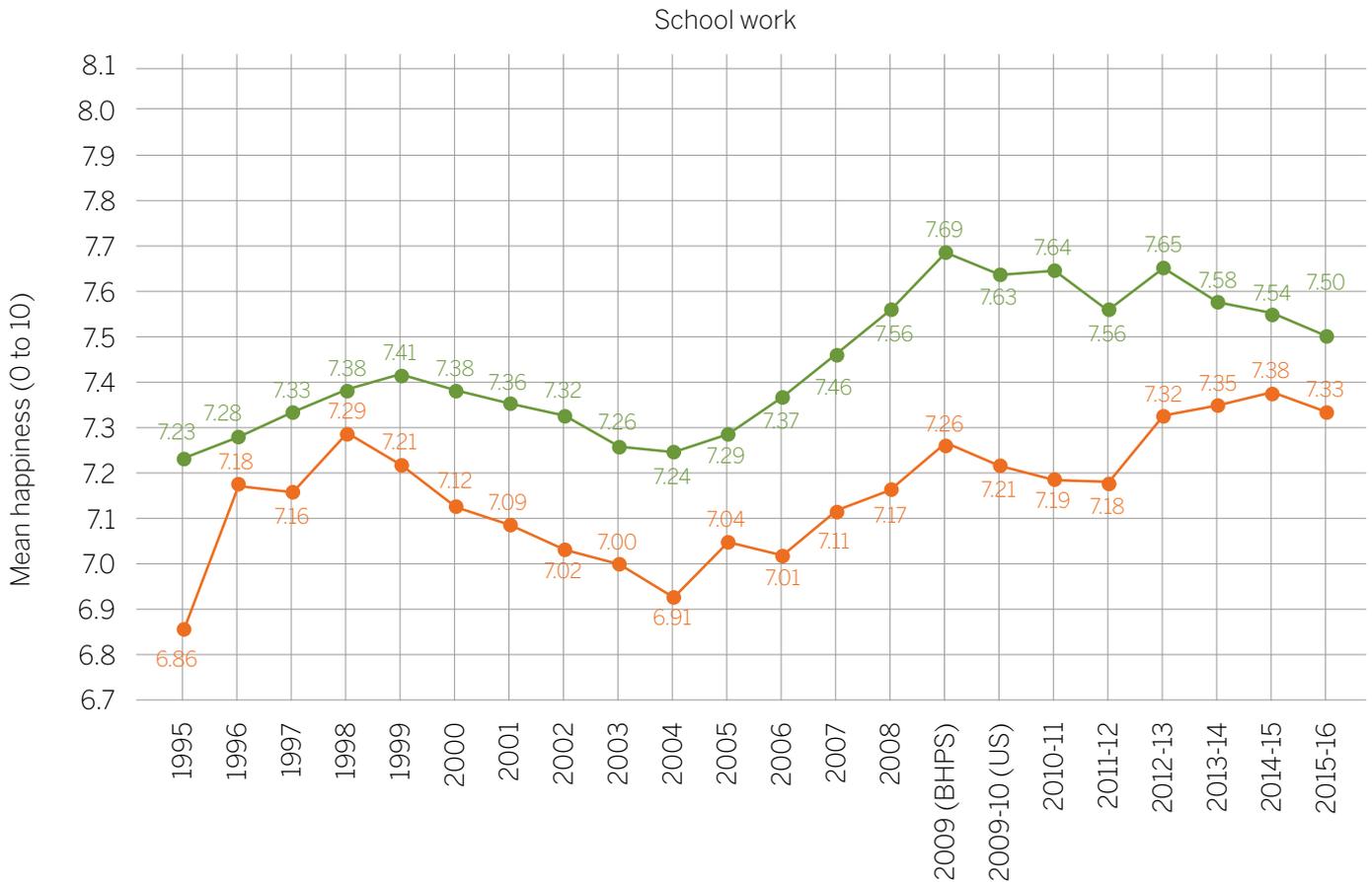


Appearance



School





Source: British Household Panel Survey, 1995 to 2009, children aged 11 to 15, weighted data. Understanding Society, 2009-10 to 2015-16, children aged 11 to 15, weighted data. Three-year smoothed moving average from 1997 onwards.

Note: As these trends relate to 11 to 15 year olds, and we have used three-year moving averages, the figures for 2009-10 to 2015-16 are slightly different from those in Figure 14.

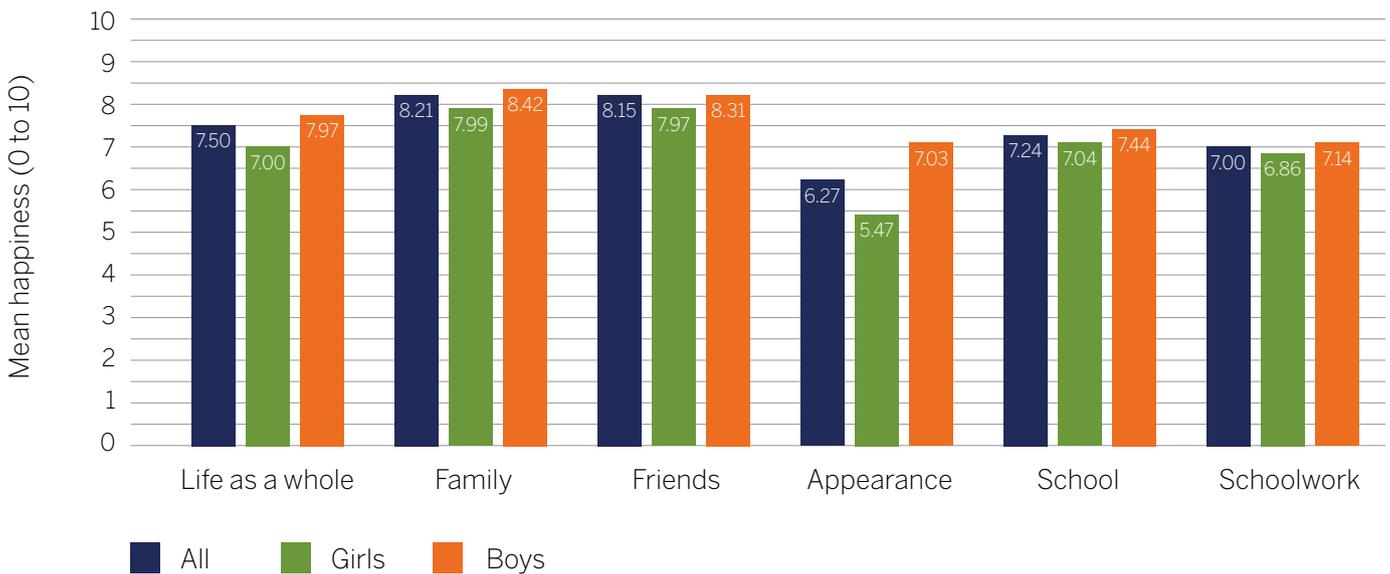
These longer-term trends are interesting because they show that the gender gap that in recent years has been growing for happiness with appearance – and, to a lesser extent, life as a whole – is similar to the gap that existed twenty years ago. In this light, the hypothesis that social media and the digital world is the cause of girls' unhappiness looks less likely, especially in light of the analysis presented in *The Good Childhood Report 2017* showing that social media usage could only explain a small amount of the gender differences in subjective well-being. It will be important to explore other factors that might have a bearing on how girls and boys feel about their lives.

### Gender differences at age 14: Children's close relationships

The latest available data from the Millennium Cohort Study brings the focus to 14 year olds. At this age, there are large differences in children’s average satisfaction with different aspects of their lives, and also substantial gender variations. Figure 16 shows these patterns, using data from the sixth sweep of the MCS gathered in 2015. Children are happiest with their family and friends and least happy with their appearance. There are significant gender differences in children’s

responses to all six questions. Girls are less happy with their lives as a whole and with each aspect of life measured in the survey.\* The largest gender gap is for appearance – over 1.5 points difference on a 10-point scale. Girls get less happy with school work as they get older while boys do not so much, which explains the different patterns in the MCS at age 14 compared to Understanding Society at ages 10 to 15.’

**Figure 16: Children’s happiness with life as a whole and different aspects of life**



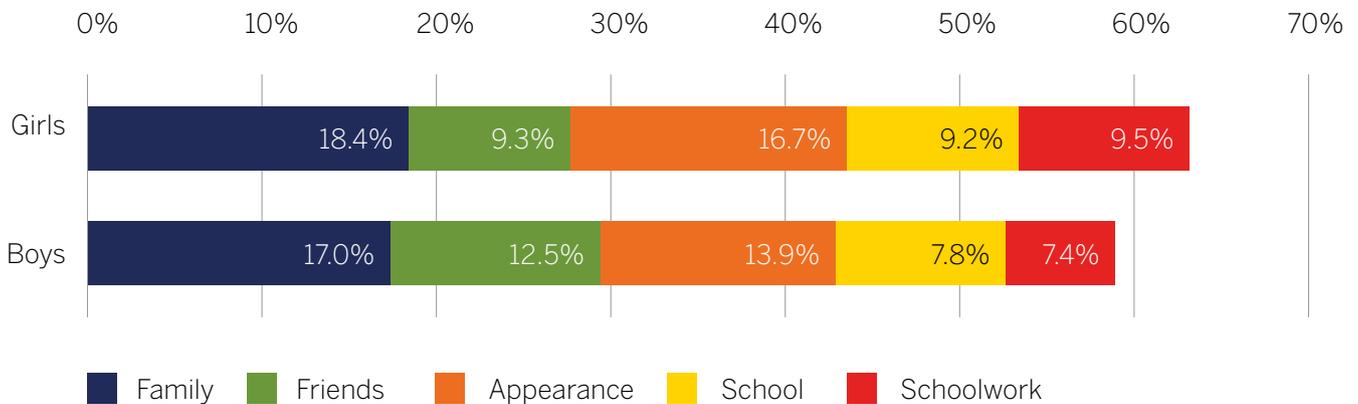
In total, the five aspects of life explained 63% of the variation in life satisfaction for girls and 59% for boys. There were differences in how important each of these aspects is to happiness with life as a whole (Figure 17).

