

Teachers' views on national children's wellbeing measurement in schools

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The Children's Society

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Executive Summary

Overview

Children's wellbeing is declining in the UK.¹ While subjective data on adult wellbeing has been systematically collected since 2012, very little large-scale and comparable data on children's wellbeing is collected. This means that policymakers cannot rely on the latest data to inform decisions about children and young people which could harm their outcomes and opportunities. The lack of data also results in ineffective allocation of funding.

Measuring children's wellbeing in schools would provide a large-scale understanding of how children are doing in their lives and support schools to effectively respond to pupil need. In education, decisions are too often taken without asking teachers for their opinions. The Children's Society commissioned polling of teachers to gather their views on whether children's wellbeing should be measured annually and on a national scale in schools. Over 8,800 teachers responded to our polling questions.

- **60% of teachers agree that children's wellbeing should be measured in school at least once a year, across England.**

Our findings echo calls from parents² and The Times Education Commission³ for a programme of national children's wellbeing measurement to be introduced across schools.

Headline recommendations: We recommend that the Cabinet Office should lead a cross-government programme, including a cross-government delivery unit, for comprehensive measurement of children's subjective wellbeing in schools in England.

As an independent body that already oversees adult wellbeing data, the Office for National Statistics should have ownership of the collection, analysis, and dissemination of children's wellbeing data.

Key findings

- 60% of teachers who took part in our polling agreed that children's wellbeing should be measured in school at least once a year, across England. 17% of teachers disagreed, and 21% were not sure.
- For teachers, the most important consideration concerning national children's wellbeing measurement in school was 'how findings will improve pupils' wellbeing' (76%).
- Teachers identified NHS Digital (38%) and university research teams (25%) as the top two choices for organisations which should run national children's wellbeing measurement. Ofsted, the Independent Schools Inspectorate (8%) and private providers (3%) were the least popular options. See [page 10](#) for a full breakdown of the responses.

The impact of measuring children's wellbeing

Our findings echo research by the Youth Sports Trust (2021) which found that 73% of parents surveyed wanted schools to measure and track the wellbeing of their pupils.⁴ The Times Education Commission's final report also shares The Children's Society's longstanding call for a comprehensive national measurement of children's wellbeing.⁵ There is a clear appetite for children's wellbeing measurement from parents/carers, teachers, and education professionals alike. Without a reliable and comprehensive mechanism to collect wellbeing data the Government is

unlikely to make significant progress in designing and implementing evidence-informed policies to improve children and young people's lives.

We estimate that to deliver children's subjective wellbeing measurement would cost approximately £12,000,000 per year. This cost includes children aged 10 to 18 years old in England and is calculated based on an estimated cost of £2 per pupil and ONS Mid-Year population estimates for 2021 of 6,000,447 children aged 10 to 18 in England.⁶

The Children's Society believes that measurement of children's wellbeing would result in considerable savings due to improved early identification of need, effective prioritisation of intervention across need, and improved cross-system approaches being implemented. Integrated care systems, health and wellbeing boards, local authorities, councillors, the voluntary and community sector, MPs, the NHS, schools, police, and other public services could all benefit from the opportunity to gain a granular understanding of children's wellbeing in the local area they represent or work in.

Recommendations

- The Cabinet Office should lead a cross-government programme of comprehensive measurement of children's subjective wellbeing in schools in England.
- This should include setting up a cross-government delivery unit to establish the school wellbeing measurement programme. A cross-government approach will ensure that the responsibility for improving wellbeing does not fall solely on schools. It will also support the broader use of children's wellbeing data in policymaking to improve children's lives.
- The delivery unit should include (but not be limited to) representatives from the Office for National Statistics (ONS), NHS England, Department for Education (DfE), Department of Health and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), university partners and the voluntary and community sector.
- The Office for National Statistics, as an independent body that already oversees adult wellbeing data, should have ownership of the collection, analysis, and dissemination of children's wellbeing data.

Based on this research and The Children's Society's previous work to build the case for national wellbeing measurement,⁷ we suggest wellbeing measurement should:

- be undertaken on a regular basis in schools, at least annually,
- be carried out in school years 6, 7, 9, and 11, and once during further education,
- be accompanied with support for schools to understand and use their data to improve their provision, building capacity and partnership working without establishing wellbeing league tables,
- use the ONS Wellbeing Measures alongside a small range of additional indicators to cover current evidence gaps,
- ensure the data collected is of sufficient sample sizes to enable application at both local and national levels and be made available to a range of end users spanning local authorities, health bodies, schools, the voluntary and community sector, police and crime commissioners and other interested parties,
- use sampling and collection methods designed for the inclusion of young people who are not attending school, including those who are home-schooled, and link with existing key databases such as the National Pupil Database.

Introduction

This report examines the views of schoolteachers and school leaders on national children's wellbeing measurement in schools.

What is wellbeing?

Wellbeing is “about ‘how we’re doing’ as individuals, communities and as a nation and how sustainable that is for the future”.⁸

There are two different types of measures of wellbeing:

- objective wellbeing (quantifiable social indicators such as attainment levels)
- subjective wellbeing (an individual's own evaluations or thoughts about life, their feelings and emotions, and their sense of meaning, purpose, and control).

Wellbeing is not the same as mental health, although the two can be linked.

