



# Health Survey for England 2015

## Children's well-being

Published 14<sup>th</sup> December 2016

This report looks at measures of subjective well-being among children aged 13 to 15. It includes results by age, sex, region and household income, as well as some measures of health-related lifestyle.

### Key findings

- In 2015, the mean Warwick Edinburgh Well-being Scale score among 13 to 15 year olds was 51.4. This was similar for boys and girls and across age groups.
- The majority of 13 to 15 year olds had high or very high scores on the ONS measures of life satisfaction (81%), feeling that the things they did were worthwhile (78%) and feeling happy yesterday (74%). More than half, 61%, also reported low or very low ratings for feeling anxious yesterday.
- The ONS measures showed some variation by age and sex, but these were not consistent. In general, older children and girls recorded lower levels of well-being than younger children and boys.
- Well-being was associated with whether or not 13 to 15 year olds had ever smoked or ever drunk alcohol. Children who had never smoked reported higher levels of well-being than those who had ever done so. Similarly, children who had not drunk alcohol reported higher levels of well-being than those who had drunk alcohol.

# Contents

<b>Key findings</b>	<b>1</b>
<b>This is a National Statistics publication</b>	<b>3</b>
<b>Introduction</b>	<b>4</b>
Contents	4
Background	4
<b>Methods and definitions</b>	<b>5</b>
The Warwick Edinburgh Mental Well-Being Scale	5
ONS measures of well-being	5
<b>Prevalence of well-being</b>	<b>6</b>
Warwick Edinburgh Mental Well-Being Scale (WEMWBS) scores	6
WEMWBS scores by age and sex	6
WEMWBS scores by region and income	6
ONS well-being measures	7
ONS well-being measures by age and sex	7
ONS well-being measures by region and income	10
<b>Well-being and measures of healthy lifestyles</b>	<b>11</b>
Well-being and physical activity	11
Well-being and body mass index (BMI)	11
Well-being and smoking	11
Well-being and drinking alcohol	13
<b>Discussion</b>	<b>16</b>
<b>Notes and references</b>	<b>17</b>

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This report may be of interest to members of the public, policy officials, people working in public health and to commissioners of health and care services to see the levels of subjective well-being among children in England.

## Introduction

### Contents

This chapter presents estimates of children's subjective well-being, based on two measures: the Warwick Edinburgh Mental Well-Being Scale (WEMWBS) and four measures of well-being developed by the Office for National Statistics (ONS). Findings are based on a representative sample of children aged 13 to 15 from the 2015 Health Survey for England. Well-being measures are analysed by age, sex, region and household income, and then by four health-related indicators: physical activity, body mass index (BMI), whether children have ever smoked, and whether they have ever drunk alcohol.

### Background

In recent years, there has been increasing policy interest in well-being, and specifically the well-being of children and young people. Well-being is not a fixed concept and has been defined in a number of ways. Importantly, children's well-being is seen as encompassing a number of dimensions, including a combination of objective measures (for example, economic, social, health and educational indicators), as well as subjective assessments of physical, emotional and social aspects of children's lives.<sup>1</sup> As well as its intrinsic importance, children's well-being is seen as an important determinant of their future lives.<sup>1,2</sup>

Well-being is not the same as mental health, although the two are related; for example, higher subjective well-being is associated with fewer mental health issues.<sup>2</sup> NICE guidelines published in 2012 focused on the social and emotional well-being of children in their early years, identifying how poor social and emotional capabilities are linked with a range of subsequent adverse outcomes, including antisocial behaviour, substance misuse and poor educational attainment.<sup>3</sup> The Chief Medical Officer of England's 2012 *Annual Report* focused on children and young people's health and well-being.<sup>4</sup> She identified the need for early intervention and support throughout childhood and youth in order to avoid long-term consequences of poor well-being among children and young people. In 2015, NHS England published *Future in Mind* setting out goals for improving children and young people's mental health and emotional well-being over the next five years, with a focus on the former.<sup>5</sup>

Within Britain and internationally, there have been a number of evaluations of children and young people's well-being using different methods; these include international comparisons by UNICEF<sup>6</sup> and the OECD<sup>7</sup>, as well as UK-based work by ONS and the Children's Society. For example, in 2014, ONS proposed seven domains of relevance to children from the national set of ten: Personal Well-being, Our Relationships, Health, What We Do, Where We Live, Personal Finance and Education & Skills.<sup>8</sup>

In 2005, the Children's Society began a programme of research into children's well-being, with a specific objective of investigating children's own views of what constitutes a good life.<sup>2,9</sup> This resulted in the Good Childhood Index, a scale of subjective and objective measures of well-being across ten domains: family, home, school, friends, health, appearance, time use, money and things, future and choice. As well as the Children's Society's own surveys, the Good Childhood Index makes use of data from major surveys such as Understanding Society and the Millennium Cohort.

Questions about well-being were included in the 2014 survey 'What About YOUTH', published by the Health and Social Care Information Centre (now NHS Digital). The survey of 15 year olds<sup>10</sup> included questions on perceptions of body image; the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), and the ONS measures of well-being.

This is the first time HSE has reported on children's well-being (adult well-being was covered in 2012). Two instruments were used to measure the well-being of children aged 13 to 15; the WEMWBS and the ONS well-being questions. The focus is on mental and personal well-being, based on questions answered by children aged between 13 and 15, using self-completion questionnaires.

## Methods and definitions

### The Warwick Edinburgh Mental Well-Being Scale

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)<sup>11</sup> was developed to capture a broad concept of positive mental well-being and incorporates both eudaimonic and hedonic perspectives on well-being.<sup>12</sup> A eudaimonic perspective on well-being relates to people's functioning, social relationships, and perceptions of whether the things they do in life are meaningful or worthwhile. A hedonic perspective on well-being focuses on affect, and relates to experience of pleasure, happiness and the avoidance of pain.

WEMWBS has 14 statements which cover psychological functioning, response to external circumstances and emotional aspects of well-being. For each statement participants are asked to tick the box that best describes their experience over the previous two weeks. They can answer on a 5-point scale: 'None of the time', 'Rarely', 'Some of the time', 'Often', or 'All of the time'. The statements are all expressed positively – for example, 'I've been feeling optimistic about the future'. The responses, numbered 1 to 5, are aggregated to form the Well-being Index, which can range from 14 (those who answer 'rarely' on every statement) to 70 (those who answer 'All of the time' to all statements). The Well-being Index is calculated only for participants who have a score for all 14 statements.

The WEMWBS has been validated for use with children aged 13 and over.<sup>13</sup>

In the HSE, the WEMWBS was administered by self-completion questionnaire during the interviewer visit.