Family is the most important aspect of life for both genders. It appears that friends may be more important for boys than for girls. This is explored further later in this section.

Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14).

\* All these differences are statistically significant although gender only explains more than 1% of variation in life as a whole and appearance.

**Figure 17: Relative importance of different aspects of life for overall life satisfaction, girls and boys**



Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14). The allocation of percentages to different aspects of life is based on a Shapley-Shorrocks decomposition of a linear regression with life satisfaction as the dependent variable and the five aspects of life as independent variables.

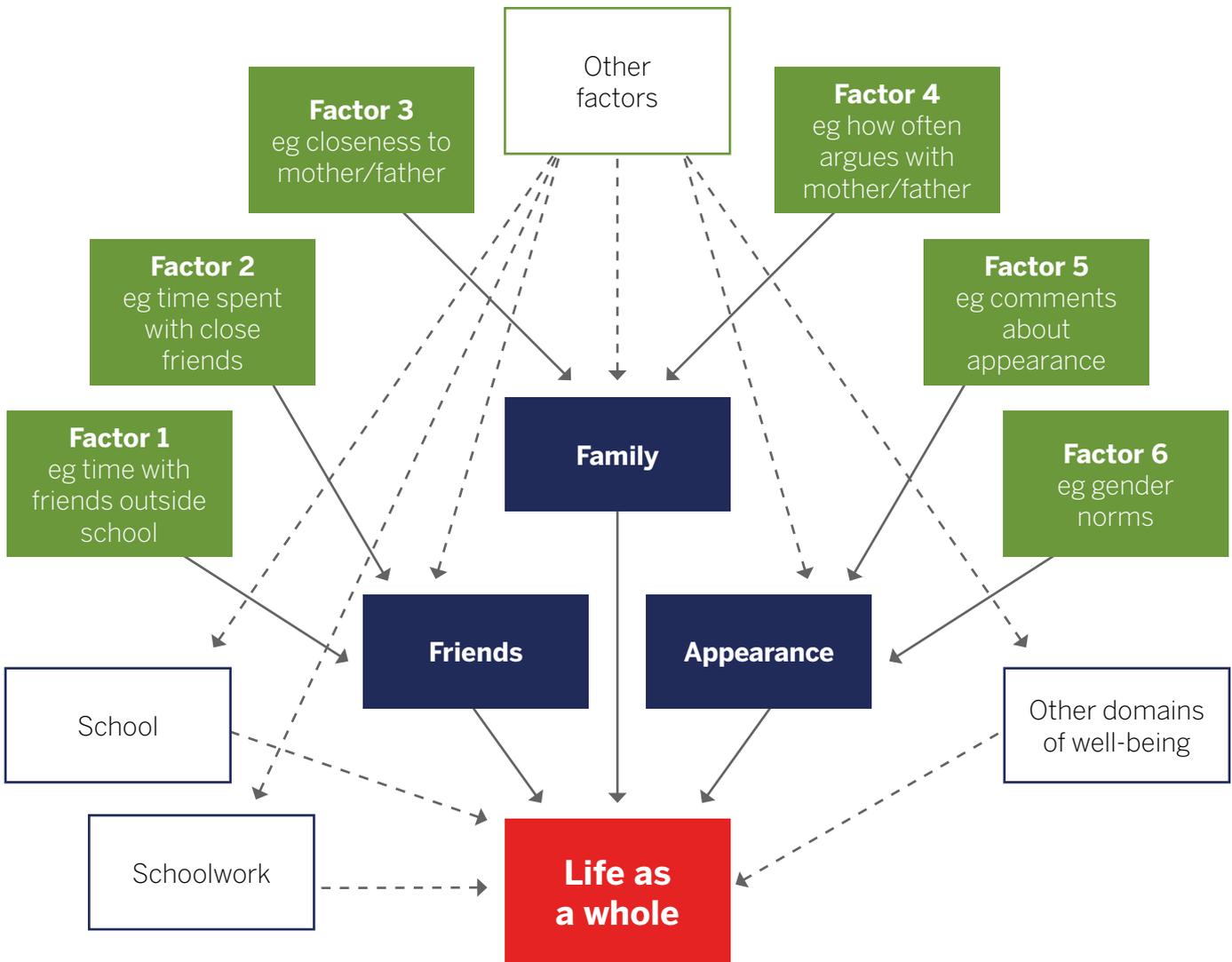
Previous research has also shown the primary importance of relationships for children's subjective well-being. As a result, understanding why children are more or less happy with family and friendships should give us insights into the reasons for variations in children's happiness with life as a whole. The way in which these relationships influence subjective well-being might also vary for girls and boys. This may help to explain gender differences in subjective well-being.

In addition to highlighting the importance of children's relationships, Figure 17 also points to the importance of children's feelings about their appearance to their subjective well-being. We consider this in more detail in the next section of this chapter.

The general approach underlying the analysis taken in this section is as depicted in Figure 18. Various factors will affect children's happiness with different aspects of life. In turn, happiness with each aspect of life will contribute to overall life satisfaction.\*

\* This is referred to in the SWB literature as a 'bottom-up' approach. Researchers have also proposed an opposing 'top-down' approach whereby personality affects overall life satisfaction judgements and also affects satisfaction with different aspects of life. The debate between these two approaches has not been resolved but it seems that there is merit in both (Heller et al., 2004).

**Figure 21: Conceptual framework for the influence of different factors on overall life satisfaction**



Note: The analysis in this chapter only considers the factors and domains of well-being in the shaded cells.

For the reasons explained earlier, we focus here on factors relating to happiness with family and friends (and later on in this chapter to factors relating to happiness with appearance using a different source of data).

### **Family relationships**

The MCS sixth sweep includes a set of questions about children's family relationships. Here we look at four questions that have strong relationships with children's satisfaction with their family.

- Two questions asked children how close they felt to their mother and father respectively. Response options were on a four-point scale from 'Not very close' to 'Extremely close'. Children could also indicate that they did not have (or have contact with) each parent.
- Two questions asked children how often they argued with their mother and father respectively. Response options were on a five-point scale from 'Never' to 'Most days'. These questions were not asked if children had indicated that they did not have (or have contact with) each parent in response to the questions about closeness.

Many children aged 14 years old in the UK are not living with both of their parents and may have varying degrees of contact with non-resident parents. In this chapter, we do not take these issues into account, focusing on how children answered these questions irrespective of their living and contact arrangements. Children who did not have (or have contact with) a parent are excluded

from the analysis as they did not answer the questions. Future research could look in more detail at sub-groups of children who have different living and contact arrangements with their parents.

All four of the questions described explained significant and substantial amounts of variation in children's happiness with their family. After controlling for background characteristics and circumstances:\*

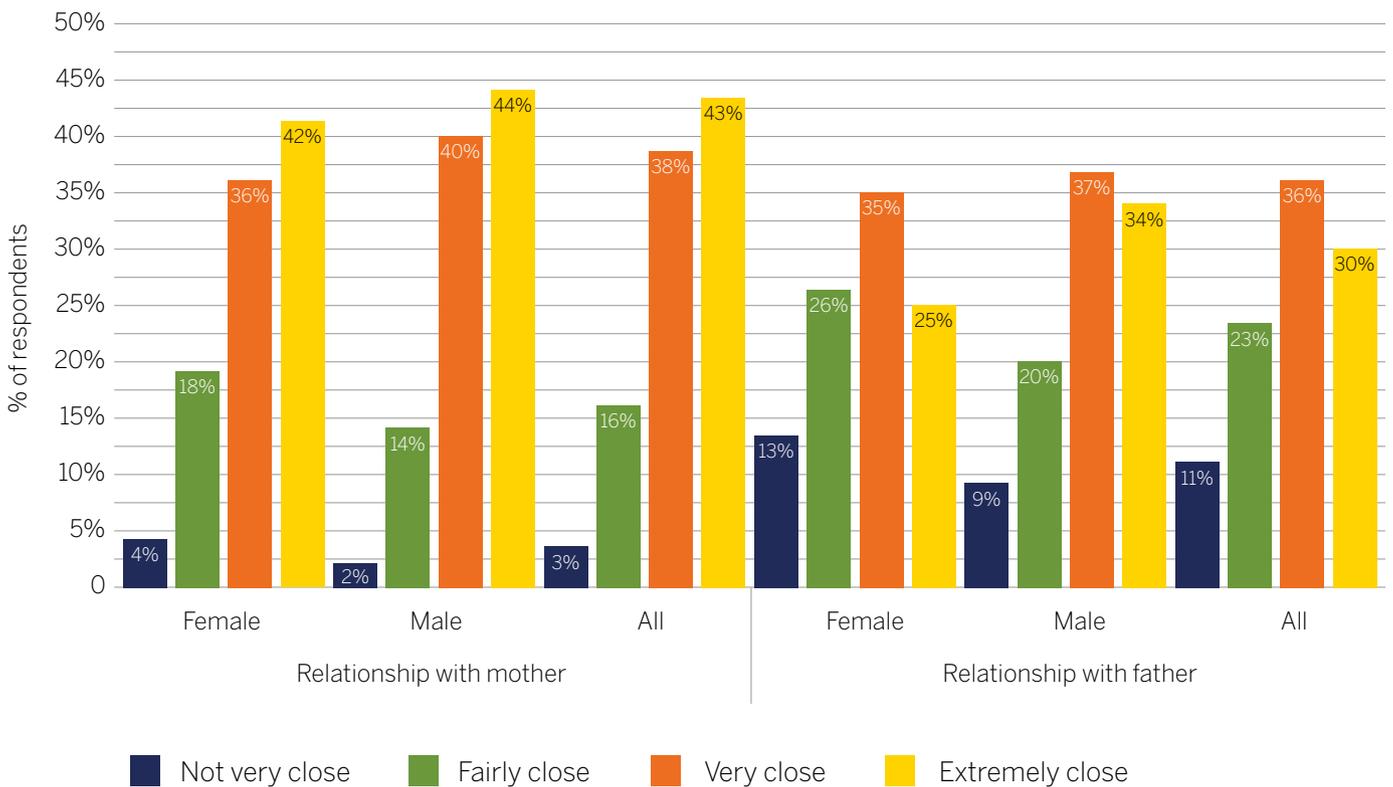
- How close the child felt to their mother explained 15.9% of the variation in their satisfaction with family.
- How much they argued with their mother explained 7.8%.
- How close they felt to their father explained 9.8%.
- How much they argued with their father explained 4.8%.
- All four questions together explained 21.4% of the variation in satisfaction with family and all contributed significantly. (This percentage is less than the sum of the previous percentages because there is overlap between the questions – for example, children who felt less close to a parent were also more likely to argue with that parent).