What do we mean by ‘wellbeing measurement’?

Asking children, via online surveys in schools, how happy they feel overall and about the key aspects of their lives.

This can include school life, their relationships with family and friends, their appearance and health. As well as other factors such as how happy they are with how they use their time, the things they have and the future.

By understanding children's feelings, changes can be made to improve their lives and spot emerging issues early. Groups of children with low wellbeing can receive the targeted support they need.

The Children's Society's Good Childhood Report 2023 shows that the wellbeing of children and young people aged 10 to 15 in the UK has declined over the past 11 years.⁹ In the latest OECD Programme for International Student Assessment (PISA) rankings (2018), the UK ranked 27th out of 30 OECD countries for children's (aged 15) wellbeing.¹⁰ The Children's Society's research has linked low wellbeing to experiences of multiple disadvantages, financial strain, and poor physical and/or mental health.¹¹ Findings from The Good Childhood Report 2021 suggested that low subjective wellbeing at age 14 is linked to a higher risk of mental health issues at age 17.¹²

By measuring children's subjective wellbeing, we can better understand ways to improve it - providing children with the happy childhood they deserve, and potentially reducing the chances that some children will struggle with mental health issues in the future.

There is a clear appetite from parents and carers for children's wellbeing to be measured in schools; research by the Youth Sports Trust (2021) found that 73% of parents surveyed wanted schools to measure and track the wellbeing of their pupils.¹³ However, decisions are too often taken in education without asking teachers for their opinions which is why The Children's Society commissioned this research.

The case for national children's wellbeing measurement in schools

Research has linked children's low wellbeing with poor academic attainment.¹⁴ Alongside increased mental health provision in schools through the initial rollout of Mental Health Support Teams (MHSTs), many schools are delivering multiple and varied provisions to support their pupils' wellbeing. However, it can be difficult for schools to know if their interventions and approaches to

improving wellbeing are working. Senior mental health leadsⁱ that completed their training in 2021/22 participated in regular follow-up surveys. When asked what further practical resources and support they needed to bring about effective change for mental health and wellbeing in their schools, the most common response (63%) was “resources or tools specifically to help with wellbeing measurement”.¹⁵

Some schools are choosing to undertake their own wellbeing measurement, recognising the value of this data. DfE research (2022) shows that 16% of schools had fully embedded, and 39% of schools had partially embedded pupil mental health and wellbeing measurement to inform school practices.¹⁶ Where schools are measuring wellbeing, they are doing so by creating their own surveys, using free tools such as The Children Society’s Good Childhood Index, or paying for services from private/external providers. There are also examples of local authority-led surveys, although often with a focus on physical health. Each survey tends to use different questions with possible variations in quality, which means that results are rarely comparable with those from other schools, other areas, or against a national picture. A great deal of time and resource is therefore being used to measure a range of indicators about children’s lives which is highly localised and not standardised. This is of very limited use to national decision-makers and may only show part of the local picture for local decision-makers.

In the current uncoordinated approach, not every education setting will be able to access wellbeing measurement tools, for example, due to costs, capacity constraints, or lack of guidance and support. A consistent and comprehensive national measurement programme would give all schools the opportunity to understand and react to the needs of their pupil cohorts. While subjective data on adult wellbeing has been systematically collected since 2012, alongside the collection of data on 9 objective dimensions of wellbeing,¹⁷ very little large-scale and comparable data on children’s wellbeing are collected (see Appendix).

A comprehensive programme of children’s wellbeing measurement would produce robust, comparable data that can be further utilised for local and national decisions concerning children’s wellbeing. This could help policymakers to identify local areas and groups of children that need effectively targeted funding and support, monitor progress, and hold decision-makers to account. National wellbeing measurement would also enable decision-makers to better understand the wellbeing of the most disadvantaged children who are often not well represented in existing surveys with smaller sample sizes.

Integrated care systems, health and wellbeing boards, local authorities, councillors, the voluntary and community sector, MPs, the NHS, schools, police, and other public services could all benefit from the opportunity to gain a granular understanding of children’s wellbeing in the local area they represent or work in.

It’s important to note that while we make the case for wellbeing measurement to take place in schools, the responsibility for improving pupil wellbeing goes far beyond schools alone.

ⁱ Senior mental health leads (SMHLs) have a strategic role in overseeing a whole-school approach to promoting and supporting pupil wellbeing.

Methodology

Polling

Polling was carried out using Teacher Tapp,ⁱⁱ a daily survey app for teachers in England. Our three polling questions were live on the app for 24 hours on Saturday 27 May 2023. Teachers were not aware that the questions were commissioned by The Children's Society. We received over 8,800 responses to each question and the results were weighted by Teacher Tapp to represent national teacher and school demographics. The following teachers responded to our three polling questions (actual numbers, not reweighted):

- At least 2,810 primary school teachers and 6,044 secondary school teachers,
- At least 8,234 state-funded school teachers and 620 private school teachers,
- At least 3,084 classroom teachers, 3,521 middle leaders, 1,712 senior leaders, and 537 headteachers.