### ONS measures of well-being

As part of its programme to measure national well-being, the Office for National Statistics (ONS) developed four questions.<sup>14</sup>

- Overall, how satisfied are you with your life nowadays?
- Overall, to what extent do you feel that the things you do in your life are worthwhile?
- Overall, how happy did you feel yesterday?
- How anxious did you feel yesterday?

Each of these was scored on a scale where 0 indicated 'not at all' and 10 indicated 'completely'. As a result, higher scores for the first three measures indicated more

positive responses, whereas for the measure of anxiety, a higher score indicated greater anxiety.

These questions have been used in different modes, including interviewer-administered and self-completion, and have been validated for use by young people.<sup>8</sup> However, for ethical reasons, the final question was omitted when these questions were included in the surveys carried out by the Children's Society, whose findings contributed to the ONS measures of children's well-being. Cognitive work carried out by NatCen for the 2012 Survey of Smoking, Drinking and Drug Use among Children in England indicated that there were no objections to asking this question of 11 to 15 year olds.<sup>15</sup>

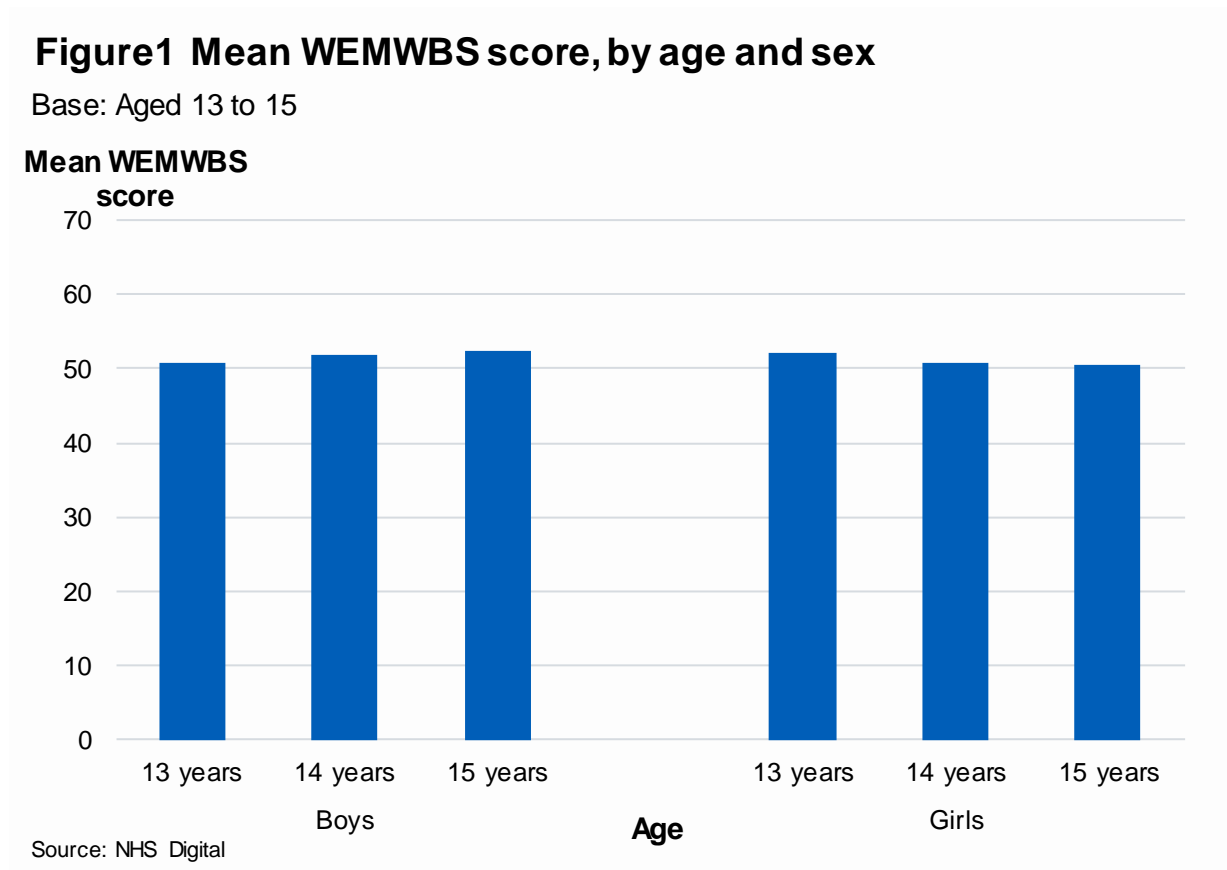
## Prevalence of well-being

### Warwick Edinburgh Mental Well-Being Scale (WEMWBS) scores

#### WEMWBS scores by age and sex

Children aged 13 to 15 had a mean WEMWBS score of 51.4, with a median score of 52. The mean scores were similar for boys and girls and across age groups.

Figure 1, Table 1



#### WEMWBS scores by region and income

Because of the relatively small sample, the nine regions used elsewhere in HSE reports were combined into three regions: North (comprising North East, North West and Yorkshire and the Humber), Midlands (East Midlands, West Midlands and East of

England) and South (London, South East and South West). Mean WEMWBS scores were similar across these regional groupings.

Table 2

Mean WEMWBS scores were similar across all household income quintiles.

