



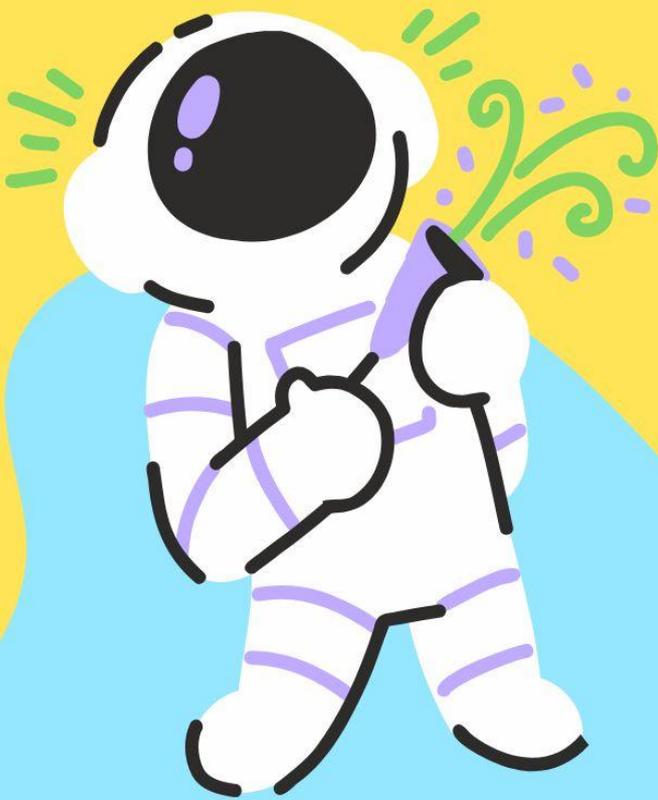
MeasureUp



for Kids



FACT SHEET
& GLOSSARY



Children's wellbeing: key facts (UK)

Children's wellbeing differs from adult wellbeing because it is shaped by rapid developmental change, lower capacity for abstract self-reflection at younger ages, and stronger dependence on immediate environments such as family, school, and peers. These differences matter for how wellbeing should be measured and valued in policy appraisal.

Why children's wellbeing is not the same as adults'

Children's wellbeing is more sensitive to developmental transitions (e.g., puberty), changing social identity, and school-related pressures, which contributes to more pronounced age-related declines than typically seen in adulthood. (DfE, 2019; What Works Wellbeing, 2023)

Children also tend to evaluate wellbeing through different "domains" than adults: relationships and immediate contexts (family, friends, school experience, and appearance) are often central, whereas adult wellbeing analyses more commonly emphasise employment, income, and broader life circumstances. (ONS, 2020; What Works Wellbeing, 2023)

Measurement: what changes for children (vs adults)

Adult subjective wellbeing is commonly measured using direct self-report questions such as the UK Office for National Statistics "ONS4" items (life satisfaction, happiness, anxiety, and sense of worthwhile), typically on a 0–10 scale. These assume relatively stable reflective capacity. (Parkes, 2025, State of Life, 2025)

For children, the evidence suggests an age threshold in how reliably they can answer life-satisfaction-style questions:

- Ages 10+: direct life satisfaction questions are generally meaningful and stable enough for policy use.

- Under 10: direct life satisfaction responses are less reliable, so indirect approaches are recommended—e.g., using validated behavioural/emotional instruments such as the Strengths and Difficulties Questionnaire (SDQ) and mapping these scores to a child wellbeing metric.

Using WELLBYs and C-WELLBYs (valuation in policy analysis)

A WELLBY (wellbeing-adjusted life year) is typically defined as a one-point change on a 0-10 life satisfaction scale sustained for one year, enabling cost-benefit comparisons across interventions.

To avoid undervaluing children in appraisal, the C-WELLBY approach provides a way to represent children's wellbeing in comparable units—using direct measures for ages 10+ and mapped measures (e.g., SDQ-to-C-WELLBY) for younger children.

Parkes, 2025 and State of Life, 2025 set out an applied translation used in cost-benefit contexts, including:

- Adult WELLBY value estimate of approximately £15,920 (in 2024 prices).
- For under 10s, an example mapping where a one-point decrease in SDQ is associated with 0.146C-WELLBY.
- Illustrative policy calculation: a two-point SDQ improvement → 0.292 C-WELLBY ≈ £4,649 per child per year (using the above valuation).

UK statistics: children's wellbeing levels and trends

Self-reported wellbeing shows a decline with age across childhood and adolescence, with older children (e.g., 13-15) typically reporting lower happiness than younger children (e.g., 10-12). Evidence suggests this gap has widened compared with 2009-10. (DfE, 2019)

In recent UK reporting, a notable minority of children report low life satisfaction:

- Around 10% of 10-17-year-olds scored below the midpoint on overall life satisfaction (2023). (What Works Wellbeing, 2023)

- Separate synthesis work identifies persistent low subjective wellbeing for around 11%–16% of 10-17-year-olds, with links to higher risk indicators (including depressive symptoms and self-harm associations in low-wellbeing groups). (The Children’s Society, 2019)

