

Measuring Children and Young People's Subjective Wellbeing

Conceptual framework

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About the What Works Centre for Wellbeing

We are an independent collaborating centre that develops and shares robust and accessible wellbeing evidence to improve decision making that is used by governments, businesses and civil society.

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Introduction

In this paper we provide an overview of what children and young people's wellbeing is. We outline the differences between objective and subjective measures of wellbeing, as well as providing definitions for the various constructs and terminology that is used to describe different concepts associated with subjective wellbeing from the literature, and how this can be applied to children and young people.

We also outline why we believe that measuring children and young people's subjective wellbeing is important, not only for its ability to inform policy and practical decisions that impact on the lives of children in the UK, but because there is validity in asking young people themselves how they are doing.

While we will highlight some of the most influential literature in the area, the purpose of this piece of work is not to provide a systematic review of wellbeing literature but rather to help guide and contextualise the subject area for audiences new to wellbeing who are looking for guidance on how to measure children and young people's subjective wellbeing effectively.

Through this project The What Works Centre for Wellbeing in collaboration with The Children's Society and funded by partners at The Health Foundation set out to collate all known and validated measures that have been used to measure children's subjective wellbeing in the UK. We did this to provide a measures bank of available measures for different audiences so that they can use relevant measures depending on their particular need or focus.

This paper is one of three practical outputs created from this project designed to improve the understanding and measurement of children's subjective wellbeing in the UK.

The other two outputs are [a searchable measures bank](#) of the measures identified from our Rapid Evidence Assessment (REA), and [a user guide](#) that provides practical advice on measuring children's wellbeing as well as information on navigating the measures bank.

What is wellbeing?

Wellbeing is a term that can mean many different things to different people¹. The difficulty in defining wellbeing consistently, is partly explained by the fact that it is a holistic and overarching concept².

Put simply, wellbeing is 'how we are doing' as individuals, communities and as nations and how sustainable this is for the future. It involves all aspects of our lives that are important to us and to wider society.

And while there is still no agreed formal definition of wellbeing, a number of organisations that seek to understand and measure it, such as the What Works Centre for Wellbeing (WWCW), the UK Office for National Statistics (ONS) and the Organisation for Economic Cooperation and Development (OECD) typically use the above definition.

The need to adequately measure wellbeing outcomes cuts across a wide range of public policy areas and practice sectors. The positive psychology movement³ has also contributed to accepting the idea that the promotion of wellbeing should be the fundamental goal of governments and societies and that by looking at wellbeing outcomes we can get useful indicators of the functioning of a society. Moreover, the United Nations mention wellbeing as part of the set of rights of the child that governments are called to protect⁴.

As noted in the definition above, wellbeing can be measured at different levels, from individuals through to communities and nations. Since wellbeing can be distributed differently within societies, average measures do not always provide a complete picture of how we are doing as individuals.

In this paper we focus particularly on how to better measure the wellbeing of children and young people.

For a long-time, children were seen as an extension of the family unit, their wellbeing considered in the context of the adults in their lives. This has since changed and there is a growing interest in understanding children and young people's wellbeing for themselves and how it is distinct from that of adults.

Over the past decade there has been a growing recognition that "children are active participants in their lives, making sense of the world and affected by life events in ways

1 See also well-being, though the use of the hyphen seems to have become a stylistic choice and does not change the definition. For the purpose of this paper we will be using the unhyphenated version.

2 Rees et al., 2010

3 Seligman and Csikszentmihaly, 2000.

4 UNICEF, 2021.

that adults are not always privy to or able to report on"⁵.

This trend coincides with the view of The United Nations Convention on the Rights of the Child, in which it is encouraged that all actions concerning children "must be in their best interest and their views must be taken into account"⁶.

Three important characteristics of wellbeing

Firstly, *wellbeing is predominantly a positive concept*, in so much as it comprises more than the mere absence of deprivation, disability or ill-health. The positive psychology movement has contributed to the understanding that experiencing a good life is more than the absence of negative indicators.

Second, *wellbeing is dynamic*, in so far as it can change relative to individual circumstances, how people interact with their environments, and it can vary cross-nationally as well as over time⁷.

Third, *it is multidimensional in the sense that it taps into all the aspects of people's lives* from their socioeconomic status to their relationships, and also in the sense that it can be measured by looking at both people's subjective wellbeing as well as their objective circumstances.

We would expect that a good measure of wellbeing reflects all these characteristics.

5 Rees and Main, 2016, p.124.

6 Bradshaw et al., 2011.

7 Rees et al., 2010.

Objective and subjective wellbeing

When trying to understand an individual's wellbeing it is well recognised that there are two ways in which it can be understood, as objective or subjective wellbeing. Capturing and understanding both types of wellbeing can help us build a more accurate and comprehensive picture of how children and young people are doing in their lives.

When we talk about objective wellbeing, we are referring to visible, quantifiable and externally defined life conditions or, in other words, how someone's life looks from the outside. Another term that is commonly used is 'social indicators'⁸.

