

# Children and Young People's Measures

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Initial findings from the wellbeing evaluation literature

September 2021



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# Introduction

At the What Works Centre for Wellbeing, we help to build the wellbeing evidence base by ensuring that organisations and decision-makers have access to high quality wellbeing research.

Evaluations are a particularly useful source of evidence thanks to the insight they provide into causation: whether, and to what extent, and for whom interventions improve wellbeing. Since 2019, we have begun to search for impact evaluations more systematically, starting with our Rapid Evidence Assessment of wellbeing impact evaluations that use the ONS4 personal wellbeing measures.

We've now sifted through some of the studies originally excluded from our review. Many of them are evaluations of interventions delivered outside of the UK, aimed at children and young people, use a wide range of wellbeing measures to report impact.

This briefing brings together some of our latest findings. These are not exhaustive and are part of an ongoing live review of the wellbeing evidence base.

If your organisation has evaluated wellbeing impacts we'd love to hear from you! You can submit your evaluation by emailing [evaluation@whatworkswellbeing.org](mailto:evaluation@whatworkswellbeing.org)

## What the review includes

In October 2020, we published the findings from a Rapid Evidence Assessment of wellbeing impact evaluations that used the ONS4 personal wellbeing measures. Our review team conducted several broad searches to map the literature that used wellbeing outcomes in evaluations of UK pilots and programmes aimed at adults. They searched through peer-reviewed and grey literature studies that fall within the wellbeing domains in the ONS National Wellbeing framework.

Building on this work, our team recently conducted full reviews of 1044 studies that were initially excluded from our review because they were non-UK or evaluations of interventions with children and young people<sup>1</sup>. From these we built a database of 480 evaluations, spanning 29 OECD countries and using 12 different wellbeing measures promoted by our Centre.

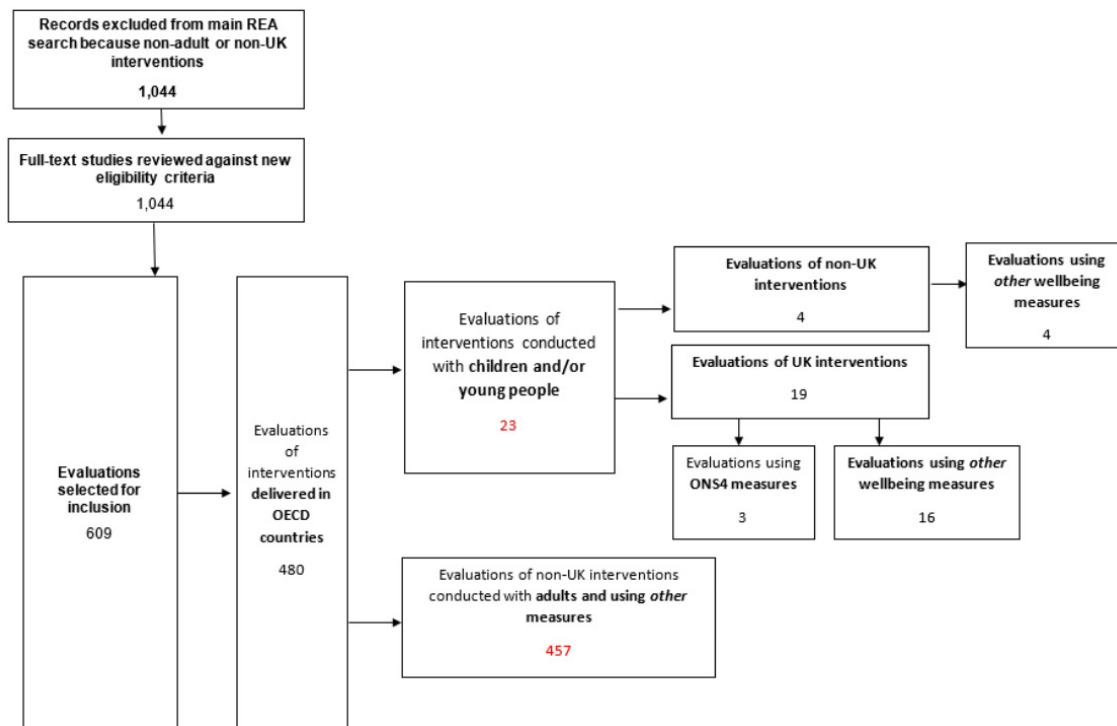


Figure 1. Summary of included and excluded evaluations

<sup>1</sup> To read the results of our rapid evidence assessment, please visit <https://whatworkswellbeing.org/resources/ons-personal-wellbeing-findings-in-impact-evaluations/>

## Wellbeing interventions aimed at children and young people

Our review team found 23 wellbeing evaluations of interventions with children and young people. The majority were of UK interventions and used measures other than the ONS4.

There were 3 evaluations of UK interventions that used ONS4 measures. We extracted their findings which are summarised below (Figure 2)<sup>2</sup>. Two of these studies reported statistically significant improvements in at least one of the ONS4 measures and 1 study found no significant change in the life satisfaction measure.