Table 3

## ONS well-being measures

### ONS well-being measures by age and sex

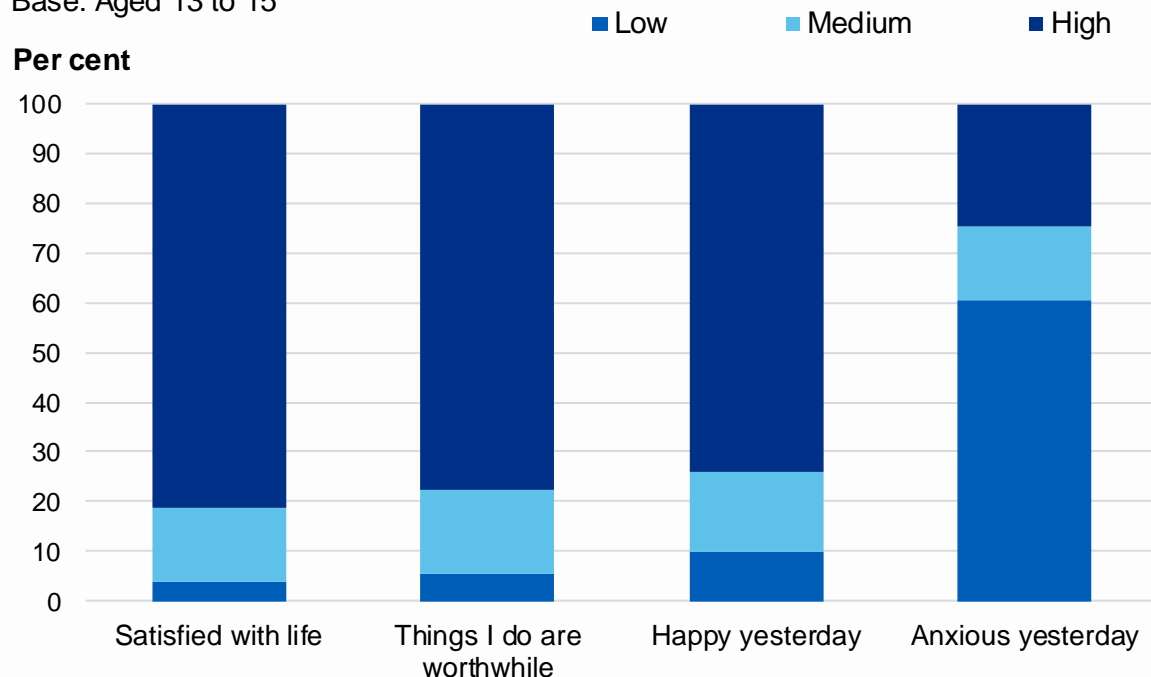
Most 13 to 15 year olds considered themselves to have good levels of well-being according to each of the four ONS measures. The majority of 13 to 15 year olds had high or very high scores on the measures of satisfaction with life (81%), feeling that the things they do were worthwhile (78%), and being happy yesterday (74%). Most 13 to 15 year olds (61%) also had low or very low scores for feeling anxious yesterday.<sup>16</sup>

Relatively small proportions of 13 to 15 year olds had low scores for life satisfaction (4%), feeling the things they do are worthwhile (6%) and feeling happy yesterday (10%). A quarter of this age group (25%) had high scores for feeling anxious yesterday.

Figure 2, Table 4

**Figure 2 ONS measures of well-being**

Base: Aged 13 to 15



Source: NHS Digital

There were some differences in each of these measures by age and sex, although these did not follow a consistent pattern. Boys were more likely than girls to score high or very high for life satisfaction (85% of boys, 78% of girls). Girls were more likely than

boys to have low scores for feeling that the things they do were worthwhile (7% and 4% respectively). 13 year olds were most likely to have high or very high scores for feeling happy yesterday (80%, compared with 72% of 14 year olds and 71% of 15 year olds).

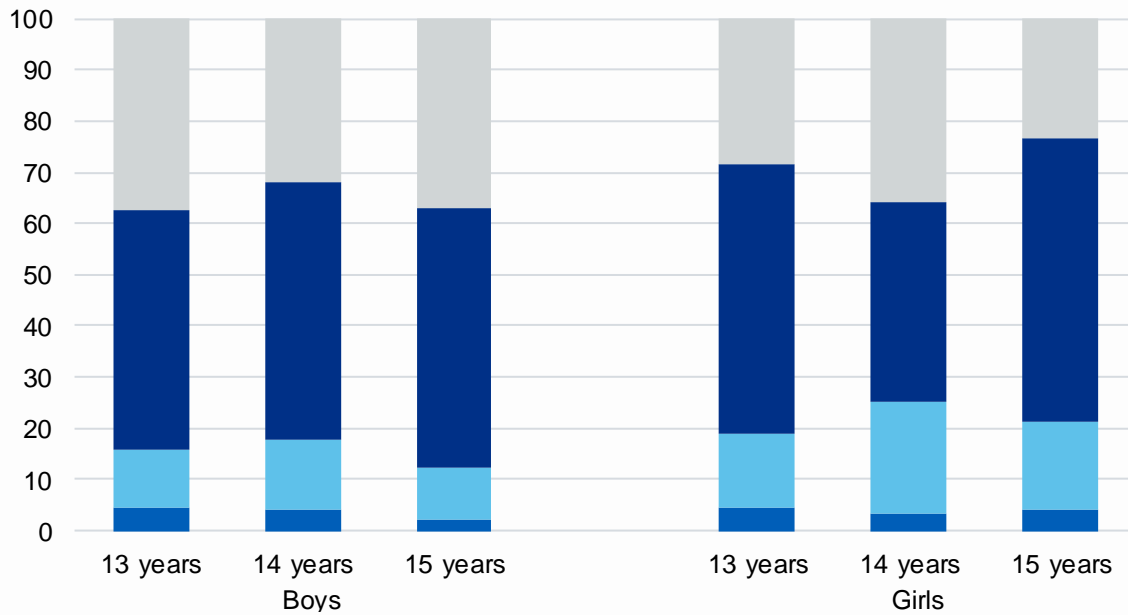
Figures 3 to 5, Table 4

**Figure 3 ONS measures of well-being: satisfied with life, by age and sex**

Base: Aged 13 to 15

■ Low (0-4)      ■ Medium (5-6)  
 ■ High (7-8)    ■ Very high (9-10)