These indicators can include multiple facets of our lives, and for children and young people specifically this can relate to their access to education, whether they have access to sufficient resources (i.e. food, clothing etc.) and whether they are in good physical health.

There are already a number of well-established objective measures that are consistently collected about children and young people in the UK including the ONS child wellbeing indicators set⁹, the Department for Education's State of the Nation report¹⁰ and Public Health England Fingertips profiler tool¹¹. The OECD¹² and UNICEF Innocenti have also recently published their own frameworks of what child wellbeing indicators should be measured at an international level^{13 14}.

And while all of these examples do include reference to subjective or personal wellbeing measures, they predominantly focus on objective indicators.

In these and other frameworks objective wellbeing factors that are commonly monitored about children and young people include:

- Family and living situations e.g. being in stepfamilies, in single-parent families, eating the main meal with parents less than several times a week.
- Peer relationships e.g. bullying or being involved in a physical fight.
- Health and risk behaviours, e.g. being overweight, have been drunk at least twice, having used cannabis in last 12 months, having given birth (women), having had sex.
- Schooling, e.g. not being in education, not being in education nor work.
- Poverty and inequality, e.g. living in households with income less than 60% of the median.

Another way to think about objective measures are questions or information about young people – i.e. has that young person achieved a certain grade, do they have an identified

8 Rees et al., 2010.

9 ONS, 2020.

10 Department for Education, 2020.

11 PHE, 2021.

12 OECD, 2021.

13 UNICEF Innocenti, 2020.

14 Inchley et al., 2020.

learning need, have they got access to certain resources or have they experienced bullying. These objective wellbeing indicators can be collected either as self-report from children and young people themselves or from adults in their lives, such as their parents or carers, teachers, social or health workers.

While this is important information to collect and track in regard to the evidence needed to support policy priorities for health, education and social care, the majority of indicators used to design policies for children and young people rely on adults' conceptions of children's needs.

There are two limitations that have been identified when appraising the adequacy of existing frameworks to measure the wellbeing of children and young people.

Firstly, some frameworks rely strongly on adult-derived factors, ignoring the fact that the life aspects that are important to adults are not necessarily the same for children.

A second limitation is that some of these frameworks have mainly focused on "factors that help or hinder children's transitions into a healthy and productive life as adults" or their "well-becoming" instead of being concerned with "childhood as a life stage in its own right" or "as a distinct and important phase of life"¹⁵.

It is therefore not surprising that some of these measures show minimal association with children's own perspectives of the issues that affect them¹⁶. Issues can also arise when there is disagreement between child self-report and adult reporting, in which case inter-rater reliability assessments can become useful^{17 18 19}.

There are also domains of young people's lives that are more difficult to capture by external observation. Therefore, it is valid in such cases to measure the subjective elements of wellbeing, that is, asking children and young people directly how they feel about their own lives and their own experiences.

In this instance when we say subjective wellbeing, this refers to people's individual self-reports or views of how they experience and evaluate their lives or specific domains of their lives. Subjective measures of wellbeing are believed to be more 'democratic' than objective measures, for they allow individuals themselves to decide what issues are more important for them and evaluate how good their life is going accordingly, instead of leaving such assumptions to others^{20 21}.

And while a decade ago there were relatively few initiatives that attempted to measure subjective wellbeing of children across all relevant domains, nowadays, holistic subjective wellbeing frameworks are becoming more common, and we find relatively high agreement about the domains of children and young people's lives that need monitoring.

The term 'self-reported wellbeing' is also used, although strictly speaking, subjective and self-report measures are not the same. As already noted, objective measures can also be self-reported.

15 Rees and Main, 2016.

16 Rees and Main, 2016.

17 Rescorla et al., 2013.

18 Patalay and Fitzsimons, 2018.

19 Thornton et al., 2021.

20 Graham, 2010.

21 Dolan, Layard and Metcalf, 2011.

While it is true that all subjective wellbeing assessments are gathered through self-reported means, not all self-reported information is about subjective evaluations, experiences or feelings.

For instance, quantifying the extent to which a person has experienced bullying - an objective report - is fundamentally different to asking them how the experience of bullying makes them feel or how it impacts their life. They are both self-reported information but only the latter inquires about the child's own feelings.

An easy way to identify what falls within subjective accounts of wellbeing and what is a self-report is to think of whether that measure could be visible to anyone who is not the person themselves by simple external observation.

Conversely what information can you only get by asking the children themselves? And most importantly for this project what is the best way to measure and capture that information?

Defining subjective wellbeing

As presented in Figure 1, the research literature tends to subdivide subjective wellbeing into three core constructs or dimensions: affective wellbeing (feelings and emotions), cognitive wellbeing (thoughts and evaluations), and eudaimonic wellbeing (meaning and purpose).

When reviewing the literature on subjective well-being, predominantly it has been developed to understand adult experiences. When young people have been the focus it is in the application of or attempt to understand how these concepts apply to them. In this section we will describe these abstract constructs, how they have been conceptualised and how this relates to children and young people.