Type of intervention	What happened	Who was involved	Before and after change in ONS4 scores	Other results
Social & Civic development; National Citizen Service (2018)	Government-backed initiative providing young people with activities to promote their personal, social and civic development.	Data from 13,714 young people (16-17 years old). Over 100,000 participants in total.	Increase in life satisfaction, purpose and happiness  Decrease in anxiety	£370.5 million monetary impact (Summer programme 2018) Wellbeing value return ratio £1:£2.35
Education Curriculum (2019)	Curriculum designed to boost the academic achievement of pupils, by improving their non-cognitive skills, which include motivation, resilience and self-regulation.	Data from 13 participating schools. 751 participating schools in total.	Increase in life satisfaction (effect size 0.182)	N/A
Music intervention; Community based (2020)	Community-based music initiative designed and implemented to support the wellbeing of disadvantaged young people in Scotland.	Data from 18 children and young people (12-17 years old).  Participants from one school, two community centres and one charity.	No significant change reported in mean life satisfaction scores.	Results from the realist evaluation point to the following critical success factors: the establishment of a polyhedral approach, the development of a 'safe feeling', triggered by improved connectedness and reinforced by the music space.

**Figure 2. Wellbeing evaluations of UK interventions aimed at Children and Young People. ONS4 used.**

<sup>2</sup> Other criteria fulfilled by these studies: 1) were evaluations of interventions; 2) collected data through before-and-after survey; 3) explicitly aimed to improve wellbeing; 4) were published after 2011 5) used the ONS4

Of the remaining 20 evaluations, all used non-ONS4 measures<sup>3</sup>:

- **The majority were of UK interventions (16)**, followed by 3 other OECD countries: Australia (1), Ireland (1), and the United States (2);
- **They covered a range of primary thematic areas, Family and/or parental and Social relationships (4), Mental health and/or Psychological wellbeing (4), Physical health (3), Social Care (2), Young offenders/Anti-social behaviour (1), Music/Arts/Culture (2) and Other (4)**, including, peer support and school-related wellbeing.
- **One third were of psychological interventions (9), including Mindfulness and Cognitive Behavioural Therapy interventions (CBT)**. This was followed by Advice & Support (3), Physical activity (3) Arts/Music (2), Education and Skills (1) and other (2), including Parenting/Early intervention and Peer-support.
- **Half of the studies were of interventions targeting vulnerable/at risk children or young adults (9)**, including children with physical and mental health issues, children at risk of social deprivation and isolation, sexually exploited young people and children with substance-misusing parents. This was followed by the general child and young person population (7) and Other groups (4), including BAME children and young people from youth justice settings.
- **39 individual wellbeing measures were used across the studies, with almost all studies using two or more measures (19)**. The majority were psychological scales developed to measure one or more cognitive, social, emotional or behavioural variable/s. Among the more standardised wellbeing measures used were: the Rosenberg self-esteem scale (3), The (Short-)Warwick-Edinburgh scales (3), the Stirling Children's Wellbeing Scale (SCWBS) (2), the Psychological Wellbeing (PWB) Scale (1), the World Health Organisation- Five Well-Being Index (WHO-5) (1) and the Satisfaction with Life Scale for Children (SWLS-C) (1).

<sup>3</sup> Evaluations of interventions delivered in countries that lacked comparability with the UK were excluded. The criteria used for inclusion was membership of the OECD. For more information visit <https://www.oecd.org/about/document/list-oecd-member-countries.htm>

## Wellbeing interventions aimed at adults: Non-UK and non-ONS4 findings

Our review team identified 457 wellbeing evaluations conducted with adults, all of which were of non-UK interventions and used measures other than the ONS4 and were evaluations on non-UK interventions<sup>4</sup>.

- **The studies were of interventions that spanned 29 OECD countries and almost half of the studies were evaluations of interventions delivered in the USA (189).** This was followed by Canada (44), Australia (43), Germany (26), Spain (25) the Netherlands (14), Denmark (12), Finland (11) and Italy (10).
- **Over one third of the evaluations were of Psychological interventions (176), primarily, Cognitive Behavioural Therapy (CBT) and in the field of Positive psychology, including Mindfulness interventions.** This was followed by Physical activity/Therapy (57), Arts/Music/Culture (28) and Education/Skills/Learning (18).
- **46 of the interventions evaluated were delivered remotely,** largely using computers, telephone and mobile phone apps.
- **A large proportion of studies focused on interventions aimed at clinical populations (211), followed by employees/trainees (66) and older adults (51).** Other common population groups included carers (25) and students (20).
- **Among the more standardised measures wellbeing used were: the Positive and Negative Affect Scale (PANAS) (42), the Satisfaction With Life Scale (36), the World Health Organisation Quality-of-Life Scale (WHOQOL-BREF)(35), the Psychological Wellbeing (PWB) Scale (15), the Warwick-Edinburgh Scales (WEMWBS) (13), UCLA Loneliness scale (11), the EQ-5D measure (5), the De Jong Gierveld Loneliness Scale (4), and the 12-Item General Health Questionnaire (GHQ-12)(4).**

<sup>4</sup> These studies fulfilled the following criteria: 1) were evaluations of interventions; 2) collected data through before-and-after survey; 3) explicitly aimed to improve wellbeing; 4) were published after 2011 and 5) were of interventions targeting adults