Supplementary qualitative research

To inform our polling questions, understand the current context of wellbeing measurement in schools, and sense check our polling findings, we undertook the following qualitative exercises between April-June 2023:

- Small group interviews with six secondary school senior leaders from six schools (including academies, a local authority-maintained faith school and independent schools, both mainstream and alternative provision) and one policy specialist from a teacher's union.
- 4 individual interviews with members of the [Well Schools Board](#).
- A presentation of the findings followed by a short group discussion with the Association of School and College Leaders (ASCL) Ethics, Inclusion and Equalities Committee.

Within the report we've included quotes from these discussions to provide context to our findings.

A note on the context and timing of this research

This research took place during a challenging period for the education sector. Our polling and qualitative research occurred around major teacher strike periods, although not on strike days themselves. We recognise that many schools are working under considerable strain with multiple pressures being felt by teachers and headteachers.

Also, at the time of the research there was considerable press attention about the death of a head teacher who sadly took their own life in January 2023 while waiting for an Ofsted report and subsequent calls to reform Ofsted inspections.

Although the focus of this report is on children's wellbeing, from the outset The Children's Society acknowledges the importance of teacher and staff wellbeing which also needs to be addressed for the benefit of the whole school community.

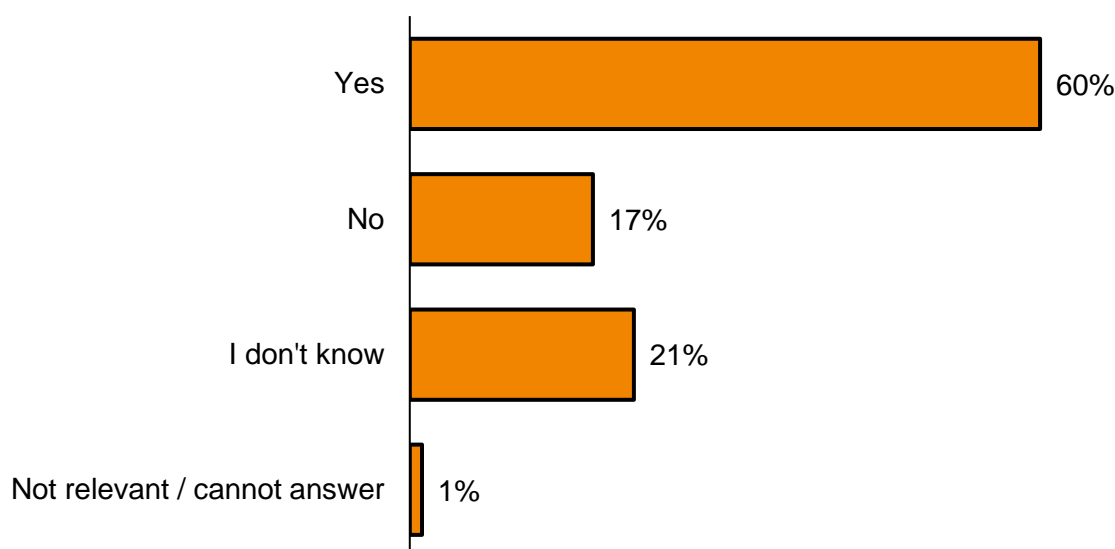
ii Teacher Tapp asks over 9,000 teachers questions each day and reweights the results to mirror the phase, funding-status, age, gender, job role and regional characteristics of the teacher workforce in England. While the app is available for anyone to download and use, at sign-up teachers are asked to provide their school name and postcode, alongside details of their job role, which is cross-checked against government databases to confirm they are a teacher. Non-teacher responses are removed from data analysis. More information on why the data is representative can be found here <https://teachertapp.co.uk/how-it-works/#representative-data>.

Our findings

1. Should children's wellbeing be measured at school at least once a year, across England?

Our first polling question asked teachers their opinion on whether children's wellbeing should be measured in school at least once a year, across England (Figure 1). 60% of teachers were in favour of wellbeing measurement, while 21% of teachers responded, 'I don't know', and 17% disagreed. These findings remained consistent across different school phases, state/private funding, governance, size, region, Ofsted rating and levels of deprivation.

Figure 1: Teachers' views on whether children's wellbeing should be measured at school at least once a year, across England.



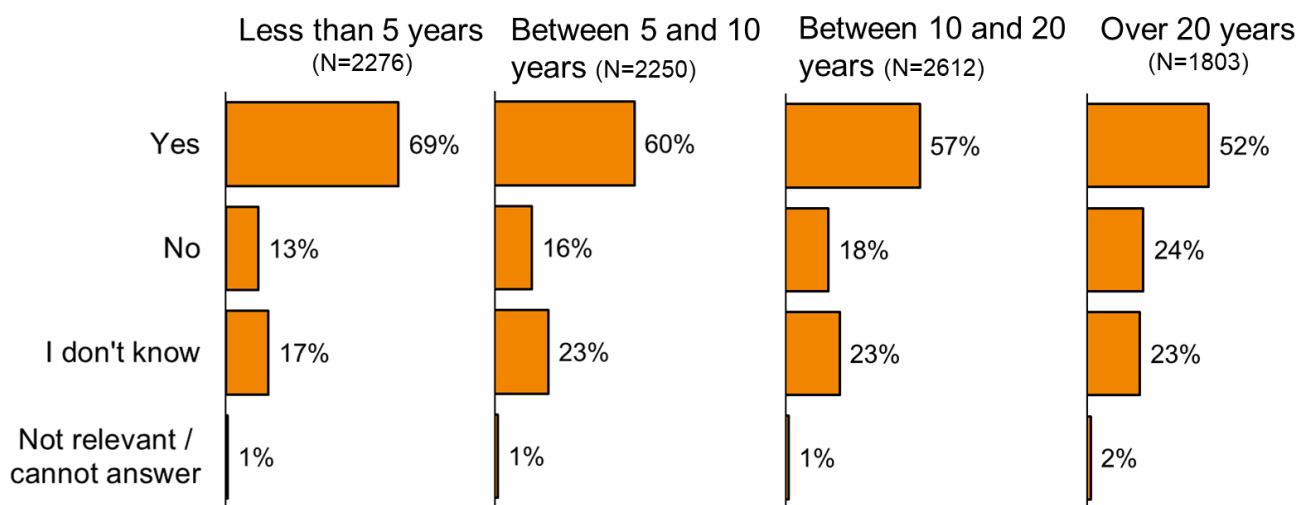
Question answered by 8,997 teachers on 27/05/2023 (results weighted to reflect national teacher and school demographics).