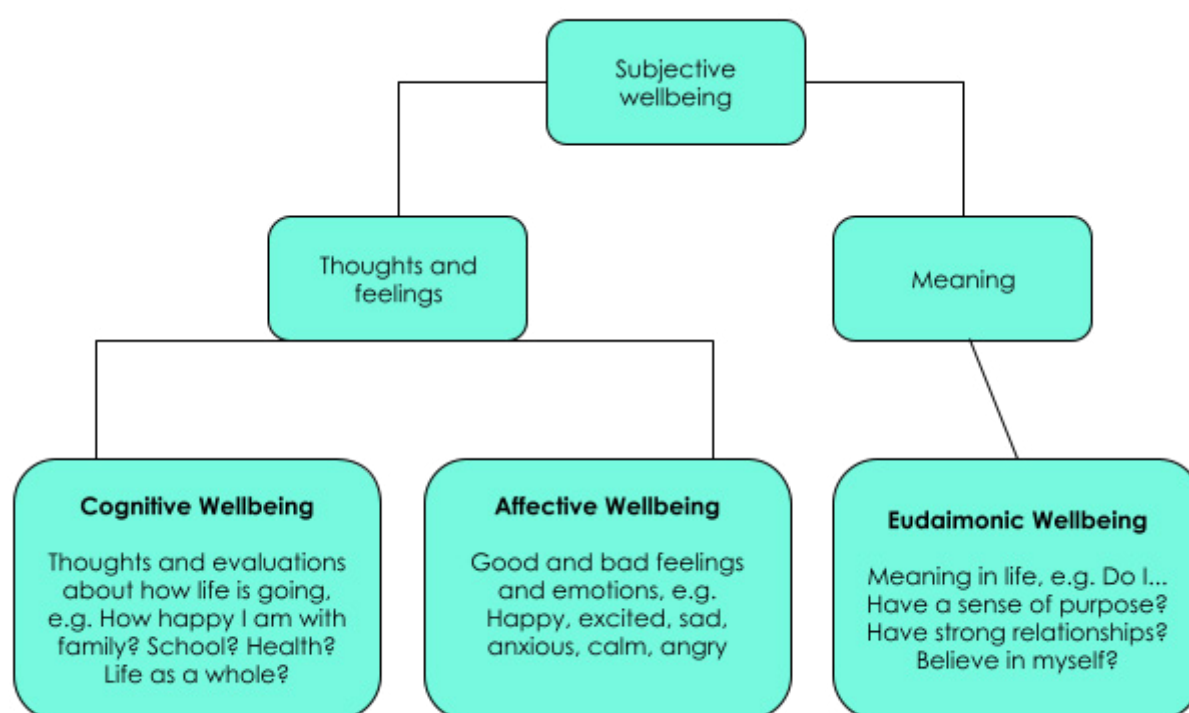


Figure 1: Components of subjective wellbeing (source: adapted from The Children's Society, 2021, p. 2.)

In some models both affective and cognitive elements are reported as sub-domains of an overarching domain of 'hedonic' wellbeing, the former being a short-term expression of hedonism and the latter a long-term expression of hedonism^{22 23}. The hedonic approach to wellbeing places the focus on happiness, with hedonic wellbeing defined in terms of achieving pleasures and the avoidance of unpleasant experiences²⁴.

Some have also used the term 'subjective wellbeing' to refer only to the cognitive and

²² The Children's Society, 2021.

²³ Kahneman, Diener and Schwarz, 1999.

²⁴ Ryan and Deci, 2001.

affective components of wellbeing, but not to the eudaimonic component^{25 26 27}.

There are however those who would argue that the evaluative aspects of cognitive wellbeing, such as life satisfaction, are not strictly a hedonic concept either^{28 29}.

While it is broadly agreed that people's eudaimonic wellbeing, their sense of meaning, that their life is worthwhile, or their sense of purpose and fulfilment can be independent from their feelings and emotions, these are also considered to be an aspect of subjective wellbeing³⁰.

For ease we have looked at the three concepts individually, rather than trying to relate them specifically to each other as when measured they capture distinctly different aspects of wellbeing.

The three concepts also form the basis for the ONS four measures of personal wellbeing:

- happy yesterday (positive affect)
- anxious yesterday (negative affective)
- life satisfaction (cognitive) and
- worthwhile (eudaimonic/psychological)

We used these three concepts as a framework for identifying the relevant literature in our search for measures to be included in the measure bank³¹.

However, through the process of the REA it was very apparent that there are significant conceptual overlaps and terminological overlaps with these three constructs (affective, cognitive and eudaimonic/psychological) due to the terms and labels being used across different academic and policy fields.

There were terms that sound the same but relate to very different concepts, i.e. cognitive wellbeing and cognitive functioning, which would be an example of terminological overlap. And then there are different terms that relate to the same or similar concepts, i.e. affective wellbeing and emotional wellbeing, which is an example of conceptual overlap.