Per cent



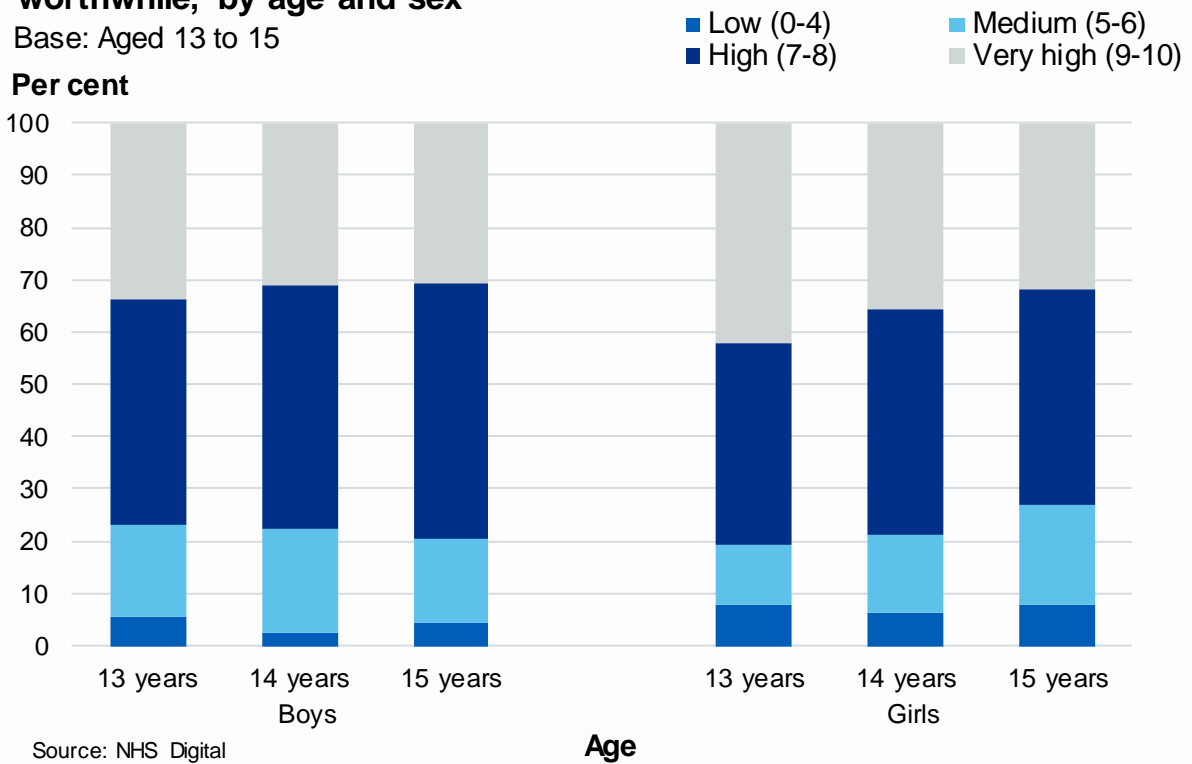
Source: NHS Digital

Age



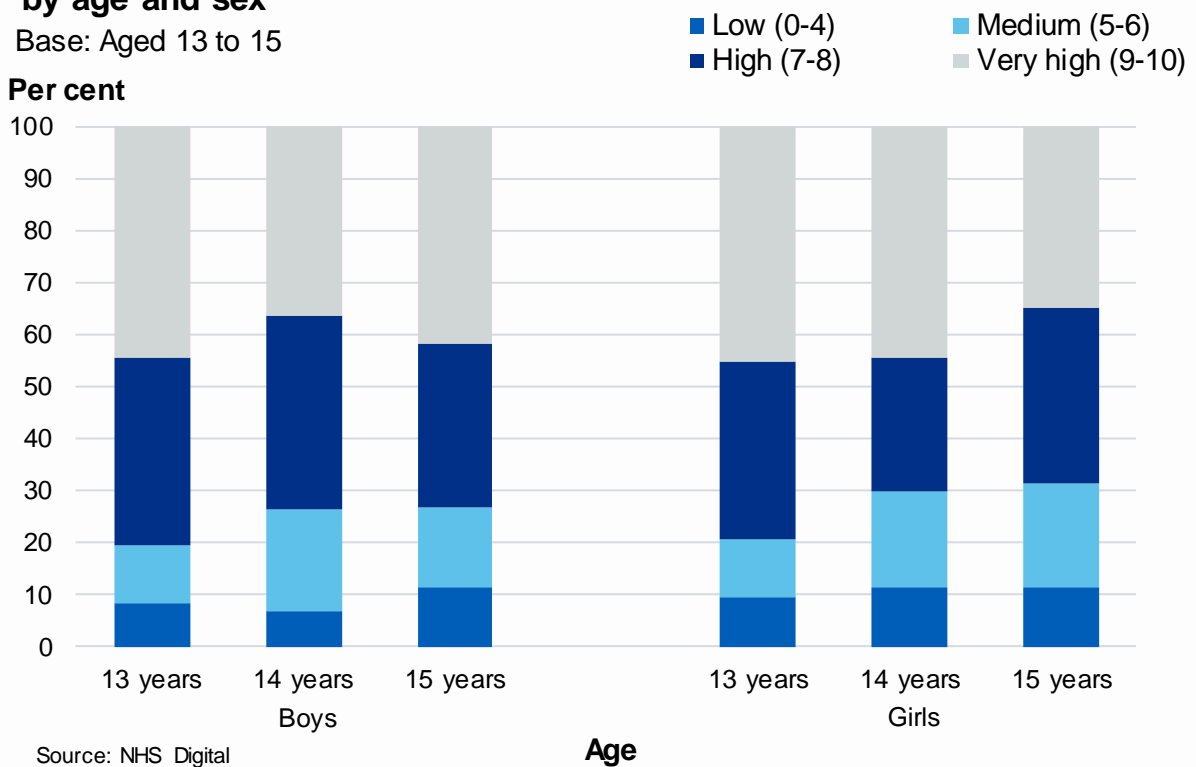
**Figure 4 ONS measures of well-being: things I do are worthwhile, by age and sex**