In our supplementary qualitative research, senior leaders and headteachers noted several advantages that could come from national wellbeing measurement in schools. This included providing schools with reassurance by gaining an understanding of how their pupils are feeling and what works to support them. Others recognised the importance of wellbeing measurement as a benchmarking tool to allow schools to see what they are doing right for their pupils, spotting trends early, and identifying needs among cohorts of pupils.

'I like the idea of a national picture – something that compares what's going on in your area.'

Responses to this question varied in terms of 'years of experience' and teacher 'age' and 'seniority' (Figure 2). As the years of experience, age, and level of seniority increased, the percentage of those in favour of measuring wellbeing in schools once a year fell, with more selecting 'no'.

Figure 2: Teachers' views on whether children's wellbeing should be measured annually at school across England, by years of teaching experience.



Question answered by 8,945 teachers on 27/05/2023 (results weighted to reflect national teacher and school demographics).

Several possible reasons behind these trends came up in our discussions with headteachers after the polling took place:

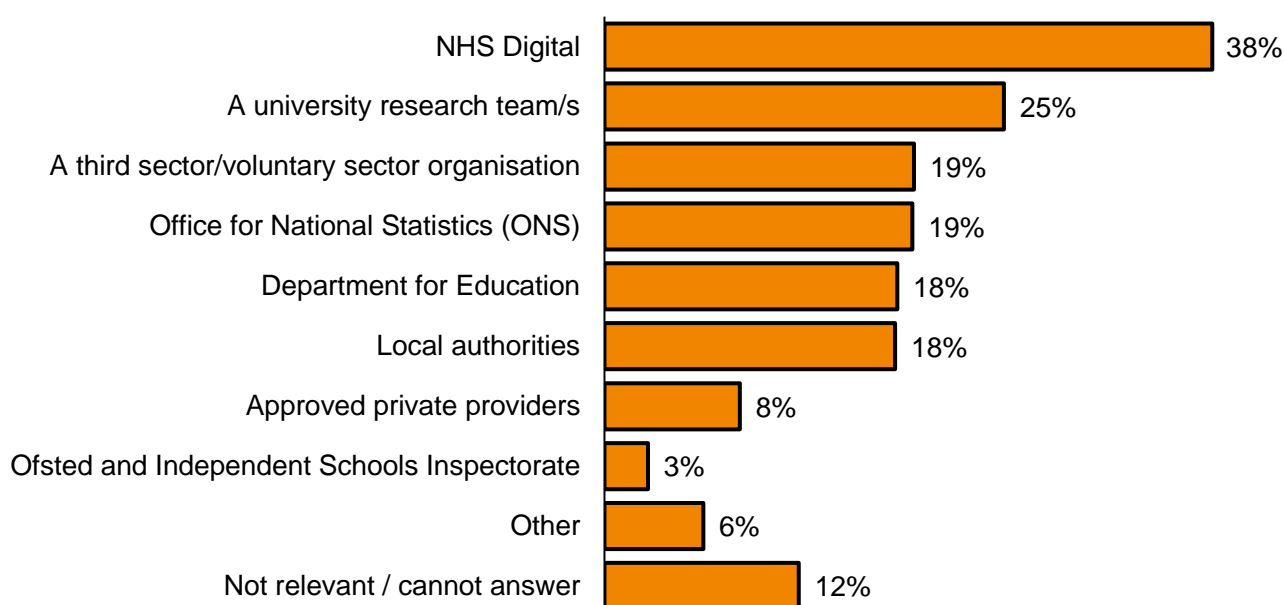
- Our findings could reflect, at least in part, existing generational attitudes, familiarity with, and/or understanding of mental health and wellbeing in society. However, mental health literacy has improved considerably in recent years, among all age groups.¹⁸
- It could also reflect the differing opinions teachers have on the role that schools should play in pupils' mental health and wellbeing. Studies have demonstrated that, while some school staff strongly understand the importance of pupil's having good wellbeing to be able to learn and flourish at school, others do not yet make this connection between wellbeing and attainment, seeing wellbeing as outside of their control or remit.¹⁹
- The new relationships, sex and health education (RSHE) curriculum became statutory for all primary and secondary schools in 2019/20²⁰. Coupled with formative teaching experiences during and after the Covid-19 pandemic, wellbeing promotion may be more embedded in the teaching experience of early-career classroom teachers. This could, in part, explain their positive views towards wellbeing measurement in schools.
- While teachers with more responsibility could, in theory, be more reluctant for schools to take on additional activity due to workload and existing levels of accountability measures, performance data etc., our later findings on key considerations for national wellbeing measurement (question 3) do not strongly support this view.