In Figure 2 we have attempted to map out, based on the definitions and uses within the literature reviewed, how these different terms relate to each other.

We found that there was terminological overlap when looking at the terms related to both cognitive and psychological in relation to different fields within psychological and medical literature, this was specifically apparent for the term psychological wellbeing, which is also used to describe the absence of psychological distress or in relation to mental health problems^{32 33}.

25 Diener, 2000.

26 Ben-Zur, 2003.

27 Rees et al., 2010.

28 Deci and Ryan, 2008.

29 Helliwell, 2021.

30 Ryff, 1989.

31 The process of our Rapid Evidence Assessment (REA) is provided in an appendix document.

32 Carswell, Blackburn and Carter, 2011.

33 NHS, 2021.

While the term emotional wellbeing is increasingly being used in grey literature. In some instances it has been used synonymously with affective wellbeing, while also being used in the context of poor emotional regulation or aspects of emotional development. Another related term being emotional health.

Mental wellbeing is yet another term that is increasingly being used though mostly this is used as an alternative to subjective wellbeing itself rather than any of the underlying constructs^{34 35}.

In the following sections of this paper we provide a more detailed overview for each of the three core concepts, what they cover, a brief review of the relevant key literature and why measuring these concepts in children and young people is important.

We will also discuss some of the related concepts that emerged through the REA and why these are or are not included in our bank of subjective wellbeing measures.

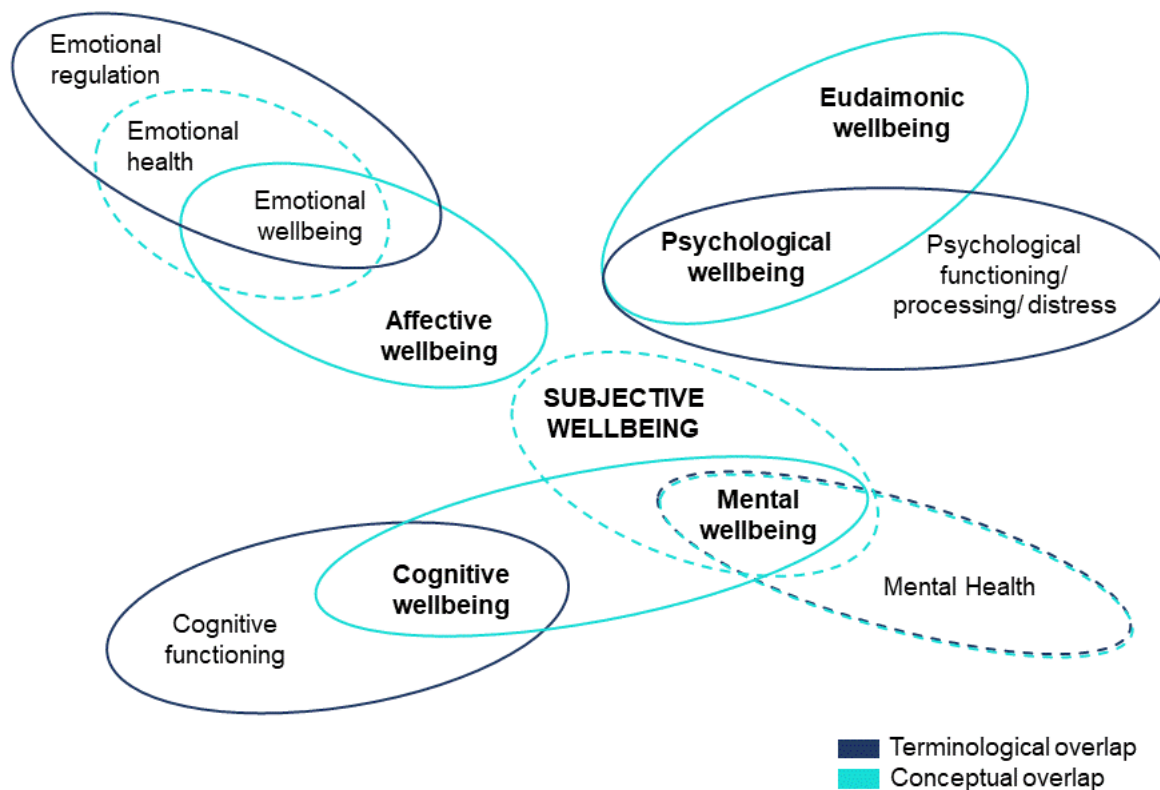


Figure 2: Concept and term mapping for subjective wellbeing

34 Clarke et al., 2011.

35 Davison et al., 2021.

Affective wellbeing

"Affective wellbeing is about our emotions; it is about how we are feeling in any given moment."

Alternate terms: emotional wellbeing, emotional health, moods, emotions, feelings.

Affective wellbeing relates to our emotional experiences. There is substantial literature that describes the biological, psychological and evolutionary theories behind why humans experience emotions and how we process them. Part of understanding our subjective wellbeing relates to our own understanding of our emotions.