Due to space considerations, here we focus mainly on the two questions on closeness with parents, as these had the stronger associations with satisfaction with family – but we also briefly describe findings for arguing with parents.

\*For this analysis we controlled for gender, ethnicity, whether living with one or two parents, and household income. The percentages in the bullet points are the added explanatory power ( $R^2$ ) from a regression model with the relationship variable included, compared to one with only the control variables.

Figure 19 shows children's responses to these questions. Most children felt at least 'very close' to both parents (81% for mothers and 66% for fathers). Boys felt closer to both parents: a little closer to their mothers than girls, and a lot closer to their fathers.

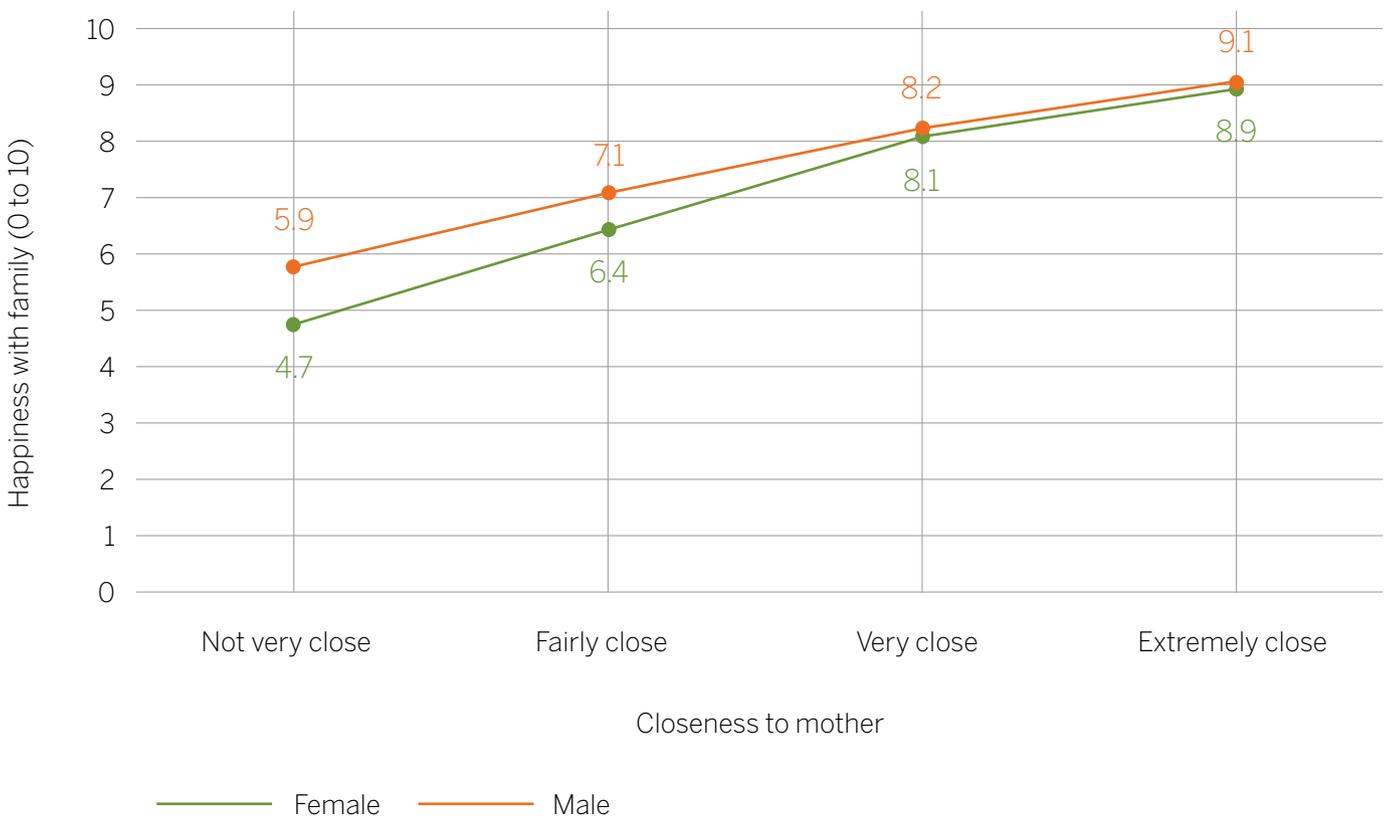
**Figure 19: Closeness with mothers and fathers by gender**



Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14).

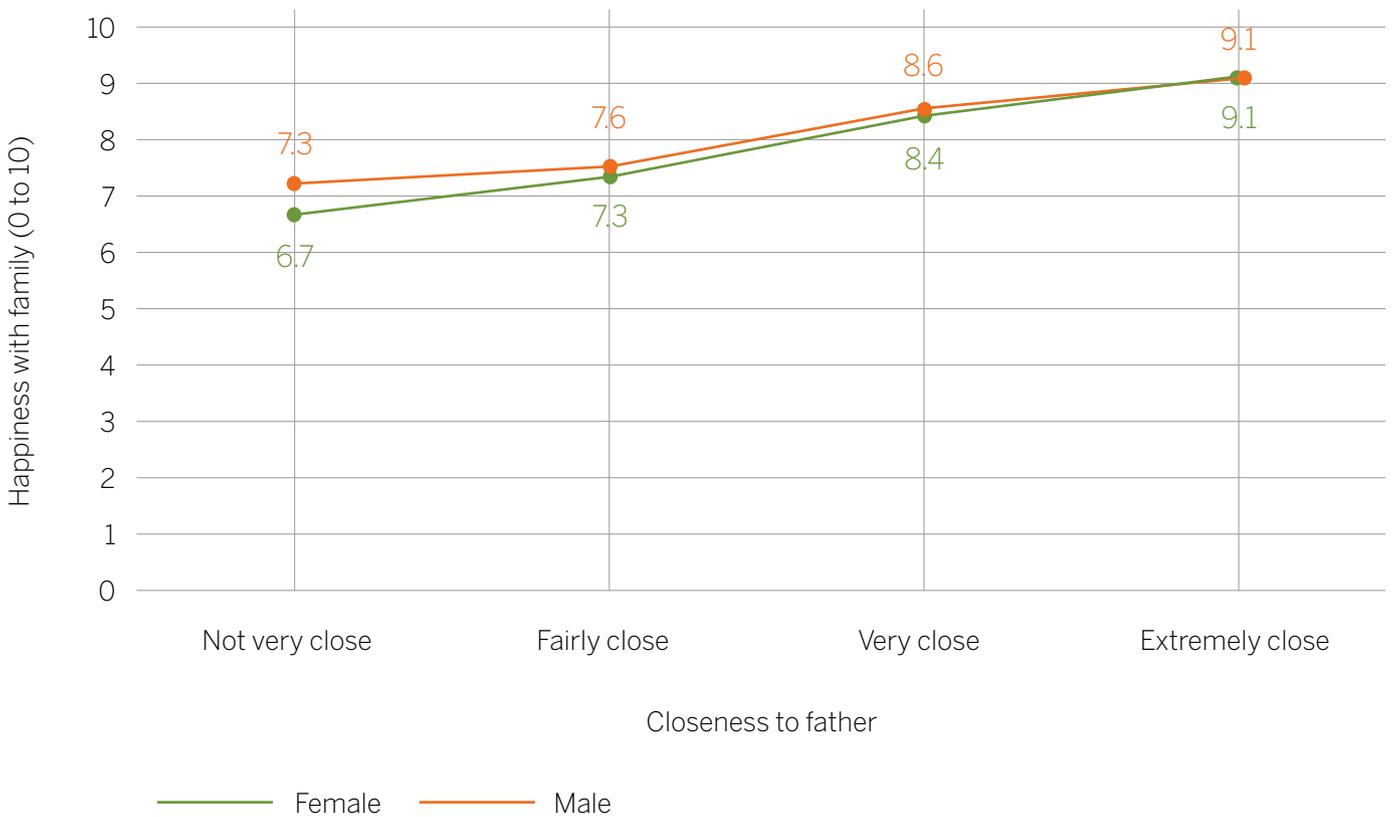
Figure 20 and Figure 21 show how the answers to these questions linked to children's satisfaction with family. As can be seen from the upward slope of the lines, children who were closer to each parent had higher satisfaction with family. In relation both to mothers (Figure 20) and fathers (Figure 21), not feeling close to a parent had a significantly greater negative impact on girls' happiness with family than boys'.

**Figure 20: Closeness to mother and happiness with family by gender**



Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14).