While the majority of teachers were in favour of wellbeing measurement in schools, 21% of teachers responded, 'I don't know'. This may be due to unfamiliarity with wellbeing measurement indicating that more work could be needed to increase awareness and understanding of what children's wellbeing measurement includes and how it can be used to benefit pupils.

2. If children's wellbeing was measured annually in schools, who should run it?

Our second polling question asked teachers which organisations, of the options provided,ⁱⁱⁱ they thought should be responsible for running a national children's wellbeing measurement in schools (Figure 3). Teachers could select up to three options. NHS Digital^{iv} was selected by the most teachers (38%), followed by university research teams (25%). Ofsted and Independent Schools Inspectorate were chosen least often (3%), our qualitative research suggested that this was likely due to the already high-stakes accountability environments schools are operating within through the existing inspections system.

Figure 3: Teachers' views on who should run children's wellbeing measurement at school. Teachers could select up to three options, therefore each option is out of 100% and results are not cumulative.



Question answered by 8,946 teachers on 27/05/2023 (results weighted to reflect national teacher and demographics).

For our interviewees, the experience of good working relationships was a key influencing factor in their opinions of who should run wellbeing measurement. For example, some teachers who took part in our interviews said they had constructive relationships with their local NHS through MHSTs and children and young people's mental health services (CYPMHS) provision/pathways. Relationships with local authorities, however, were more mixed among those we spoke to. An IFF Research report for DfE found that schools are more likely to work with health partners than local authorities across a range of different mental health and wellbeing activities.²¹

ⁱⁱⁱ The options provided were chosen based on The Children's Society's extensive experience and expertise in this area, our understanding of the relevant stakeholders and those who may be equipped to undertake measurement of this kind. Our supplementary qualitative research with teachers also informed our polling question design.

^{iv} On 1 February 2023, Health Education England, NHS Digital and NHS England merged into a single organisation, NHS England. A decision was made to use NHS Digital in our research to avoid any confusion where teachers may not be aware of the recent change.

'I don't have a great deal of faith in the local authority ... every year we have to provide safeguarding data, and nobody ever comes back to ask us questions about that [data].'

'They [NHS] get back to me ... I know that they're using it [the data] as research on how they can improve the MHSTs.'

As was suggested in the qualitative interviews, it's possible to infer that teachers support involving a subsidiary of the NHS as an organisation with clear responsibility for supporting children's wellbeing. Teachers may therefore see the NHS as having a role in the support children receive after their wellbeing is measured. In our qualitative research, we frequently heard that many aspects of children's lives, and consequently their wellbeing, are beyond the control of schools. If children's wellbeing is to be measured on a national scale in schools, it must not only fall on schools to utilise the findings for the good of children.

Another theme drawn from our interviews, both before and after the polling took place, was trust - trust that organisations were going to use and respond to the data appropriately and utilise it to improve pupils' wellbeing through measurement. The NHS and university research teams are organisations with clear missions for public good. Organisations that received lower polling scores may have less public confidence surrounding wellbeing or be perceived as having additional motives or interests. This could be reflected in the low preference result (8%) we saw for approved private providers, despite the growing private offer of wellbeing measurement packages for schools.

Together, these polling results may reflect research by the ONS on wider public trust in government institutions and public services in 2022. 35% of people in the UK reported that they trust the national government, 42% trust their local government, and 80% trust the NHS.²²

'The fact that it's NHS makes me feel confident because ... I can see the relevance and the link between the two [wellbeing measurement and the NHS].'

'Is this just so that you can tick a box or are you actually going to do something about it?'

'I have faith in the [university research team] ... [they] have got intelligence and curiosity and passion for what [they are] doing. So I personally have greater faith.'

In general, our findings suggest that teachers would prefer a combination of public/government bodies and academic research organisations to take national wellbeing measurement forward. There are several existing models of government organisations and university research teams collaborating to deliver wellbeing measurement in schools (Figure 4). While these examples demonstrate innovative activity across the country, these offers are not available or accessible to all pupils, schools, or regions in England. To reduce regional inequalities, a nationally coordinated and funded program should be established.

Figure 4: Wellbeing measurement examples.

In addition to The Children's Society's annual [Good Childhood Report](#) and [Good Childhood Index](#), wellbeing measurement is already taking place in some areas of the UK, including:

#BeeWell Greater Manchester

The #BeeWell programme is a collaboration between the University of Manchester, the Greater Manchester Combined Authority (GMCA), the Anna Freud Centre, and the Gregson Family Foundation. The programme measures the domains and drivers of young people's wellbeing on an annual basis and aims to use the data to bring about positive change in Greater Manchester's schools and communities.