Early theories of affective wellbeing in adults conceived overall affective wellbeing "as the average balance of pleasure over pain" within a specific timeframe, this was then often referred to as 'happiness'³⁶.

Further research in this area identified that there were in fact two dominant factors to affective wellbeing, these are described as positive and negative affect³⁷. Though the terms might suggest that these two factors are opposites (that is, that they are negatively correlated), they have in fact emerged as highly distinctive dimensions. That happiness is not merely the absence of negative feelings and vice versa^{38 39}.

It is now well established that positive and negative affect are independent of one another and so should be measured separately⁴⁰. It is the balance between levels of positive and negative affect that is seen as making a significant contribution to an individual's subjective wellbeing.

An alternative model and way to visualise and understand emotions is through the Circumplex model of affect (see Figure 3)⁴¹.

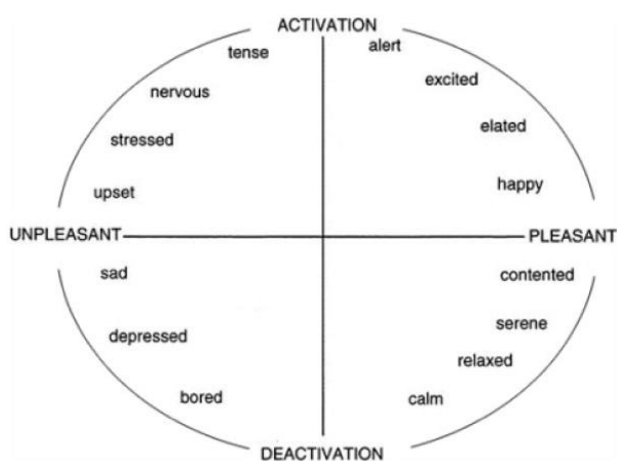


Figure 3: A graphical representation of the circumplex model of affect with the horizontal axis representing the valence dimension and the vertical axis representing the arousal or activation dimension.

36 Bradburn, 1969.

37 Watson, Clark and Tellegen, 1988.

38 Watson, Clark and Tellegen, 1988

39 Russell and Carroll, 1999, p.3.

40 Diener and Emmons, 1984.

41 Posner, Russel and Peterson, 2005.

In this model each emotion can be understood as a combination of two dimensions, the "valence" or whether it is a positive or negative feeling, and arousal which can be seen as the level of activation we feel. This model is useful in understanding how to differentiate between similar emotional states, i.e. the difference between feeling content, happy and excited.

It is important to be aware of the conceptual differences when thinking about measuring affective wellbeing – which emotions are you interested in and why?

For children and young people understanding their own emotions is an important part of their development. Questions on affective wellbeing can also be less invasive than asking specific mental health questions on depression or anxiety.

How is affective wellbeing measured?

Typically, affective wellbeing has been assessed by asking young people to rate their experiences of a list of positive feelings (such as happiness, joy, excitement etc.) and negative feelings (such as sadness, worry, anger) within a given timeframe⁴².

It can also be measured by looking at discrete emotions in specific contexts i.e. measures of anger⁴³. As these measures involve asking people about their feelings during a particular period of time, affective wellbeing measures are said to be less stable. For children and young people in particular there is evidence that their 'happiness' varies and is generally higher at the weekend⁴⁴.

Within the ONS personal wellbeing frameworks, adults are asked two questions about their affective wellbeing:

- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?

However, when questions on positive and negative affect were piloted in focus groups with children aged 12 to 13 by The Children' Society, they found that children understood and felt comfortable to answer questions about positive affect (e.g. feeling happy or excited) but were less comfortable with questions about negative affect (such as feeling anxious or lonely). The children felt that these questions could be experienced as intrusive or upsetting in a self-report survey and so the anxious yesterday question was not asked of young people in the ONS Children Wellbeing indicators framework^{45 46}.

However, subsequent consultations with young people have suggested that they feel that it is important to ask about the negative emotions as well as positive. With reflections from young people during the cognitive testing for the ONS Loneliness questions and more recently during the work done by the team at #BeeWell in Manchester⁴⁷. Though including these questions should always be within an appropriate context and in consultation with young people themselves⁴⁸.

42 Peasgood et al., 2014.

43 Diener et al., 1999.

44 The Children's Society, 2013.

45 The Children's Society, 2013.

46 ONS, 2020.

47 The University of Manchester, 2021.

48 Demkowicz et al., 2020.

Related concepts

Emotional regulation – while learning to regulate and understand emotions is a vital skill for children and young people to develop, it is not in and of itself a measure of their emotional wellbeing. And though during the REA process we came across a number of measures designed to measure emotional regulation these have not been included in our data bank for this reason.

Emotional literacy – another related term that came up during the REA, Emotional Literacy is the ability to deal with one's emotions and recognize their causes. Often it is used in the context of being able to give a name to specific feelings. As with emotional regulation this is about developing a skill but could be used with measures of affective wellbeing.