Base: Aged 13 to 15



**Figure 5 ONS measures of well-being: happy yesterday, by age and sex**

Base: Aged 13 to 15

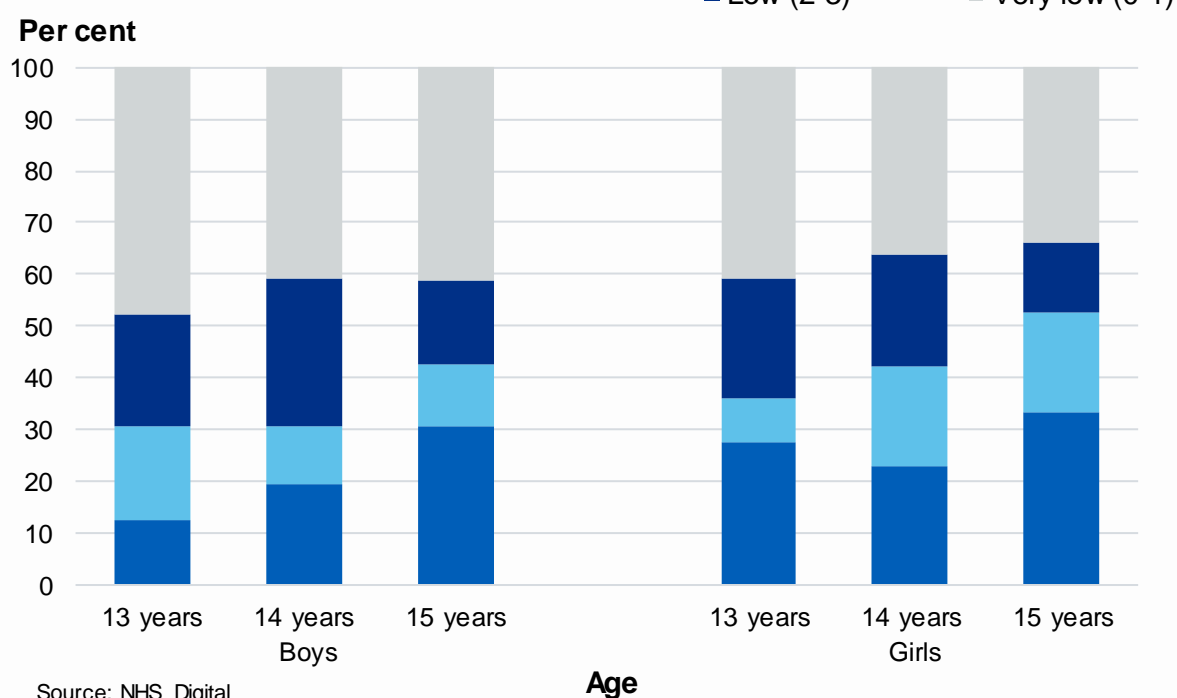


Both age and sex were related to feeling anxious yesterday. Girls were more likely than boys to have felt anxious yesterday; 28% of girls had high anxiety scores and 56% scored low or very low, compared with 21% and 65% of boys respectively. 32% of 15 year olds had high levels of anxiety yesterday, compared with 20% of 13 year olds and 21% of 14 year olds. Older children were correspondingly less likely to have low or very low levels of anxiety yesterday; 52% of 15 year olds, compared with 67% of 13 year olds and 64% of 14 year olds.

Figure 6, Table 4

**Figure 6 ONS measures of well-being: anxious yesterday, by age and sex**

Base: Aged 13 to 15



Source: NHS Digital

### ONS well-being measures by region and income

ONS measures of well-being were similar across the three regional groupings.

Boys in higher income households were more likely than those in lower income households to have high or very high scores for life satisfaction and thinking that the things they do were worthwhile; the reverse was true for girls. In addition, boys in lower income households were more likely than those in higher income household to have low scores thinking that the things they do were worthwhile; again the reverse was true for girls. Otherwise, ONS measures of well-being were similar across groups.

Tables 5 and 6

## Well-being and measures of healthy lifestyles

### Well-being and physical activity

For an explanation of the physical activity categories, see HSE 2015 Children's physical activity report and the Glossary, available at <http://digital.nhs.uk/pubs/hse2015>.

Mean WEMWBS scores were similar for different levels of physical activity. Looking at the ONS well-being measures, 13 to 15 year olds whose physical activity levels were classified as medium but not meeting recommendations were more likely to have high or very high scores for satisfaction with life and feeling happy yesterday, compared with children in higher or lower activity groups. In addition, 13 to 15 year olds whose physical activity levels were low were more likely than more active children to have low scores for feeling that the things they did in life were worthwhile. Otherwise, the the ONS measures of well-being were similar across groups.

Table 7

### Well-being and body mass index (BMI)

13 to 15 year olds whose BMI was in the normal range were more likely to have high or very high scores for feeling that the things they do were worthwhile than were those whose BMI indicated that they were overweight or obese. Otherwise, ONS measures of well-being were similar across BMI categories.

Table 8

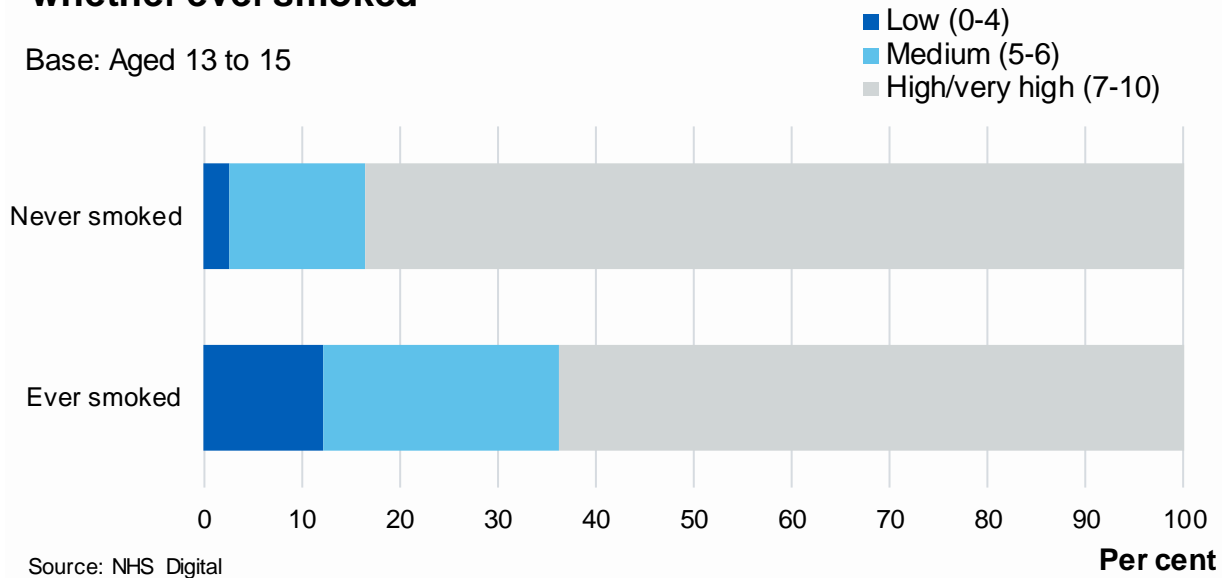
### Well-being and smoking

13 to 15 year olds who had never smoked had higher mean WEMWBS scores than those who had smoked at least once. Similarly, for the ONS measure of satisfaction with life, those who had never smoked were more likely to have high or very high scores and less likely to have low scores than those who had smoked. The same was true for feeling the things they do were worthwhile and feeling happy yesterday. In addition, 13 to 15 year olds who had never smoked were more likely to score low or very low for anxiety yesterday.