Schools have used their pupil wellbeing data to:

- Provide additional support to specific cohorts of children,
- Introduce new curriculum elements e.g., life skills or adjusting PSHE curriculums,
- Strengthen enrichment and extracurricular offers,
- Create more opportunities for positive communication and relationship building between staff and pupils,
- Create new projects such as reading for enjoyment and encouraging healthy behaviours such as sleep,

Full school case studies can be found here <https://beewellprogramme.org/school-case-studies/>

School Health Research Network

The School Health Research Network (SHRN) is a policy-practice-research partnership between Welsh Government, Public Health Wales, and Cardiff University established in 2013. SHRN aims to improve young people's health and wellbeing in Wales by working with schools in both primary and secondary education to generate and use good quality evidence for health improvement. Since 2017, all mainstream secondary schools in Wales have become registered SHRN members with over 90% of schools completing SHRN's Student Health and Wellbeing Survey in 2021/22

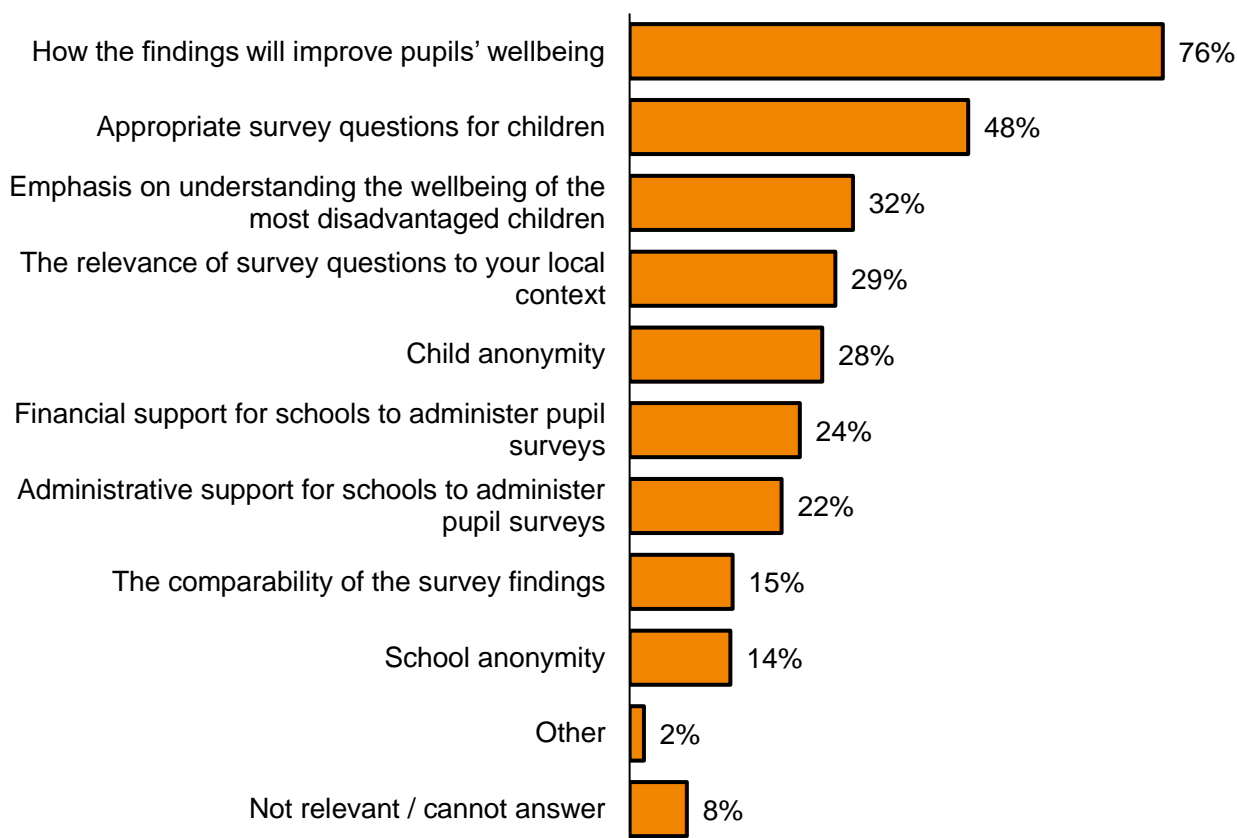
Schools and local authorities receive bespoke SHRN feedback reports with national benchmarking to enable data-driven self-evaluation and action planning.

SHRN also has national impact, Welsh Government utilises SHRN data for national policy planning and monitoring, including key policies related to the Well-being of Future Generations (Wales) Act and national curriculum reform. Public Health Wales has fully integrated SHRN into the development and evaluation of its Welsh Network of Healthy School Schemes (WNHSS). More detail on the national impact can be found here <https://www.shrn.org.uk/national-impact/>

3. If children's wellbeing was measured annually in schools, what would be your top considerations?

Our final polling question asked teachers what their top considerations would be, from a predetermined list,^v if national wellbeing measurement was implemented in schools. Again, they could choose up to three options. The most important considerations for teachers were factors that affected their pupils: 'how findings will improve pupils' wellbeing' (76%), 'appropriate survey questions for children' (48%), and 'understanding the wellbeing of the most disadvantaged children' (32%) (Figure 5).

Figure 5: Teachers' top considerations for children's wellbeing measurement. Teachers could select up to three options, therefore each option is out of 100% and results are not cumulative.