Cognitive wellbeing

"Cognitive wellbeing is about the assessments we make about our lives, and to what degree we are satisfied with those assessments."

Alternate terms: evaluative wellbeing, life satisfaction, domain satisfaction.

Sometimes linked with affective wellbeing under the term 'hedonic' wellbeing, cognitive wellbeing involves asking people to make assessments about their lives or specific aspects of it, according to their own criteria, usually to find out whether they generally feel satisfied or not.

The main difference between affective and cognitive elements is that the former is influenced by one's immediate pleasant and unpleasant experiences, while the latter is a "judgement made by individuals based on a long-term assessment of their lives"⁴⁹. So while affective wellbeing is focused on emotional experiences, cognitive wellbeing is instead focused on the evaluations we make⁵⁰.

'Happiness' with life or with specific life domains is commonly used interchangeably with satisfaction measures, that is, as the more stable reconstruction of memories. As Kahneman notes, this is distinguished from happiness as the experience or feeling of enjoyment here and now provided, for instance, by a conversation with an interesting person or a holiday at the beach⁵¹.

⁴⁹ Bradshaw et al., 2011.

⁵⁰ Diener et al., 1999.

⁵¹ Kahneman and Riis, 2005.

How is cognitive wellbeing measured?

Cognitive wellbeing is measured in two ways – as global questions that ask about our overall evaluations of our lives and as domain specific questions – how we feel about the different aspects or parts of our lives.

Global subjective wellbeing measures are the most widely used in research. Within the ONS personal wellbeing questions this concept is measured using a single question:

- Overall, how satisfied are you with your life nowadays?

Within the literature there are two types of global measures of cognitive wellbeing, single item such as the ONS question and multi-item measures such as Diener's Satisfaction with Life scale (SWLS)⁵². While these examples were designed for use with adults the bank includes examples of both types of measures that have been tested and adapted for children.

Global measures are useful in providing an overall assessment about how individuals or populations feel about their lives as a whole – free from external contexts⁵³.

However, trying to implement policies to improve wellbeing based purely on overall measures alone might not be the most appropriate approach. Since people experience a range of issues in their lives, which might affect how they evaluate and respond to life satisfaction scales. It is therefore also important to consider the use of domain-specific measures.

Domain-specific measures can provide us with richer information about the main areas of life that are being affected and that need focused action. They are practical because they facilitate the task of understanding what aspects of life are important to the person or cohort being asked. This information can then inform what actions could be taken to improve not only their satisfaction with that domain but their wellbeing overall. This is also true for the different domains that are important to young people's lives⁵⁴.

There are a number of established frameworks that have explored which domains of life are important to young people, including The Children's Society's Good Childhood Index⁵⁵, the ONS Child Wellbeing Indicators Review⁵⁶ and Coram Voice's Bright Spots indicators that was developed with children in care⁵⁷.

As with the overall measures of life satisfaction, the different domains can also be measured using either single item questions or specific multi-item measures focused on the different domains.

In the bank we have included where possible both types of measure, though not all domains have received equal research interest and so there are areas of possible future development.

⁵² Diener et al., 1985.

⁵³ The difference of when to use single or multi-item measures is explored in more detail in the guidance document.

⁵⁴ Although this is only the case if research has tested and confirmed a relationship between these aspects of life and overall wellbeing.

⁵⁵ Rees, Goswami and Bradshaw, 2010.

⁵⁶ ONS, 2020.

⁵⁷ Zhang and Selwyn, 2020; Coram Voice, 2021.

	The Children's Society Good Childhood Index	ONS Child indicators	Coram Voice Bright Spots indicators
Global	<ul style="list-style-type: none"> • Multi-item life satisfaction • Happiness with life as a whole 	<ul style="list-style-type: none"> • Happy yesterday • Satisfaction with life • Worthwhile 	<ul style="list-style-type: none"> • Happy yesterday • Satisfaction with life as a whole • Worthwhile • Positive future • Life getting better
Domains	<ul style="list-style-type: none"> • Family • Friends • Choice • Home • Health • Time use • Future • Money and things • Appearance • School 	<ul style="list-style-type: none"> • Appearance • Loneliness • Family • Friends • Health • Time use • Choice • Home • Safety • Places to play • School • Home • Environment • Being listened to 	<ul style="list-style-type: none"> • Relationships • Rights • Recovery • Resilience

Table 1. Subjective wellbeing domains

Eudaimonic wellbeing

"Eudaimonia thus captured the essence of the two great Greek imperatives: first, to know yourself, and second, to become what you are."⁵⁸

*Alternate terms: psychological wellbeing*⁵⁹.

Possibly as difficult to say as it is to definitively define, the term Eudaimonia originates from Aristotelian philosophy as described in the quote above. Ryff reported that the translation of the ancient Greek word 'eudaimonia' is not as close to 'happiness' as it is to 'realising one's potential', 'optimal functioning', 'personal growth' or even to Maslow's concept of 'self-actualization' and 'developing one-self'^{60 61}.