Figures 7 to 10, Table 9

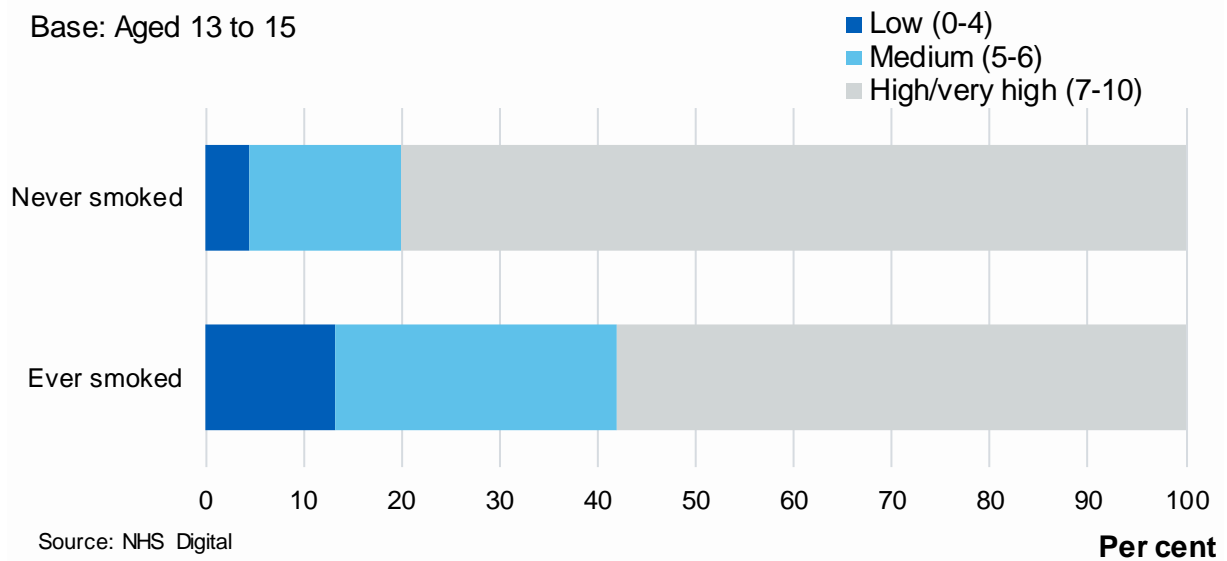
**Figure 7 ONS well-being scores: life satisfaction, by whether ever smoked**

Base: Aged 13 to 15



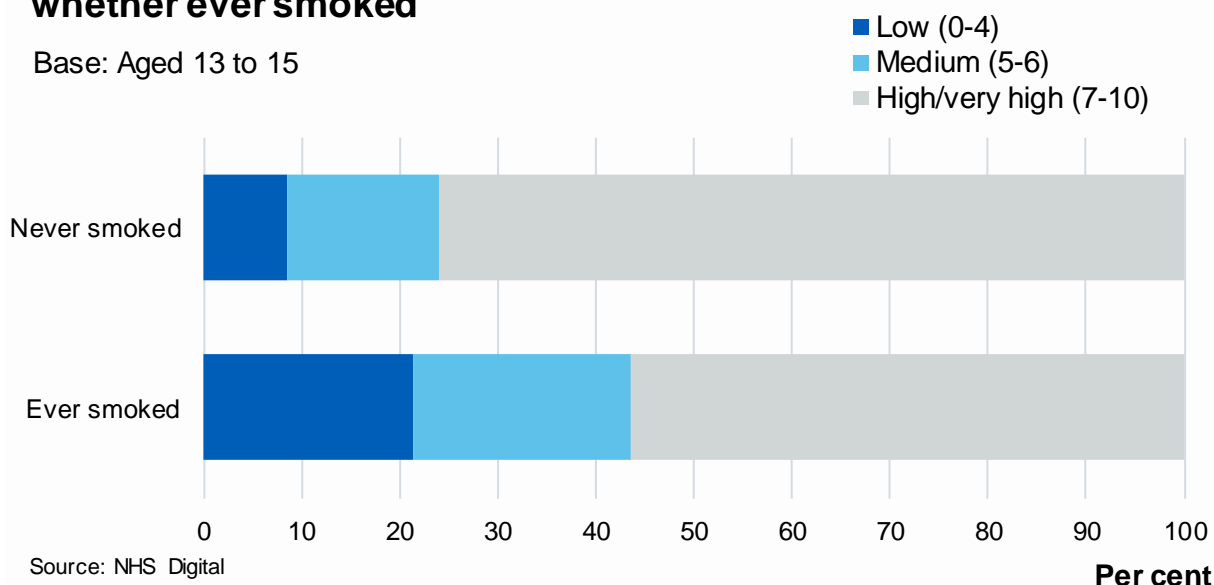
**Figure 8 ONS well-being scores: things I do are worthwhile, by whether ever smoked**

Base: Aged 13 to 15



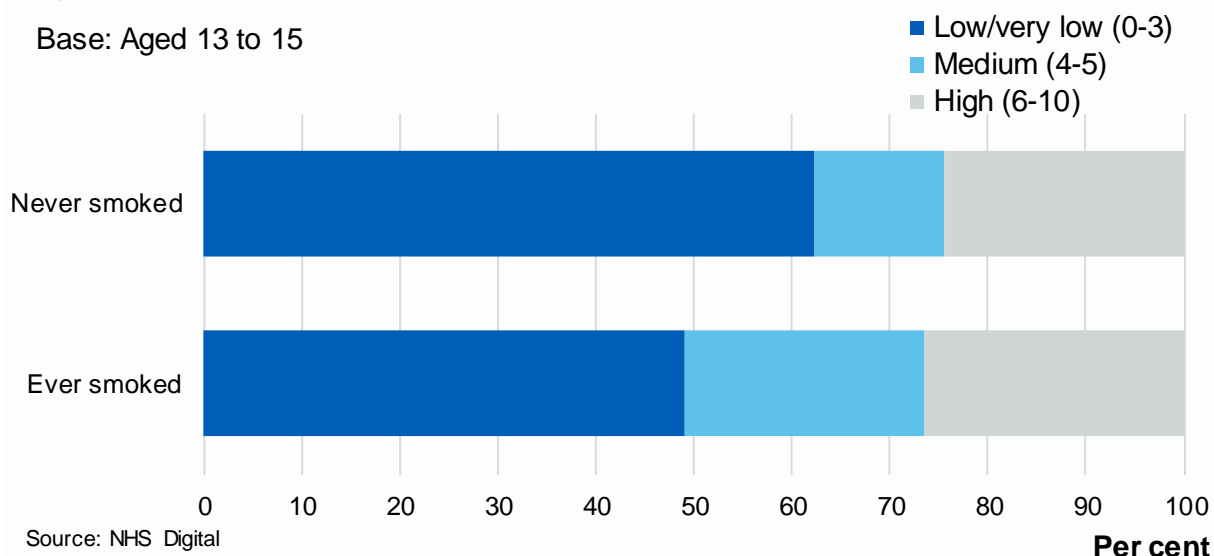
**Figure 9 ONS well-being scores: happy yesterday, by whether ever smoked**