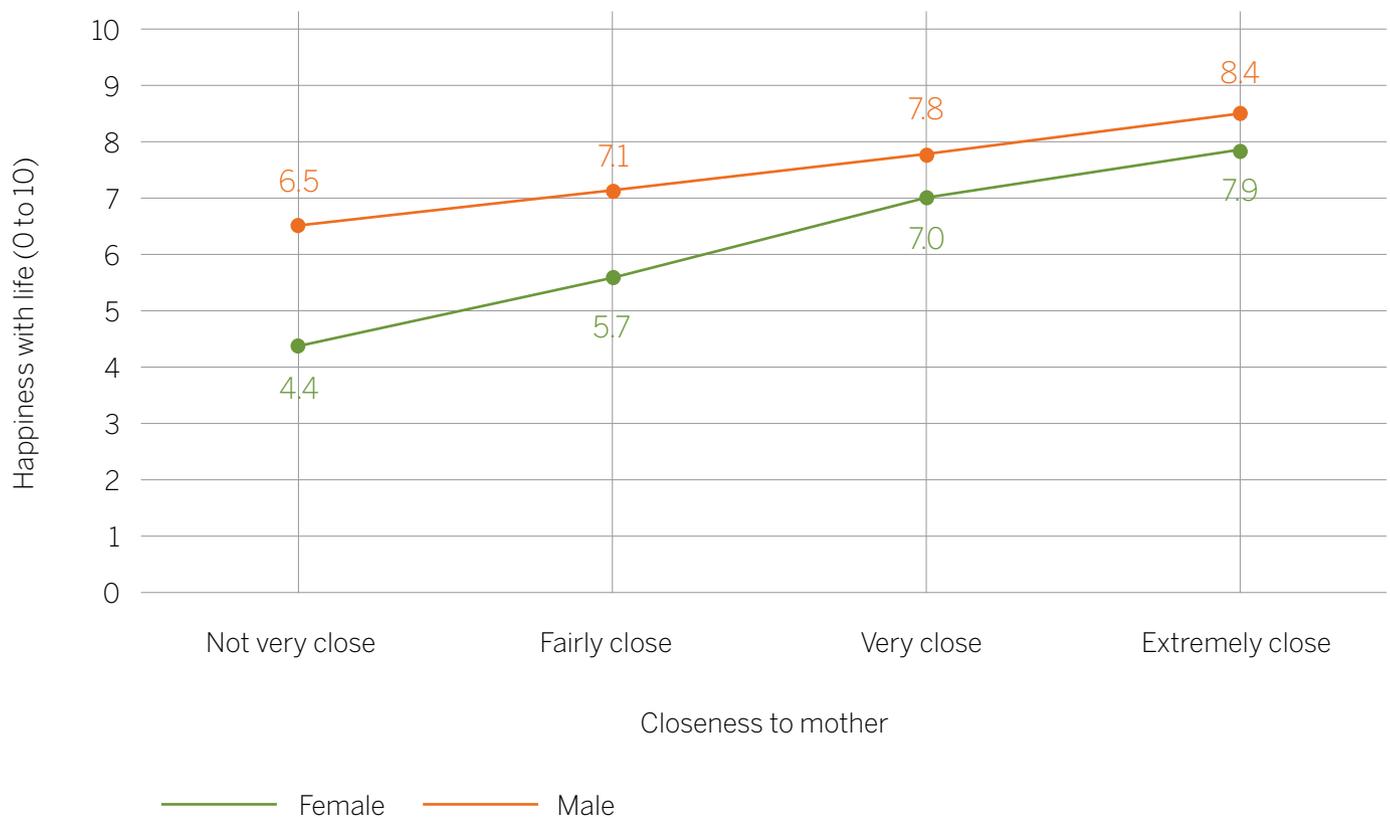
Figure 21: Closeness to father and happiness with family by gender



Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14).

These patterns were also present for satisfaction with life as a whole. For example, Figure 22 shows girls' and boys' satisfaction with life according to how close they felt to their mother. Girls who felt extremely close to their mother had an average life satisfaction of 7.9, compared to 4.4 for girls who did not feel very close. For boys the drop was smaller – from 8.4 to 6.5 – although still substantial.

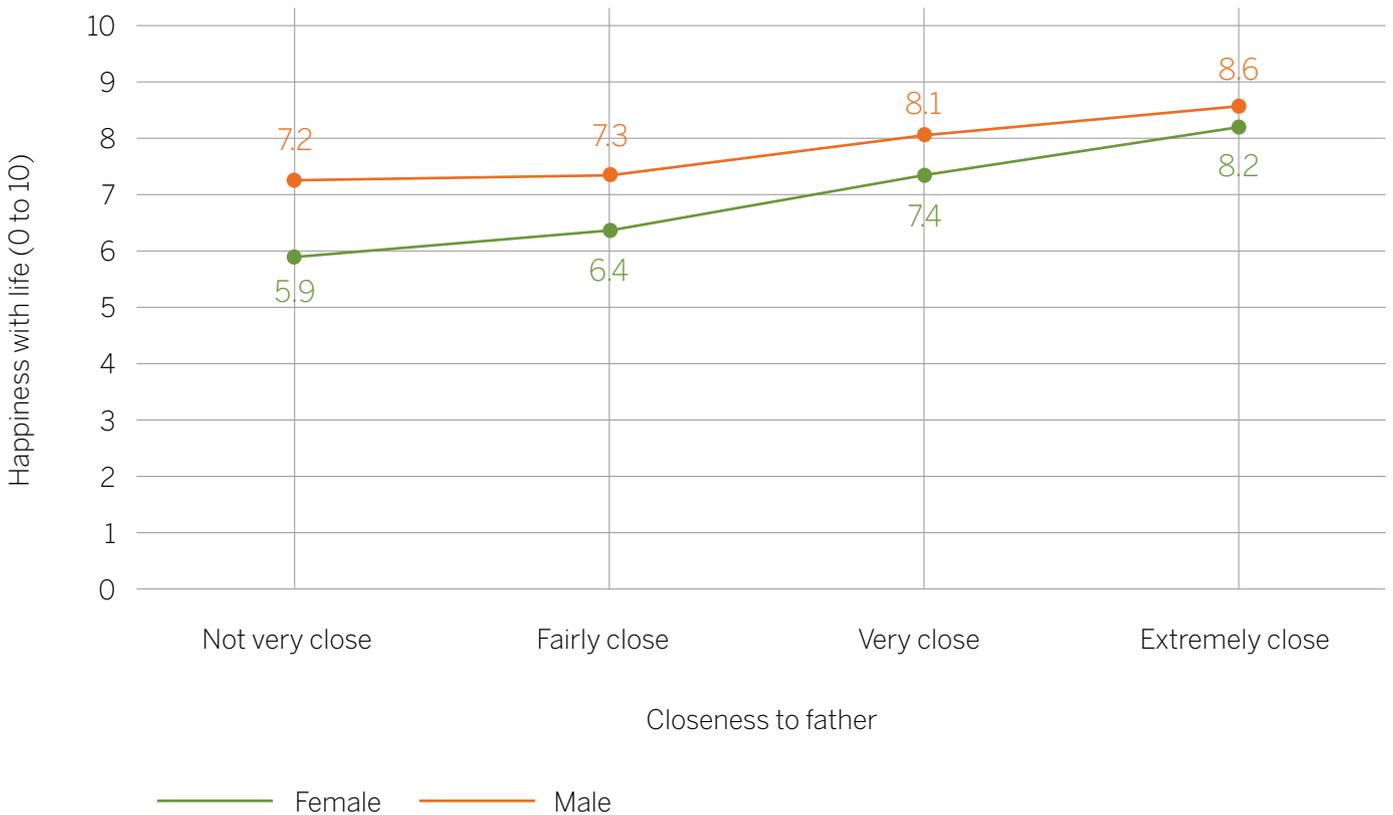
**Figure 22: Closeness to mother and happiness with life as a whole by gender**



Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14).

There were similar, although less strong, patterns for children's feelings of closeness to their father and their life satisfaction (Figure 23). Here, the closeness of the relationship also made a significantly greater difference to girls' life satisfaction than boys'.

**Figure 23: Closeness to father and happiness with life as a whole by gender**



Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14).

Frequency of arguing with their mothers was also more strongly related to girls' satisfaction with family life than boys'. There was no gender difference in the effect of arguing with fathers.

Generally, then, the quality of girls' relationships with their parents (in terms of closeness and conflict) had a greater bearing on their family and overall well-being than was the case for boys. It is possible that other aspects of family life – eg sibling relationships – might affect boys' satisfaction more than girls' (or vice versa). This could be explored further.

### **Friendships**

We now turn to a similar analysis of information in the MCS questionnaire about friendships. Children were asked three questions about seeing their friends outside of school:

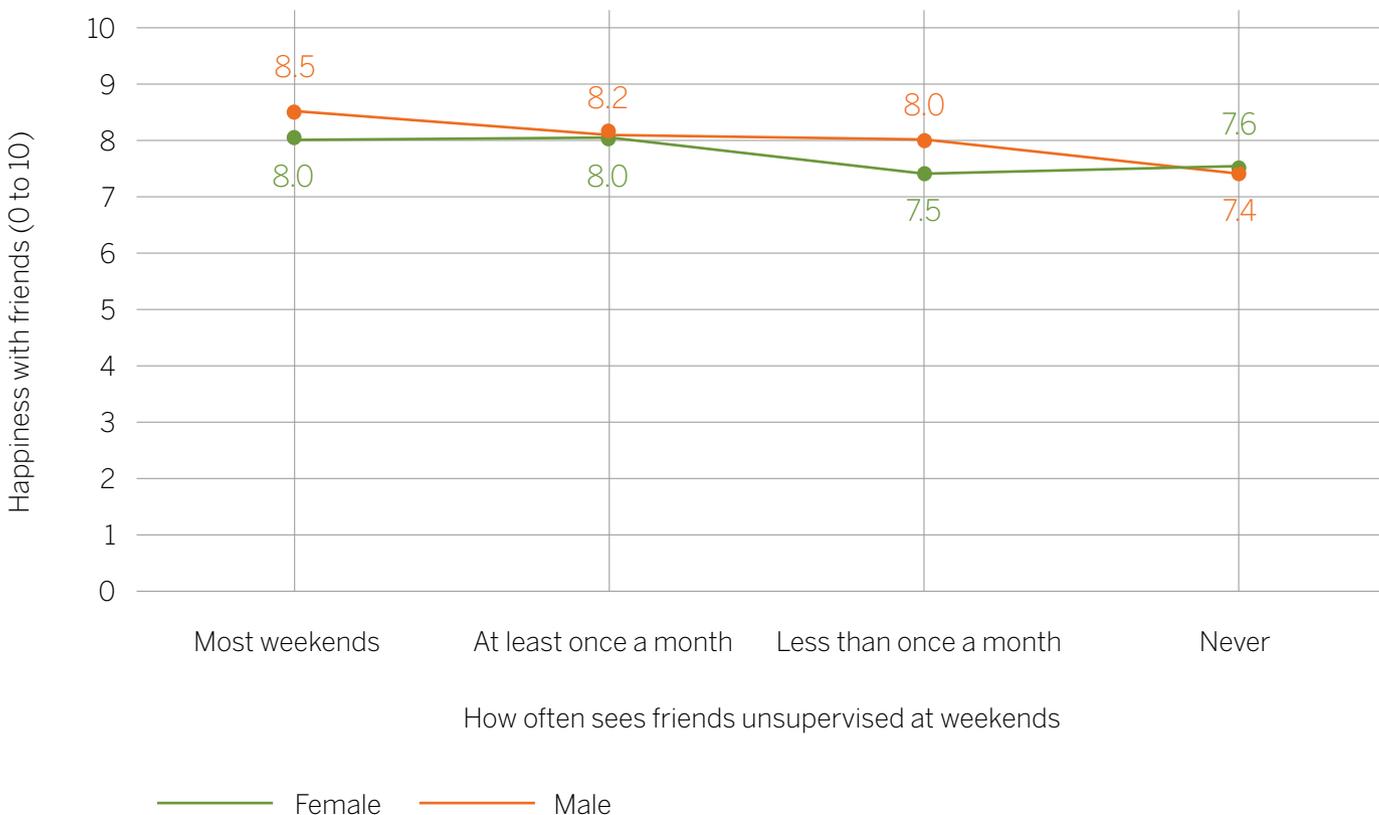
- In the afternoon after school how often do you spend time with your friends, but without adults or older children, doing things like playing in the park, going to the shops or just 'hanging out'?
- At the weekend how often do you spend time with your friends, but without adults or older children, doing things like playing in the park, going to the shops or just 'hanging out'?
- When you are not at school, how often do you spend time with your close friends?

It is plausible that children who see their friends more will be happier with their friendships – indeed, this was found to be the case. We also looked at this issue separately for girls and boys.



Figure 24 shows the links for the second question. In this case the frequency of seeing friends had a much stronger bearing on boys’ happiness with friendships than girls’. This gender difference in effects was statistically significant (95% confidence). We found the same pattern, although a little less strong, for the other two questions listed above.

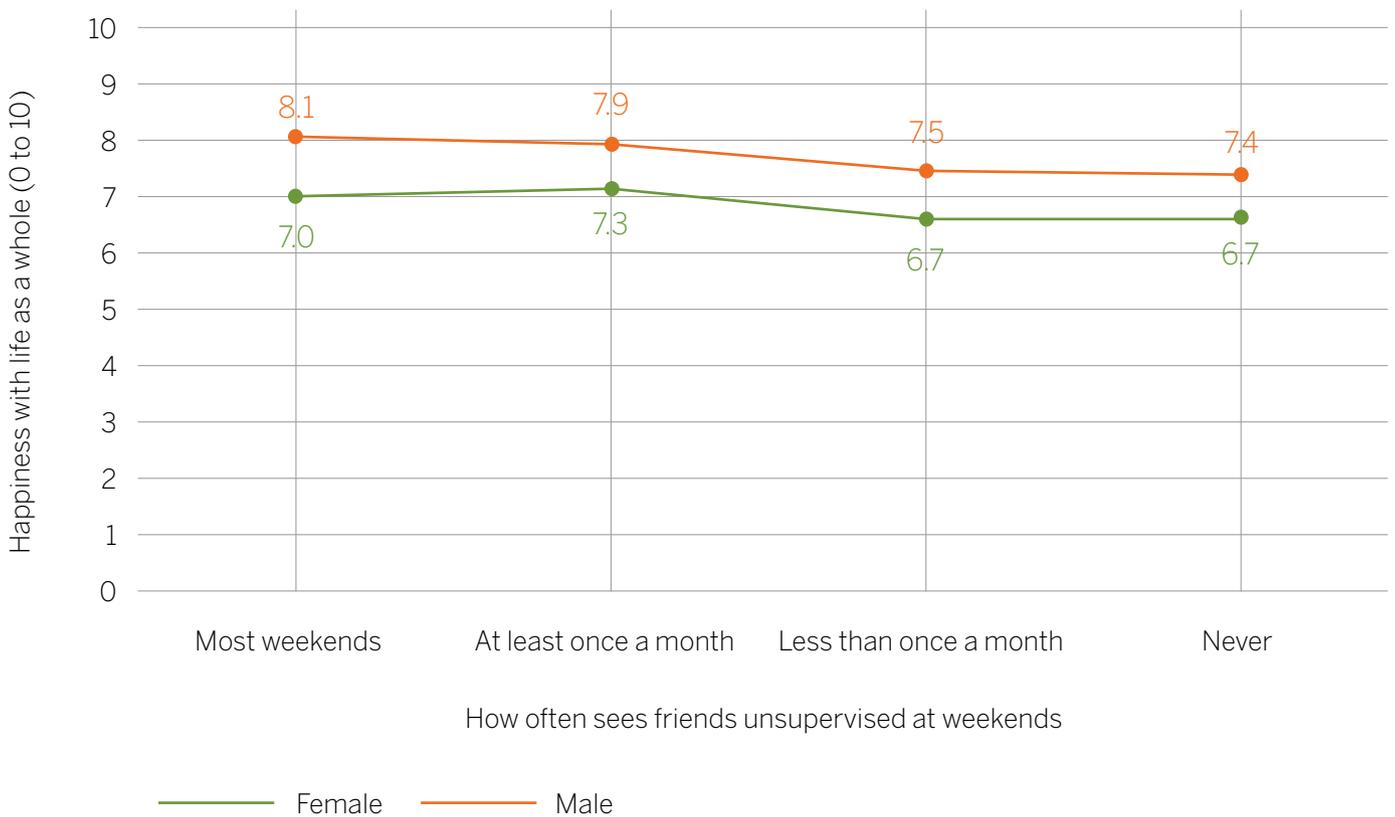
**Figure 24: Frequency of seeing friends unsupervised at the weekend and happiness with friendships by gender**



Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14).

This pattern also fed through more weakly into boys' and girls' happiness with life as a whole. There is an uneven pattern for girls' happiness, but the pattern for boys is clear. The gap in happiness with life as a whole between girls and boys who saw their friends most weekends was larger than for those who never saw their friends.

**Figure 25: Frequency of seeing friends unsupervised at the weekend and happiness with life as a whole by gender**



Source: Millennium Cohort Study, Wave 6, 2015 (when children were aged 14).

### **Children's experiences of gender stereotypes and appearance-related comments and behaviours**

We now turn to the consideration of factors that might help us to better understand children's happiness with appearance. In The Good Childhood Report 2017 we looked at whether experiences of bullying or social media usage – for which there are some gender differences in prevalence – could help us to explain gender differences in subjective well-being in general, and happiness with appearance in particular. In our analysis, high intensity social media usage did appear to be more important for girls' happiness with appearance (and life as a whole) than for boys' – but it could only partly explain gender differences for these aspects of life.<sup>15</sup> On the other hand, despite bullying being an important factor for subjective well-being, it did not help to explain well-being differences between girls and boys. Therefore, in this section, we move on to consider other factors.

Qualitative research with young people throws a light on different expectations that girls can face from parents, teachers and friends/peers, which can be difficult to reconcile. For example, girls often talk about the pressures that they face to look attractive, but within tightly defined boundaries (eg not look like a 'slag'). There can be added contradictions for girls when parents and teachers emphasise the importance of schoolwork over romantic or sexual relationships, while friends and peers emphasise the opposite. The following quotes come from our own research with young people, but similar messages emerge from other studies, such as the Global Early Adolescent Study.<sup>16</sup>

'Most of the time girls are expected to be really girly and wear lots of make-up instead of being able to play sports and be themselves.'

**Girl, Secondary school age**

'I feel judged all the time based on what I wear. It's like girls are expected to fulfil certain ridiculous expectations and no one knows what to wear anymore.'

**Girl, Secondary school age**

'Girls get told to look a certain way and if you don't you get told you are ugly, fat and flat chested and that makes you not feel good enough for anyone.'

**Girl, Secondary school age**

'We're expected to be perfect, like Barbie dolls or something, and if we don't then we get bullied.'

**Girl, Secondary school age**

'What would you have to do (to be called a slag)? Do anything, like wear your skirt too short, or show too much cleavage or have a slag line (when you have an unblended make up line).'

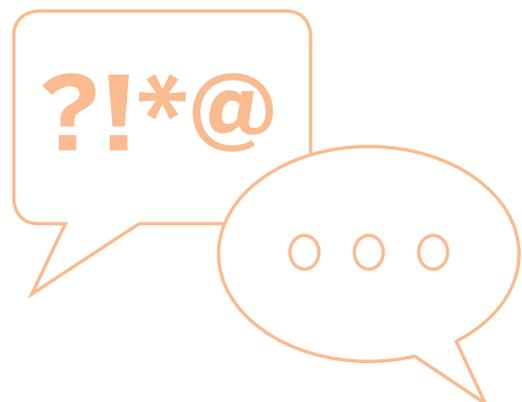
**Girl, Year 10**

'The girls feel pressured by the boys that they should look a particular way and that leads girls into depression or low self-esteem and makes girls feel ugly or worthless.'