It is therefore distinguished from the concepts of affective and evaluative wellbeing, in that eudaimonic theories see that wellbeing is not so much an outcome or end state as it is a process of fulfilling or realizing one's true nature — one way to summarise it is to relate it to our sense of meaning, purpose and control⁶². This component focuses on the person's overall sense of meaning in their life and the degree to which they are fully functioning.

After reviewing different mental health, clinical and life span developmental theories, Ryff modelled six converging elements that informed a more detailed structure of what she calls 'positive psychological functioning'⁶³. The six elements of Ryff's model of eudaimonic wellbeing are:

- Self-acceptance, i.e. holding positive attitudes toward oneself.
- Positive relations with others, i.e. having feelings of empathy and the capability to love and hold warm, trusting interpersonal relations (also described as 'connectedness').
- Autonomy, i.e. the regulation of behaviour from within, self-determination, independence and sense of freedom from norms governing everyday life.
- Environmental mastery, i.e. ability to choose suitable environments or to change and manipulate one's environment creatively, for instance, through active participation.
- Personal growth, i.e. being able to continue developing one's potential, actualise oneself and being open to experience.
- Sense of purpose, i.e. having goals, intentions and a sense of directedness which contribute to the feeling that the things we do are worthwhile.

An alternative model has been proposed by Ryan & Deci, whose Self Determination theory states that there are three basic psychological needs: autonomy, competence and relatedness⁶⁴.

⁵⁸ Ryff, 1989.

⁵⁹ Psychological wellbeing is the term in the literature review that had the greatest terminological overlap. There was evidence of it being used in the context of describing psychological distress or rather the absence of psychological distress, which relates conceptually to measures of mental health rather than eudaimonic wellbeing. There was also terminological overlap with psychological functioning and psychological processing.

⁶⁰ Ryff, 1989.

⁶¹ Maslow, 1968.

⁶² Deci and Ryan, 2008.

⁶³ Ryff and Singer, 2008.

⁶⁴ Ryan and Deci, 2001.

Other narrower perspectives equate the eudaimonic component of subjective wellbeing solely as individuals' sense of purpose in life, i.e. having goals, intentions and a sense of directedness which contribute to the feeling that the things we do are worthwhile, and life is meaningful.

How is eudaimonic wellbeing measured?

As with cognitive wellbeing, eudaimonic wellbeing can be measured as either global or domain specific depending on what aspect you are trying to understand.

Within the ONS personal wellbeing questions this concept is measured using a single question:

- Overall, to what extent do you feel that the things you do in your life are worthwhile?

Within the measures bank we include both global measures, such as Ryff's psychological wellbeing scale as well as domain specific measures such as for autonomy – as proposed under the self-determination model.

When thinking about measuring eudaimonic wellbeing Ryff reflected that "wellbeing, construed as growth and human fulfilment, is profoundly influenced by the surrounding contexts of people's lives, and as such, that the opportunities for self-realization are not equally distributed"⁶⁵.

Related concepts

Self-esteem – As a construct arguably could be considered an aspect of eudaimonic wellbeing. It asks us to examine how we feel about ourselves, and thus is closely related to the concept of self-acceptance, a domain identified within Ryff's psychological wellbeing model. It is also closely aligned to the idea of self-concept, or the ideas we hold about ourselves^{66 67}.

These are important questions to reflect on when asking children how they feel about their lives, as how they feel about themselves and how they see themselves can impact on their external views.

When it comes to measures of self-esteem the most prevalent that has been utilised is Rosenberg's Self-Esteem Scale (RSES). This measure appeared the most within the REA and a version is included in the Understanding Society Child Survey.

Flourishing – The concept of flourishing is another term that is closely related with subjective wellbeing, broadly speaking it has been seen as a combination of high levels of affective and eudaimonic well-being, although it has been operationalised in various different ways.

Hone et al. summarised four key models that describe flourishing, which include different elements of subjective wellbeing⁶⁸.

Continued on next page.

65 Ryff and Singer, 2008.

66 Rosenberg et al., 1995.

67 Marsh and MacDonald Holmes, 1990.

68 Hone et al., 2014.

Related concepts (continued)

Keyes defined 'flourishing' as one end of the mental health spectrum, opposite to 'languishing'. His model combines the presence of high levels of emotional, psychological and social wellbeing, drawing on Diener's work on affective wellbeing, Ryff's theory of psychological wellbeing and his own studies on social wellbeing⁶⁹.

While Huppert and So's model include a list of 10 aspects (competence, emotional stability, engagement, meaning, optimism, positive emotion, positive relationships, resilience, self-esteem and vitality) that were identified as the opposite to the symptoms of mental illness as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and the International Classification of Diseases (ICD-10)⁷⁰.

The Flourishing Scale by Diener et al. is a measure of psychological functioning, combining features of eudaimonic wellbeing theories from Ryff, and Ryan and Deci. It includes items on purpose, positive relationships, engagement, social contribution, competence, self-respect, optimism, and social relationships⁷¹.