Base: Aged 13 to 15



**Figure 10 ONS well-being scores: anxious yesterday, by whether ever smoked**

Base: Aged 13 to 15



### Well-being and drinking alcohol

Experience of drinking alcohol was based on 13 to 15 year olds who answered yes either to the question about whether they had ever had a drink containing alcohol or whether they had ever tried alcopops.<sup>17</sup>

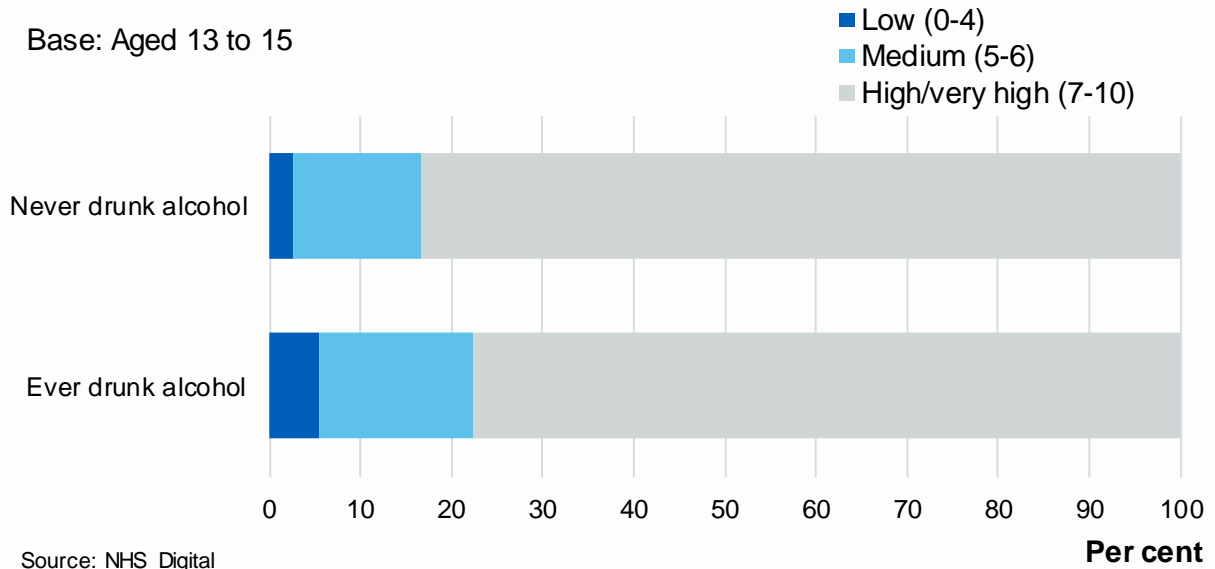
13 to 15 year olds who had never drunk alcohol had a higher mean WEMWBS score than those who had drunk alcohol at least once in their lives. Those who had never drunk alcohol were more likely than those who had done so to have high or very high scores and less likely to have low scores for the ONS measures of feeling the things they do were worthwhile and feeling happy yesterday. There was also a relationship between experience of drinking and low scores for satisfaction with life, with those who had never drunk alcohol less likely to have low scores. There was no such

relationship between whether or not children had ever drunk alcohol and their scores for feeling anxious yesterday.

Figures 11 to 14, Table 10

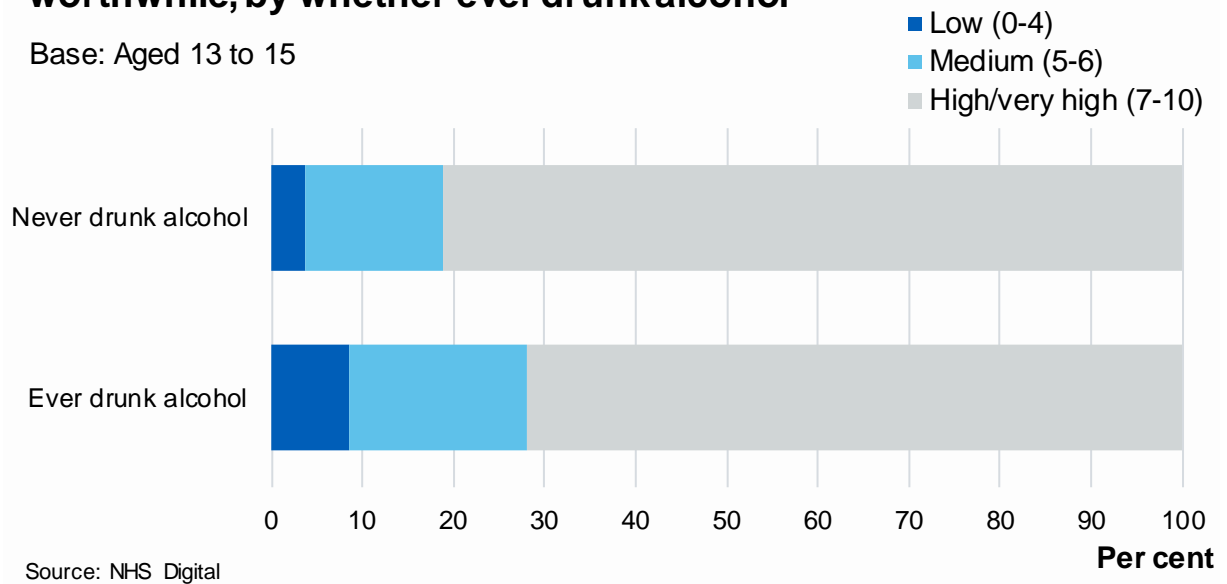
**Figure 11 ONS well-being scores: life satisfaction, by whether ever drunk alcohol**