**Girl, Secondary school age**

'Some girls wear make-up to fit in, if you don't wear it you get insulted. If you do, you get called a slag and get told off by teachers.'

**Girl, Year 8**



These pressures are not easy to square, and it is not hard to imagine that they would have a bearing on girls' well-being.

The Children's Society's annual well-being survey – a representative, household survey of 2,000 children aged 10 to 17 and their parents living in Great Britain – provides the opportunity to explore the extent to which children are exposed to comments and behaviours that are focused on their appearance and sexual behaviour, and are aware of stereotypical attitudes about gender within their peer group.

In May/June 2018 we conducted the latest wave of this survey – which has been asking children about their subjective well-being since 2010 – using The Good Childhood Index questions, comprising a multi-item measure of overall well-being and single item measures of happiness with different aspects of life (see the box on page 13 for a list of these questions). In addition to these questions on subjective well-being, we also included a set of questions about gender stereotypes and experiences of appearance-related comments and behaviours. As these questions were new, we carried out 'cognitive testing' with children aged 10 to 17 to ensure that the questions were easy to understand,

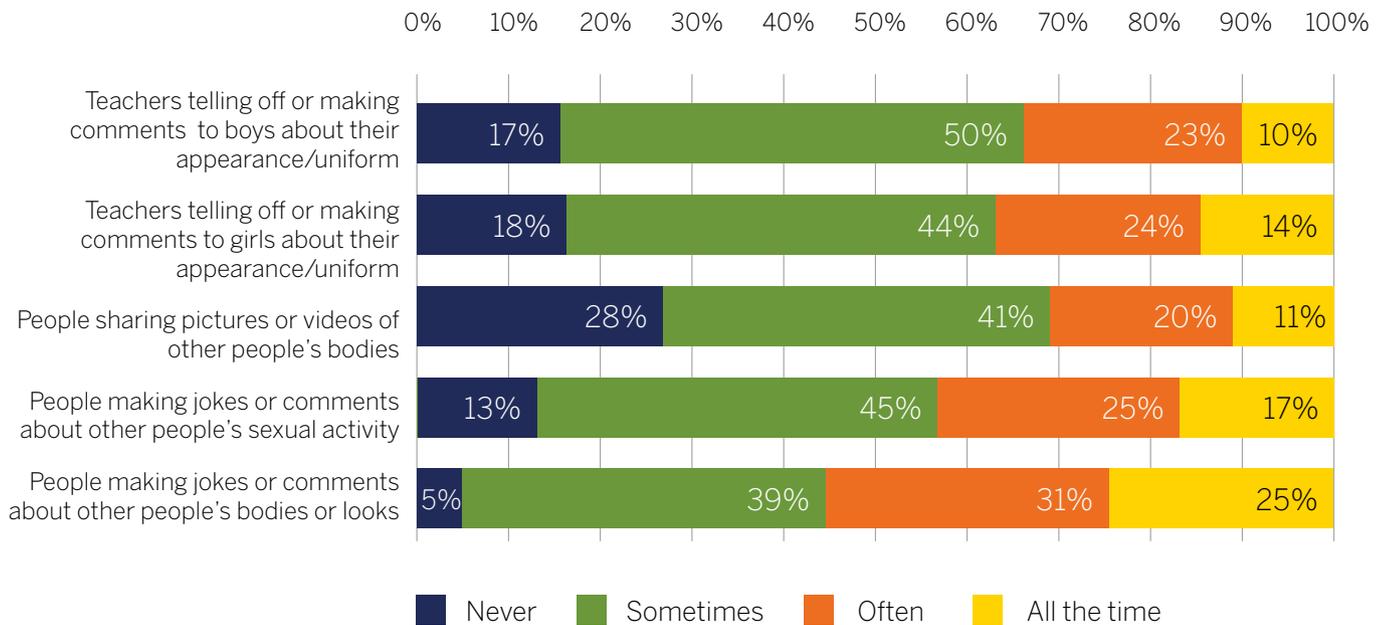
covered topics that they felt were important, and were appropriate for children to answer in a household survey.

### **Gender identity question**

To ask about gender identity, we asked children whether they considered themselves to be female, male, trans or whether they would prefer not to say. As only three children chose 'trans' and four said 'prefer not to say' – 0.1% and 0.2% of the sample respectively – the numbers were too small for us to analyse them separately. Therefore, in our analysis, when we describe gender differences we mean the difference between children who identify as males and females, who we usually refer to simply as boys and girls.

The specific questions that we asked on this topic are shown in Figure 26. For each statement, children were asked whether this happened at school 'never', 'sometimes', 'often' or 'all the time'. The third and fourth statements were asked only of children of secondary school age.

**Figure 26: Prevalence of comments and behaviours about children’s appearance**



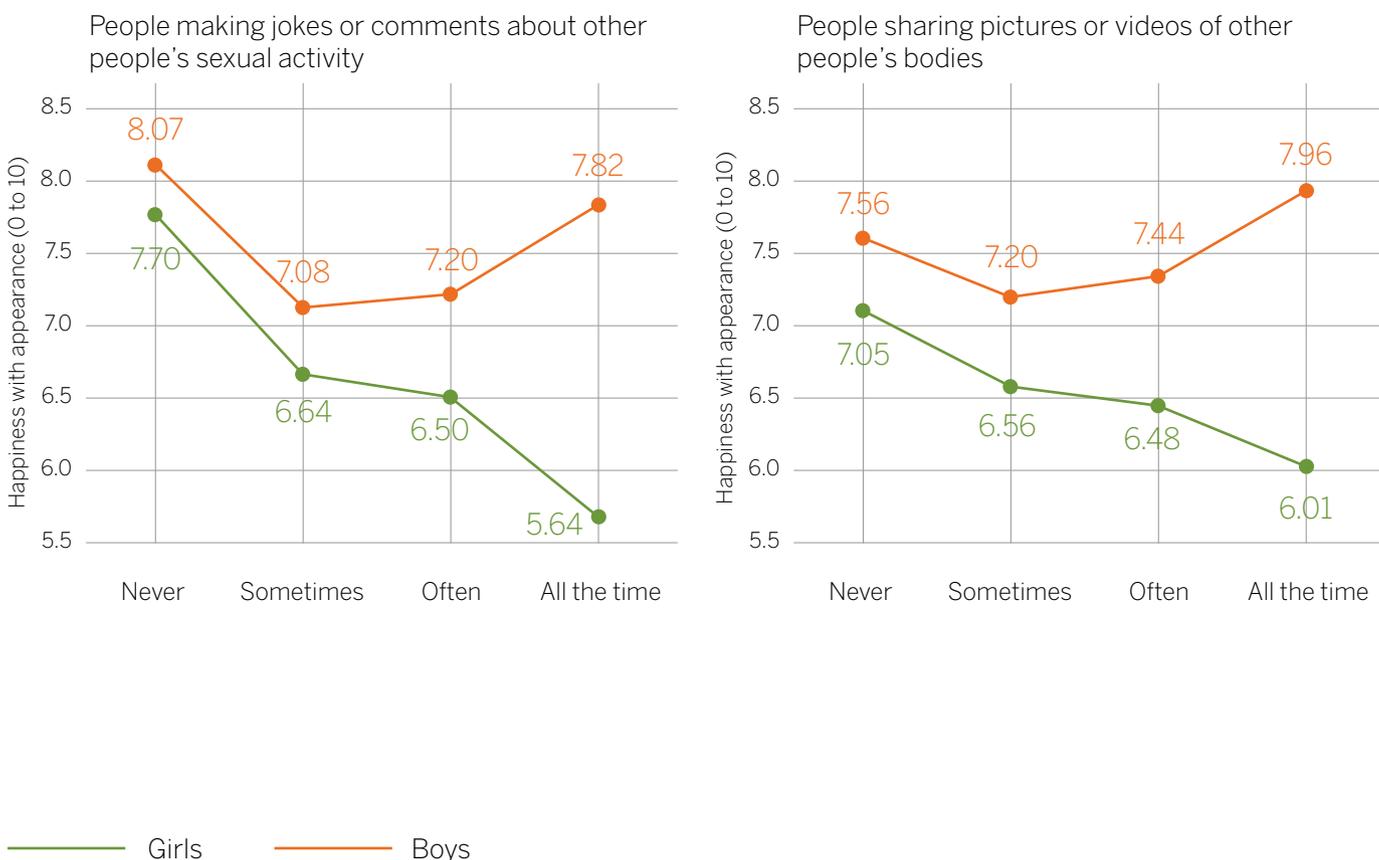
Source: The Children’s Society’s household survey, Wave 17, May/June 2018, 10 to 17 year olds, Great Britain. Equally weighted by age and gender.