Questions answered by 8,854 teachers on 27/05/2023 (results weighted to reflect national teacher and school demographics).

The most common top consideration, 'how findings will improve pupils' wellbeing', could signal that schools would benefit from more support on what they could do to improve pupils' wellbeing after it is measured. Since the pandemic, pupil absence rates have been rising with poor mental health and a lack of appropriate support (within and outside of school) thought to be one of the key driving factors.²³ Evidence suggests that more guidance is needed to implement a whole-school approach

^v The options provided were chosen based on The Children's Society's extensive experience and expertise in this area and our understanding of the key factors to be considered by schools from our ongoing engagement with the sector. Our supplementary qualitative research with teachers also informed our polling question design.

to mental health and wellbeing.²⁴ The Children's Society suggests that there is an excellent opportunity for SMHLs and MHSTs to take a leading role in helping schools to respond to wellbeing measurement findings, utilising the data to develop and embed whole-school approaches. This would require a full rollout of mental health support teams to all schools.

Even within the current challenging economic climate for schools, financial (24%) and administrative (22%) support were less important considerations compared to other options. 'School anonymity' (14%) was the least selected consideration. The results were consistent across all school demographics, and largely for teacher seniority, with 20% of headteachers saying that school anonymity was one of their top three considerations. This suggests that teachers recognise the benefits of measuring pupil wellbeing for children, despite the potential associated reputational risks. These results are not to say that logistical, financial and anonymity factors are not important considerations for implementation, as recognised in our qualitative research.

'For wellbeing measurement tools to be used effectively and honestly, they have to be anonymous.'

'So that's kind of the main reason we haven't sort of done it ... because of the costing of that.'

'There isn't the funding. There aren't the capabilities or the capacity.'

'They [schools] really struggle to get the support from external agencies ... so they feel very much alone.'

It's crucial, therefore, that wellbeing measurement is not used as another tool to feed into an already competitive education system. If wellbeing league tables were to come about (e.g., through publicly available school-level wellbeing data), it would undermine efforts to protect and improve the wellbeing of all children and risk creating perverse outcomes. Instead, wellbeing measurement should be a low-stakes commitment designed to uplift and support all schools together for the benefit of children. The Children's Society stands firm that wellbeing data at a school level should not be published, with strict controls for its use. While schools should have access to their own cohort-level anonymised data, publicly available data should be no more granular than local area level, with appropriate context provided.

For national wellbeing measurement to be effective, it is essential that schools are provided with suitable support. This should include administrative support for delivering pupil surveys, appropriate funding, support for data interpretation and practical support to respond to the findings to improve pupil wellbeing and deliver a whole-school approach.

Recommendations

The results from this research have shown that teachers are largely supportive of children's wellbeing measurement in schools, and a combined and collaborative approach between government bodies and academic research organisations was the preferred approach to take this forward.

Children and young people's wellbeing is everyone's concern. While we are advocating for measurement to take place in schools, there are a multitude of factors that affect a child's wellbeing, most of which are outside of the school environment. Therefore, accountability for children's wellbeing should not be left solely to schools. Wellbeing measurement should be used to help shift accountability to the right places, giving the government, the NHS, police and crime commissioners, and local authorities the data they need to make evidence-informed decisions for children.

To achieve national children's wellbeing measurement in schools, The Children's Society has made the following recommendations:

- **The Cabinet Office should lead a cross-government programme of comprehensive measurement of children's subjective wellbeing in schools in England. This should include:**
 - **Setting up a cross-government delivery unit to establish the school wellbeing measurement programme.** This should include, but not be limited to, representatives from the Office for National Statistics (ONS), NHS England, Department for Education (DfE), Department of Health and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), university partners, and the voluntary and community sector. A cross-government approach will ensure that the responsibility for improving wellbeing does not fall solely on schools. It will also support the broader use of children's wellbeing data in policymaking to improve children's lives.
 - **Ensuring that the programme of comprehensive measurement draws on existing good practice examples**, such as the Good Childhood Index and #BeeWell, and trials different methods of consent, data collection, and the use of the [National Pupil Database](#).
 - As an independent body that already oversees adult wellbeing data, the **ONS should have ownership** of the collection, analysis, and dissemination of children's wellbeing data.
 - **Establishing an expert reference group** to develop and run a public consultation with schools, professionals, parents/carers, and young people to recommend a core set of national questions on subjective wellbeing.
- **DfE should work with schools to share good practice examples** of what actions can be taken by schools to improve pupil wellbeing, utilising pupil wellbeing data and pupil voice activity.
- **DfE, DHSC and NHS England should explore the opportunities for join-up between new programmes and systems** such as senior mental health leads, Mental Health Support

Teams, Family Hubs, and Integrated Care Boards with national wellbeing measurement in schools.