Base: Aged 13 to 15



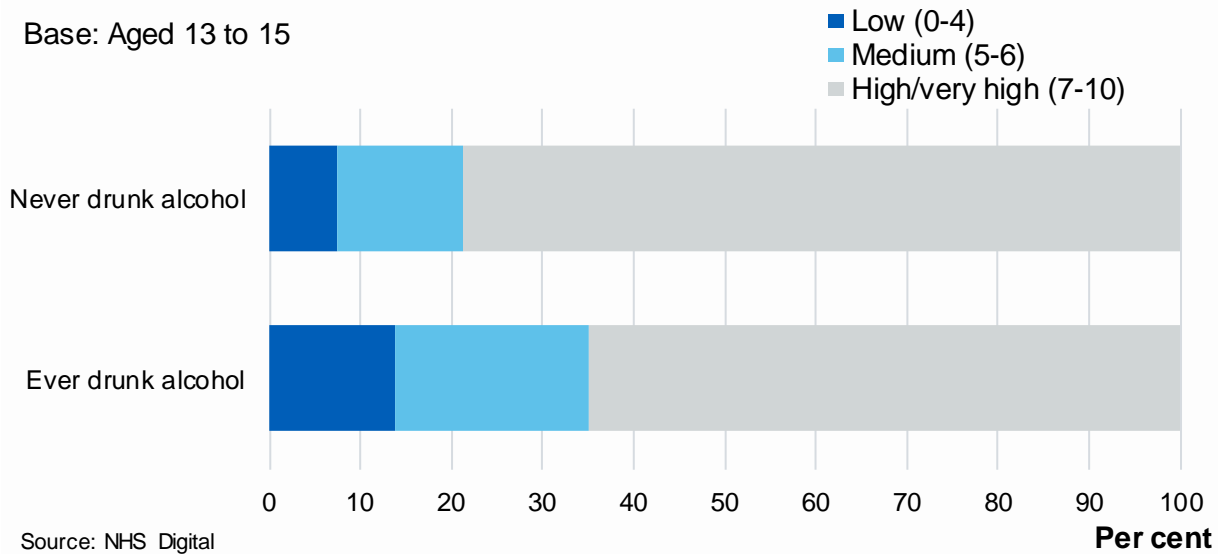
**Figure 12 ONS well-being scores: things I do are worthwhile, by whether ever drunk alcohol**

Base: Aged 13 to 15



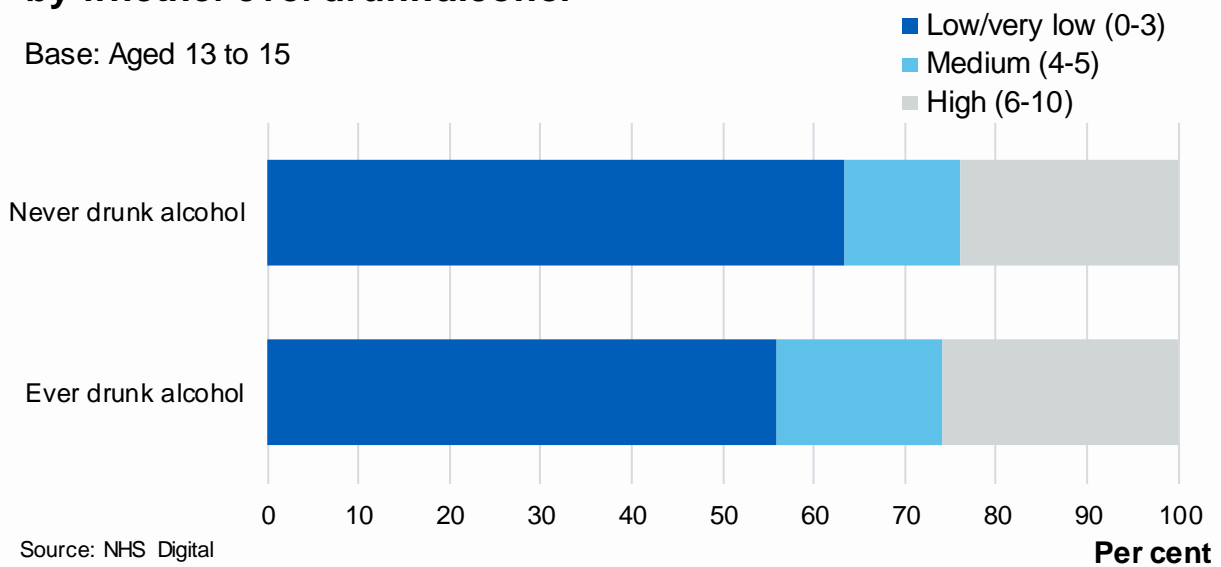
**Figure 13 ONS well-being scores: happy yesterday, by whether ever drunk alcohol**

Base: Aged 13 to 15



**Figure 14 ONS well-being scores: anxious yesterday, by whether ever drunk alcohol**

Base: Aged 13 to 15



## Discussion

This analysis has looked at two measures of subjective well-being, both of which were originally developed for use with adults, but have since been validated for use with children aged under 16. The mean WEMWBS score for 13 to 15 year olds was within a similar range to that recorded among young adults aged 16 to 24, whose mean score in 2015 was 50.9.<sup>18</sup> The mean WEMWBS score for 15 year olds in What About YOUth (WAY) in 2014 was slightly lower at 48, although comparisons with this study should be treated with caution owing to differences in methodology between the two surveys (WAY was a postal and online survey).<sup>10</sup> Among children aged 13 to 15 in HSE 2015, scores were at similar levels across groups, by age, sex, region and household income. This may have been a limitation of the size of the sample. In addition, differences across the ages of 13 and 15 may not be as great as those across a longer period of life.

The ONS measures of well-being produced broadly similar overall results to those using the same questions, based on samples of 10 to 15 year olds published by ONS in 2015.<sup>19</sup> WAY also showed similar results for the ONS life satisfaction measure (results for the other ONS well-being measures were not reported).<sup>10</sup> The HSE found no consistent pattern of variation, although there were indications that there are lower levels of well-being among girls compared with boys, and among older children compared with younger ones. This is in line with findings by the Children's Society.<sup>9</sup>

There were some relationships, too, between physical activity and the ONS measures of well-being, but very little evidence of similar relationships according to BMI category.

Both mean WEMWBS scores and the ONS measures indicated clear differences in well-being among young people who have smoked or drunk alcohol; children who had smoked or drunk alcohol tended to have poorer levels of well-being than those who had not tried these. It is not possible to explore the nature of these relationships; for example, whether children with higher levels of well-being are more likely to resist these behaviours or whether smoking and drinking at a young age promotes poorer well-being. The Children's Society research suggests that once mental health was taken into account, behavioural indicators, including drinking alcohol, were not directly related to well-being.<sup>9</sup>



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- <sup>11</sup> The Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Government National Programme for Improving Mental Health and Well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.
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- <sup>15</sup> The report of this work was not published, although it was shared with ONS and the Health and Social Care Information Centre.
- <sup>16</sup> The scoring for the three measures 'Satisfied with life', 'Things I do are worthwhile' and 'Happy yesterday' is Low 0-4, Medium 5-6, High or very high 7-10. The scoring for 'Anxious yesterday' is Low or very low 0-3, Medium 4-5, High 6-10.
- <sup>17</sup> See Marcheselli, F 'Health Survey for England 2015: Children's drinking', NHS Digital, Leeds 2016, available at <http://digital.nhs.uk/pubs/hse2015> for full details.
- <sup>18</sup> <http://digital.nhs.uk/pubs/hse2015trend>
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