Domain patterns also differ from adults. Children typically report highest satisfaction with family, health, and home, and lowest satisfaction with school and appearance; multiple domains (life overall, friends, appearance, school) declined significantly between 2009–10 and 2020–21. (What Works Wellbeing, 2023)

UK statistics: mental health prevalence and service pressure

Prevalence estimates indicate high levels of probable mental disorder among children and young people:

- NHS England (2023) presents the findings about the mental health of children and young people aged 8 to 25 years living in England in 2023. About 1 in 5 children and young people aged 8–25 had a probable mental disorder: 20.3% for ages 8–16; 23.3% for ages 17–19; 21.7% for ages 20–25.
- From the [Good Childhood Report 2024](#): 11% of children and young people surveyed had low wellbeing. Among 10–17-year-olds: 14.3% were unhappy with school (scored below the midpoint). Also: children in households in financial strain had low life-satisfaction at 17% vs under 10% in non-strained households.
- In 2022-23 nearly 949,200 children & young people (\approx 8% of 11.9m children in England) were referred to [Child & Adolescent Mental Health Services](#) (CAMHS). Of those, 28% (\approx 270,300) were still waiting; 39% (\approx 372,800) had their referral closed without access to support. Some waited over 2 years.

System capacity constraints can amplify wellbeing harms by delaying support. For example, children’s mental health referral and waiting-time pressures have

been highlighted in UK children's services reporting (e.g., large volumes referred, with substantial shares waiting or not receiving support after referral closure). (Children's Commissioner for England, 2024)

Conclusion

These statistics show that children's wellbeing in the UK is under significant pressure: mental health disorders are prevalent, barriers to support are large, and socio-economic factors (financial strain, poverty) amplify risk.

If policy appraisal relies only on adult-style subjective wellbeing measures, children's outcomes risk being omitted or undervalued—especially for under-10s who reliably self-report life satisfaction in a stable way cannot. (Parkes, 2025)

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Economics Terms Glossary

This glossary sits alongside the Children's Wellbeing Toolkit to support those using the toolkit in understanding the reports underpinning the source research for the values, as well as the test methods used in the Testing and Validation report at the Gold level.

This is not a full social value terminology glossary, rather it is focused on key economics terms that are common within social value and wellbeing economic research.

The Terms:

Coefficient: The estimated change in the dependent variable (outcome) for a one-unit change in an independent variable (predictor), holding all other variables constant.

Confidence Interval: A range of values that is likely to contain a population parameter, calculated from a sample data set.

Control variables: Important factors which may influence our outcome of interest.

Correlation: A measure of the relationship between two variables, indicating how one variable changes as the other changes BUT does not tell us if one is causally linked to the other.

Mean: The average value of a set of numbers, found by adding all the numbers together and dividing by the count of numbers.

Median: The middle value in a set of numbers, which separates the higher half from the lower half.

Mode: The value that appears most frequently in a data set.

Outcome: The changes resulting from an activity. The main types of change from the perspective of stakeholders are unintended (unexpected) and intended (expected), positive and negative change.

Population: Entire group of individuals or elements that you are interested in measuring.

Predictor: Input variable used to estimate or forecast the value of an outcome variable.

Probability: The likelihood or chance of an event, action, or change occurring.

Proxy: An approximation providing representation of the value of an outcome.

P-value: The probability of obtaining test results at least as extreme as the observed results, under the assumption that the null hypothesis is true.

Regression analysis: A statistical process for estimating the relationships among variables.

Qualitative Variables: "Categorical" variables that take on names or labels and can fit into categories. Examples:

- Gender (e.g. "male", "female")
- Region (e.g. "urban", "rural")
- Marital status (e.g. "married", "single", "divorced")
- Within MeasureUp these kinds of variables are often defined for use at the Silver level of measurement for each value in the set.

Quantitative Variables: "Numerical" variables that represent a measurable quantity. Examples:

- Number of people in a community
- Population size of a city
- Age of an individual
- Income of an individual

Sample: A subset of the population that you use to collect data.

Social value: “All significant costs and benefits that affect the welfare and wellbeing of the population”. (HM Treasury ‘Green Book’, 2020).

Standard Deviation: A measure of the amount of variation or dispersion in a set of values.

- A small standard deviation means the data points are close to the mean — low variability.
- A large standard deviation means the data points are spread out — high variability.

WELLBY: The WELLBY is short for “Wellbeing-adjusted Life Year.” It is defined as a one-point change in life satisfaction on a Likert scale between 0 to 10, for an individual for one year.

Useful Resources:

On Wellbeing and Social Value Measurement

- HM Treasury Green Book: Guidance on Appraisal and Evaluation
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005388/Wellbeing_guidance_for_appraisal_-_supplementary_Green_Book_guidance.pdf
- What Works Centre for Wellbeing
whatworkswellbeing.org
- Social Value UK: Guide to SROI (Social Return on Investment)
<https://socialvalueuk.org/resources/sroi-guide-impact-map-worked-example/>

On Wellbeing Valuation and Economic Analysis

- Daniel Fujiwara’s “Wellbeing Valuation” research
simetrica-jacobs.com
- UK Office for National Statistics (ONS) Wellbeing Dashboard
<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/surveysusingthe4officefornationalstatisticspersonalwellbeingquestions>