- As part of this work in England, **the Government should support ONS to assess the feasibility of a UK-wide consistent approach to children's wellbeing measurement** in schools, working with devolved nations.
- **DfE should also consult with local authorities about a duty to measure the wellbeing of young people who may not be in school.** This should include an examination of feasibility, cost, and the resources, advice and support needed to implement such a duty.
- We cannot attend to pupil wellbeing without addressing teacher wellbeing. DfE should work with schools, and partners such as Education Support, to build a greater understanding of the links between teacher and pupil wellbeing. **Investment should be made in building capacity in school/MAT senior leadership teams to support teacher wellbeing.**

The Children's Society has utilised this research to update the key practical considerations for wellbeing measurement from our original publication, '[The case for national measurement of children's wellbeing.](#)'

National measurement of children and young people's wellbeing should:

- be undertaken on a regular basis in schools, at least annually. We recommend this should take place during the Autumn Term (October/November) to avoid the busiest times of the school year and exam periods,
- be carried out in school year's 6, 7, 9, and 11 and once during further education measuring wellbeing at key transition points and development stages,
- use the ONS Wellbeing Measures alongside a small range of additional indicators to cover current evidence gaps,
- take place with administrative support for schools, multi academy trusts and/or local authorities. Appropriate funding is needed for delivery, resources for pupil engagement on the survey results, and implementation of subsequent measures to improve pupil wellbeing,
- be accompanied with support for schools to understand and use their pupil's wellbeing data to improve their provision and encourage local cross-school partnership working to develop and share good practice,
- include guarantees to ensure that school level data remains anonymous with mechanisms and data controls in place to prevent the creation of wellbeing league tables or equivalent accountability measures,
- ensure sufficient sample sizes are collected to enable application at both local and national levels where data is made available to a range of end users spanning local authorities, health bodies, schools, police and crime commissioners and other interested parties,
- present contextualised data at a local level,
- use sampling and collection methods designed for inclusion of vulnerable young people including those with SEND and those attending alternative provision,
- enable wellbeing data to be linked with the [National Pupil Database](#).

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Appendix

Current national wellbeing measures for children and young people in England.

Survey	Owner	Wellbeing measure	Coverage	Information
Good Childhood Household Survey (Dynata / Opinium)	The Children's Society	Good Childhood Index	Annual survey across England and Wales. 2,000 - 3,000 children aged 10 to 17 years old.	Includes measures from the ONS3, a multi-item life satisfaction measure, a single measure of happiness with life as a whole, and questions about happiness with ten different aspects of life – family, friends, home, school, appearance, the future, choice, money and things, health, and time use.
Understanding Society (NatCen / Kantar)	ISER / University of Essex (UK Data Archive)	British Household Panel Survey / Understanding Society	Annual survey across the UK. Child module: 2,000 – 4,000 children aged 10 to 15 years old. Young adult module: 2,000 – 4,000 16 to 24-year-olds.	Approximately 40,000 households. Single life-satisfaction question and questions about five domains – school, schoolwork, appearance, family, and friends.
Millennium Cohort Study (Ipsos MORI)	University College London	British Household Panel Survey / Understanding Society / The Short Warwick-Edinburgh Mental Wellbeing Scale (WEBWEMS)	Longitudinal study across the UK 19,000 children born in 2000/2001.	Seven sweeps currently available (to age 17) with further releases planned. Single life satisfaction question and questions about five domains – school, schoolwork, appearance, family, and friends for sweeps at ages 11-14. Short Warwick-Edinburgh Mental Wellbeing Scale questions used for the sweep at age 17. Cohort has now 'aged out' as children.
Active Lives – Children and Young People	Sport England	ONS3 / ONS4	Annual survey across England. 130,000 children aged 5 to 16 years old.	Collects data on the activity levels of children and includes some questions on wellbeing from the ONS3/4.

Health Survey for England	NHS	General Health Questions (GHQ)	Annual across England. 1,000 – 2,000 children aged 0 to 15 years old.	Children aged 13 to 15 are interviewed in person, for children under the age of 13, their parent answers on their behalf. Survey includes some statements on emotional wellbeing.
Mental Health and Children and Young People in England (ONS/NHS/NatCen)	NHS	Original 2017 survey used Development and Wellbeing Assessment and the Strengths and Difficulties Questionnaire (SDQ). Follow-up surveys use SDQ and Warwick-Edinburgh Mental Wellbeing Scale (WEBWEMS)	Longitudinal study. Originally surveyed 9,117 children aged between 2 to 19 years in 2017. Most current wave (wave 3 in 2022) surveyed 2,866 children and young people who took part in the 2017 survey Across England.	Three waves currently available (from 2017 to 2022). For children aged 2 to 10 years old, parent and teacher questionnaires/interviews were used. For children aged 11 to 16 years old, parent, teacher and child completed a survey and interview. For young people aged 17 to 19 years old, young person and parent completed survey/interview.
Health Behaviours in School Aged Children	World Health Organisation	Cantril's Ladder	Every 4 years across England, Scotland, and Wales. Around 5,000 children aged 11-, 13-, and 15 years old.	Questionnaires administer through schools. Single subjective wellbeing question asked in the form of Cantril's Ladder.
Smoking, drinking and drug use among young people in England (Ipsos Mori)	NHS	ONS4	Every 2 years across England. Surveyed 9,289 children in years 7 to 11, pupils mostly aged 11-15 years old, between September 2021 and February 2022, across 119 schools.	1 in 7 secondary schools randomly selected to take part. Does not include special schools or small schools.

**Every young person should have
the right to a safe, happy childhood.**

But right now, young people are facing huge risks. They urgently need our help. That's why our services exist to offer them vital support when they need it most. And we campaign alongside young people to bring about a society where all children can look forward to the future with hope.

**Together, we can protect
every childhood.**

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