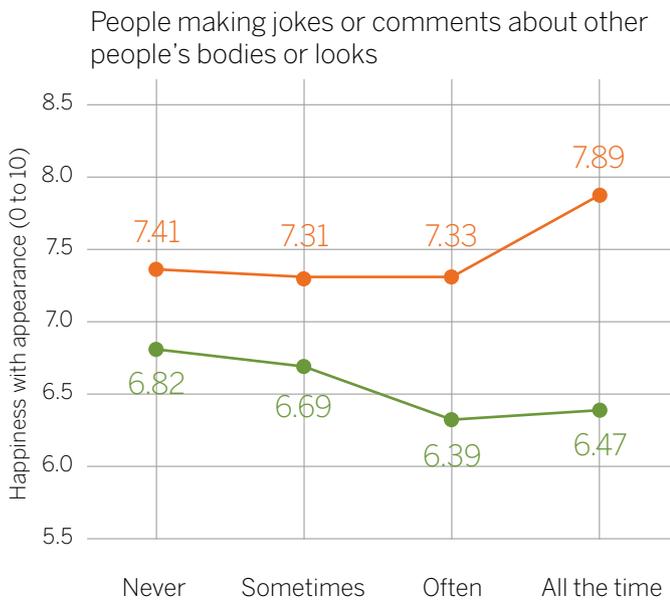
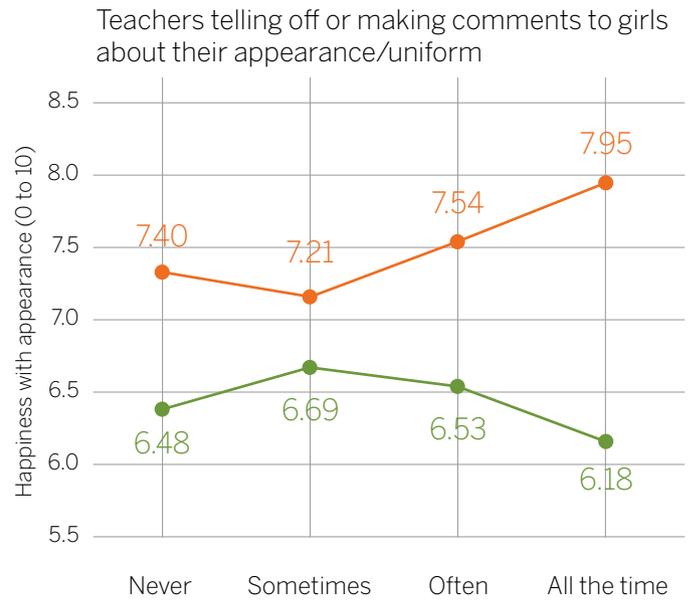
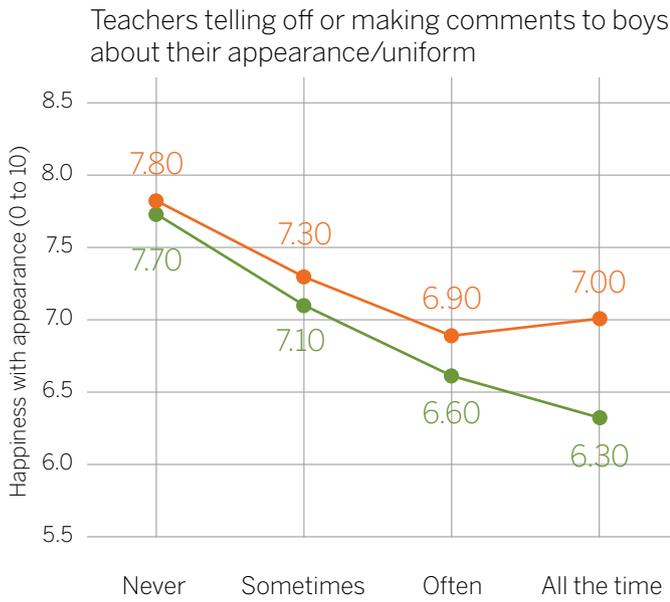
Perceiving these behaviours to happen 'all the time' at school was more important for girls' overall subjective well-being than boys'. This was particularly the case for children reporting 'people sharing pictures or videos of other people's bodies' and 'people making jokes or comments about other people's bodies and looks.'

There was a similar pattern – but even more pronounced – for happiness with appearance. Girls who said that 'making jokes or comments about other people's sexual activity happened all the time at

school had appearance scores that were 2.0 points lower (on a scale from 0 to 10) than girls who said this never happened. For boys, there was a different relationship – indeed boys who said this happened 'all the time' had higher well-being than those who said it happened only 'sometimes'. The picture was similar but less pronounced for 'sharing pictures or videos of other people's bodies'. These behaviours appear to be considerably more important for girls' well-being than for boys'.

**Figure 27: Girls' and boys' happiness with appearance according to prevalence of comments/behaviours about appearance at school**



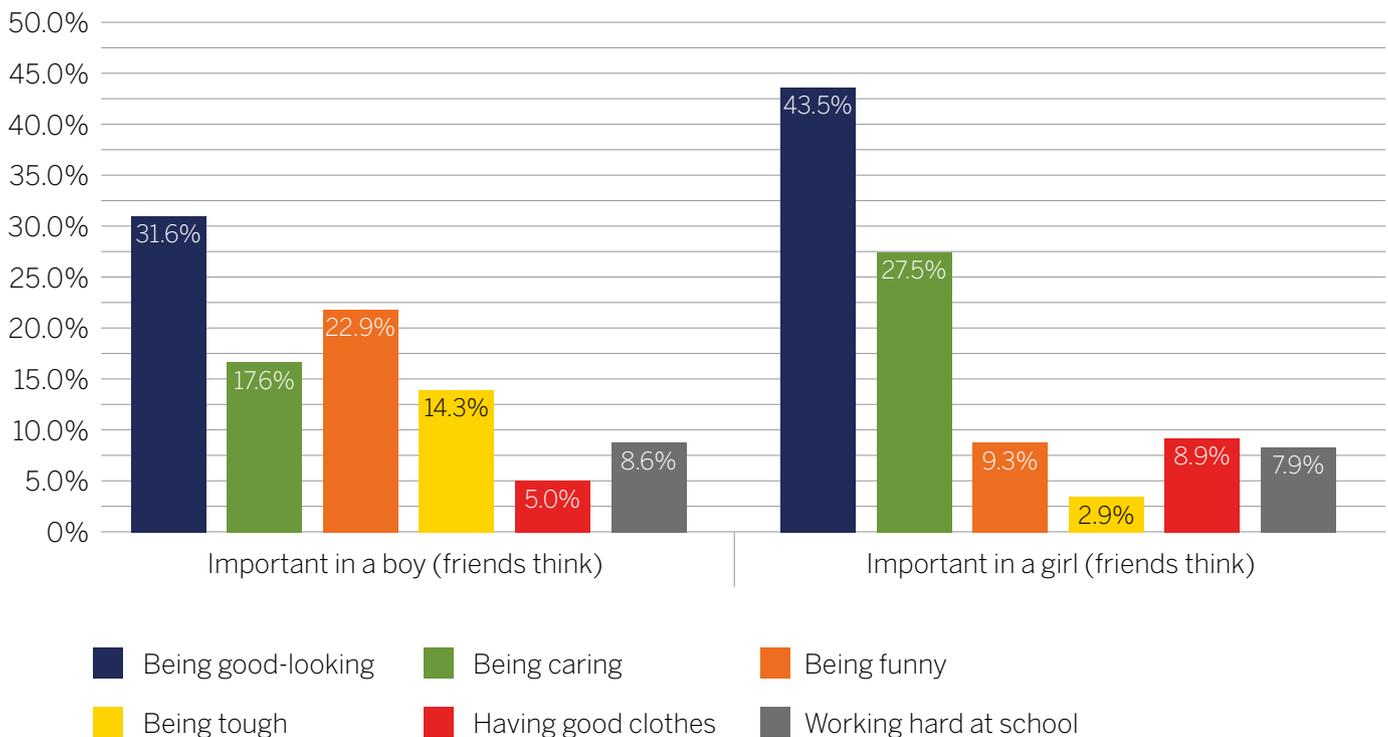


Source: The Children's Society's household survey, Wave 17, May/June 2018, 10 to 17 year olds, Great Britain. Equally weighted by age and gender.

We also wanted to explore gender norms to see whether children who feel under pressure to conform to traditional gender stereotypes had lower subjective well-being than children who do not feel that pressure. To try and get a sense of the peer expectations for boys and girls that children are aware of, we asked them which of a list of six attributes – being good-looking, caring, funny, tough, having good clothes and working hard at school – they thought their friends would say was most important in a girl and in a boy. They could only choose one attribute for girls and one for boys.

Children's responses were in line with traditional gender stereotypes. 'Being good-looking' was the top answer for both boys and girls, and children were more likely to highlight this as important in a girl than in a boy. The next most common answers were 'being caring' for girls and 'being funny' for boys. Being tough was seen to be a male trait: almost 1 in 8 (14%) children said this was important in a boy, compared to just 3% who said this was important in a girl. 'Having good clothes' was felt to be more important in a girl, while 'working hard at school' was seen to be equally important for both genders.