While the PERMA model by Seligman et al. operationalises flourishing as five components; high levels of Positive emotions, Engagement, positive Relationships, Meaning, and Accomplishments (as per the PERMA acronym)⁷².

The Children's Society have also explored flourishing and considered a combination of measures of both cognitive and eudaimonic wellbeing⁷³.

When thinking about measuring children and young people's wellbeing, applying a flourishing lens is useful as it is important to not only be able to understand whether children feel happy with their lives, but also whether their lives have meaning and purpose.

69 Keyes, 2002

70 Huppert and So, 2013.

71 Diener et al., 2010

72 Seligman, 2011.

73 The Children's Society, 2016.

Other concepts related to subjective wellbeing

Resilience

Resilience is a term that often appeared alongside measurements of subjective wellbeing, defined by Luthar and Cicchetti as:

"...a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma. This term does not represent a personality trait or an attribute of the individual. Rather, it is a two-dimensional construct that implies exposure to adversity and the manifestation of positive adjustment outcomes."⁷⁴

And while it is not directly linked to the three core concepts of subjective wellbeing it is certainly an aspect worth measuring in relation to interventions to improve wellbeing. Especially in the context of young people who are facing significant adversity, as it could provide valuable insight into how they are coping.

Through the REA there were a number of measures of resilience that were identified, including:

- Youth Resiliency: Assessing Developmental Strengths (YR:ADS)⁷⁵
- The Resiliency Scales for Children and Adolescents (RSCA)⁷⁶
- Resilience Scale for Adolescents (READ)⁷⁷

Optimism

The concepts of optimism and pessimism relate to our expectations for the future⁷⁸. These concepts according to Scheier and Carver (1992) state that:

"Optimism and pessimism are broad, generalized versions of confidence and doubt; they are confidence and doubt pertaining to life, rather than to just a specific context."⁷⁹

These concepts, optimism in particular, have been found to be strongly associated with subjective wellbeing⁸⁰. As such, measures of optimism appeared in the REA alongside measures of subjective wellbeing concepts. As thoughts about the future and children's aspirations in life have also been identified as key domains in cognitive wellbeing, we have included these measures in the measures bank⁸¹.

74 Luthar and Cicchetti, 2000.

75 Donnon and Hammond, 2007.

76 Prince-Embury, 2008.

77 Kelly, Fitzgerald and Dooley, 2017.

78 Carver, Scheier and Segerstrom, 2010.

79 Scheier and Carver, 1992.

80 Carswell, Blackburn and Barker, 2011.

81 Rees et al., 2010.

Mental health

Is mental health the same as subjective wellbeing? Not exactly, although there is a level of cross over. Health is often defined and understood as the absence of illness, rather than the presence of wellness. And while there is a relationship between wellbeing and mental ill-health also in children, they are not simply the opposite of each other⁸². In other words, feeling good is not the same as not feeling bad.

Some children may have low subjective wellbeing without symptoms of mental illness, just as other children may enjoy high subjective wellbeing despite a diagnosis of mental illness.

Yet, children with low wellbeing often have outcomes that are just as poor as children who meet a diagnostic threshold for a mental illness. For example, one study⁸³ found this group to have lower engagement in school than those with higher wellbeing (including the group classed as 'symptomatic but content' meaning that they had symptoms of mental illness at the same time as high subjective wellbeing).

The concept of mental health has been useful for the field of wellbeing inasmuch as it has contributed to replace narrower definitions of wellbeing as 'the absence of illness'. This is illustrated in the WHO's definition of mental health as "a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community⁸⁴". In part of the literature, however, the concept of mental health remains strongly associated with more medicalised approaches to wellbeing, which we regard as incomplete.

For the purposes of this study we will consider mental health to be an important driver of, but distinct to, overall subjective wellbeing⁸⁵. In other words, we strongly endorse those conceptualisations of mental health as one of many other inputs to overall subjective wellbeing, but the more medicalised diagnostic or screening tools are not included in the bank of subjective wellbeing measures. Conversely, more holistic measures of mental health that can be relevant and practical outside the healthcare sector are considered for inclusion in the bank.

Classifying mental health within one of the three key components of subjective wellbeing described above can be more confusing than useful, as mental health relates to affects (i.e. emotions) as much as to eudaimonia (i.e. positive psychological functioning). Indeed, Ryff's scheme of eudaimonic wellbeing takes many elements from positive mental health theories⁸⁶.

We believe that measuring both mental ill-health and wellbeing enables a more complete understanding of children's psychological health⁸⁷ and ensures that we do not overlook a vulnerable group of children who have low subjective wellbeing without symptoms of mental illness.

82 Patalay and Fitzimons, 2016.

83 Antaramian et al., 2010.

84 WHO, 2004.

85 What Works Centre for Wellbeing, 2020.

86 For instance, from Jahoda (1958), in Ryff, 1989, p. 1070.

87 Greenspoon and Saklofske, 2001.

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