**Figure 28: What attribute children think their friends would say is most important in girls and boys**



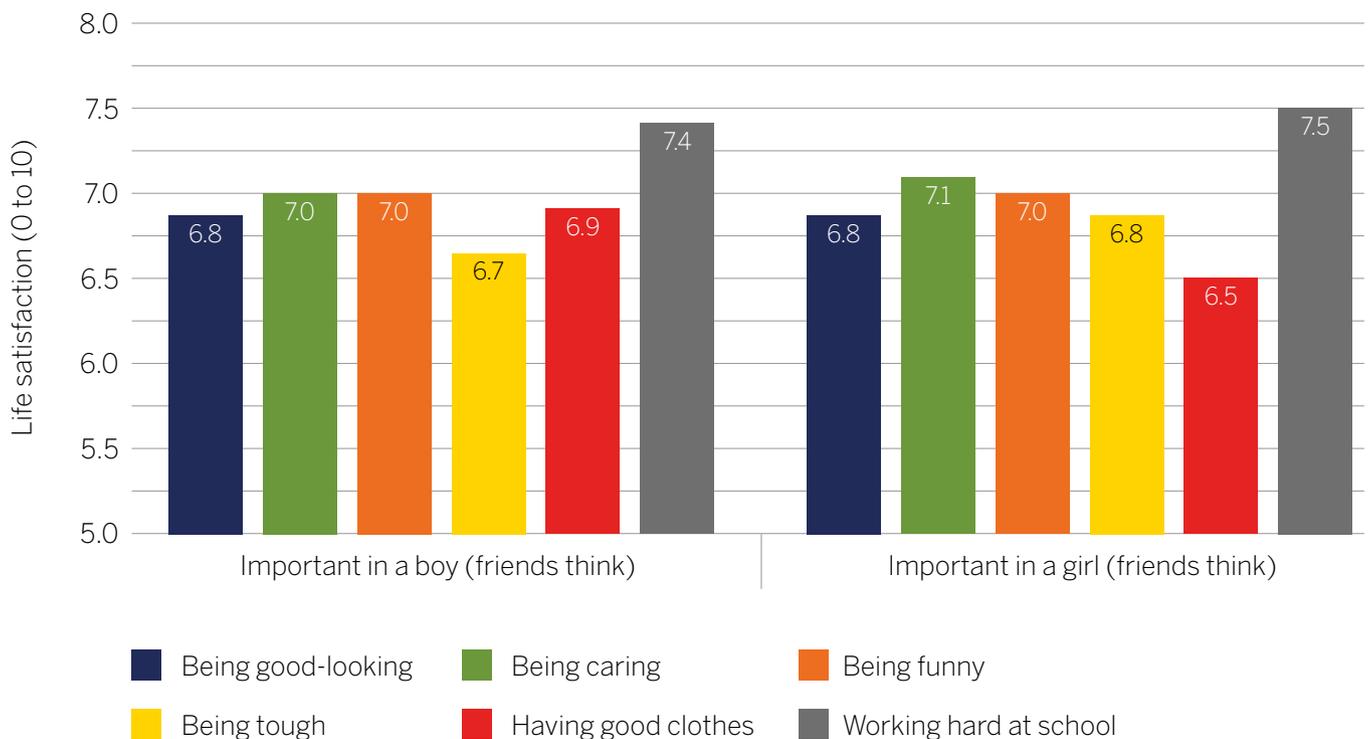
Source: The Children's Society's household survey, Wave 17, May/June 2018, 10 to 17 year olds, Great Britain. Equally weighted by age and gender.

Children’s responses to these questions were significantly related to their subjective well-being. This was true for both boys and girls.

- The children who chose ‘working hard at school’ for girls and boys had the highest well-being.
- The children who chose ‘being tough’ for boys had the lowest well-being.
- The children who chose ‘having good clothes’ for girls had the lowest well-being.

These findings suggest that children whose friendship groups emphasise traditional gender stereotypes – such as boys being tough and girls dressing in a certain way – may find these expectations difficult to live up to, resulting in lower well-being for both girls and boys. However, other gender stereotypes – such as boys being funny and girls being caring – were not related to subjective well-being in the same way.

**Figure 29: Children’s subjective well-being according to the attributes that are felt to be important in girls and boys**



Source: The Children’s Society’s household survey, Wave 17, May/June 2018, 10 to 17 year olds, Great Britain. Equally weighted by age and gender.



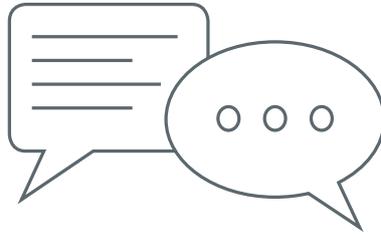


## Summary

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- Happiness with family relationships has the strongest influence (out of five aspects of life) on children's overall subjective well-being. Happiness with appearance was the next strongest influence.
- Happiness with friendships is also important, particularly for boys.
- Children who felt less close to their parents and argued more often with them had lower than average happiness with family and with life as a whole. This effect was stronger for girls than boys.
- Boys who saw their friends more frequently outside school had higher satisfaction with friendships and with life as a whole. This pattern did not apply to girls.
- Girls who said that appearance-related comments and behaviours at school were widespread had much lower happiness with appearance and life as a whole. This pattern did not apply to boys.
- The way in which relationship factors influence children's subjective well-being differs for girls and boys.
- Children whose friendship groups emphasise traditional gender stereotypes – such as boys being tough and girls dressing in a certain way – had lower subjective well-being





## Discussion

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### **Time trends in subjective well-being**

In Chapter 1, we updated our analysis of time trends in subjective well-being – presented in successive Good Childhood Reports – with the latest available data. This revealed a continuation of previous trends, and different patterns for different aspects of children’s lives. Between 2009 and 2016, children’s happiness with friends and life as a whole dropped, while their happiness with schoolwork increased. There was no change in happiness with family, school or appearance.

New analysis of the longer term trends gives a different perspective. It transpires that the recent drops in children’s happiness with life as a whole and friends follow corresponding rises in happiness with these domains between 1995 and 2009. In comparison, children’s happiness with family, schoolwork and school increased over the longer period. Thus, there are conflicting trends for different aspects of children’s lives, and for different timeframes.

This is not necessarily surprising. Trends in children’s subjective well-being could conceivably reflect broader cultural and attitudinal changes, as well as changes to the policy landscape, resulting in a confluence of factors that might be pulling in different directions. Certainly, given the multitude of factors that we know to be important for children’s well-being, the trends that we see for different aspects of well-being are unlikely to be attributable to a single policy or cultural

phenomenon. We may never have a perfect understanding of the many influences on children’s lives, but that should not distract us from doing what we can to improve things for children. The following sections offer some insights into where we might focus our efforts.

### **Subjective well-being and mental ill-health**

The evidence in Chapter 2 shows that three different measures of subjective well-being, depression and emotional and behavioural difficulties identify different children as in need of support. For example, boys – and children in low-income households – are more likely to be identified by measures of emotional and behavioural difficulties, while girls – and children who are attracted to the same or both genders – are more likely to be identified by measures of subjective well-being and depression.

This analysis also demonstrated that the two mental health measures were better predictors of truancy than subjective well-being. However, subjective well-being and depression were better predictors of self-harm. It is remarkable that a single-item measure of subjective well-being is a stronger predictor of self-harm than a 20-item measure of emotional and behavioural difficulties. This may be due to the fact that the latter is reported by parents while the other two are reported by children. However, this in itself is an important conclusion to draw and adds weight to the assertion that when considering the mental health and well-being of children,

data from children must be considered the gold standard.

Here then is an acknowledgement that without listening to children's voices about which aspects of life are going well – and which are not – we could miss thousands of opportunities to help children who could benefit from extra support. Clearly, identifying emotional and behavioural difficulties in children is important, but it only takes us so far.

### **Variations in subjective well-being for different groups of children**

In Chapter 1, we drew on data from the Millennium Cohort Study when children are aged 14 to explore how 'protected' characteristics such as gender, ethnicity, disability and sexuality are related to children's subjective well-being. In Chapter 2, we looked again at some of these characteristics in relation to depression and emotional and behavioural difficulties. The findings about children's sexual orientation are striking. Children aged 14 who said they were attracted to the same or both genders had markedly lower subjective well-being – and a much higher likelihood of depressive symptoms – than children who are attracted to the opposite or neither gender.

At age 14, many children will still be exploring or questioning their sexuality, and only some children will have 'come out' to friends and family as having a non-heterosexual identity.

Indeed many in the sample reported that they were not attracted to boys or girls. It is possible that lower subjective well-being for children who said they were attracted to the same or both genders may reflect feelings about 'being different' from traditional norms of gender identity and sexuality – as well as experiences of homophobic comments and bullying at school. This evidence, in combination with the findings about gender stereotypes in Chapter 3, points to the strength of gender and sexuality norms for children from a young age. It is not hard to imagine that it would be difficult to have a non-heterosexual identity in the highly gendered environment that is described in Chapter 3.

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

Analysis of gender trends over the longer term offers valuable new insights into our understanding of gender differences in subjective well-being. When the more recent Understanding Society trends (for the period of 2009 to 2016) are considered in isolation, the figures point to a growing gender divide for some aspects of well-being, and a drop in girls' happiness with appearance and life as a whole over time. However, the longer term trends give a different and intriguing perspective: the gender gaps that were evident in the mid-1990s for happiness with life as a whole and appearance are of a similar magnitude to the gaps that we see 20 years on. These gaps are not solely a recent

phenomenon. In this light, children's usage of social media and the digital world seems less likely to be the only or main explanation for gender differences in subjective well-being. We will have to look for other explanations.

In Chapter 3 we looked at factors that might explain gender differences in three different domains of well-being – family, friends and appearance – which, by extension, might help us to understand differences between boys' and girls' overall subjective well-being. This analysis suggests that time spent with friends is more important for boys' well-being than girls', while relationships with family are more important for girls' well-being than boys'. Appearance-related comments and behaviours – such as people making jokes or comments at school about other people's bodies, looks or sexual behaviour – appeared to be more important for girls' well-being than boys'.

Chapter 3 also revealed that children are living in environments that are highly gendered. Children were aware of different expectations for boys and girls from a young age: they felt that being good-looking, being caring and having good clothes were more important for a girl, and being tough and funny were more important for a boy. Furthermore, awareness of these gender stereotypes had a bearing on children's subjective well-being. Children who felt their friends would say that being tough is important in a boy and having good clothes is important in a girl had lower well-being. This applied to both girls and boys.

### Overall comment

The common thread running through this report is that children's interactions with those around them – and the way in which children make sense of those interactions – are fundamentally important to how they feel about themselves and their lives. If children feel supported by the people around them and feel at ease with how their emerging identity 'matches up' to the norms of gender and sexuality that they perceive to be important within their social circles, they may be able to retain a positive view of themselves and cope with the difficulties of growing up and building an identity that they feel comfortable with.

On the other hand, if they have internalised gender norms that are at odds with their emerging identities, and witnessed negative interactions and bullying about identities that are different to the norm, retaining a positive view of themselves will be harder. In case we needed any more reason to address the powerful norms of gender and sexuality that pervade children's lives from a young age, this report provides more evidence to do so. The finding that at age 14, 1 in 5 girls – and almost half of children saying that they have been attracted to the same or both genders – have self-harmed is deeply worrying. Children should not be expected just to 'brush off' criticism and bullying related to being different. This does not need to be part of growing up.

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