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for Education

State of the nation 2021: children and young people's wellbeing

Research report

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Executive Summary

Children and young people's wellbeing

This report is for all those interested in continuing to raise the wellbeing of children and young people in England as we emerge from the COVID-19 pandemic. It aims to provide a shared evidence base for everyone - in government, services, schools & colleges, parents & families, communities, and employers - to reflect and build upon to deliver better wellbeing outcomes for all children and young people.

Supporting the wellbeing of children and young people has been a focus of Government policy for a number of years. The impact of the coronavirus (COVID-19) pandemic has further emphasised the importance of supporting our children and young people's wellbeing, which is why it remains a central part of the Department for Education's plans for recovery.

Over the past year, the pandemic has continued to impact the lives of children and young people as they have adjusted to living with ongoing uncertainty and changes in restrictions when required. As the pandemic has progressed, the focus has shifted beyond the immediate impacts and towards recovery and the future. Issues ranging from the Black Lives Matter movement, increased reports of sexual violence towards women, ongoing focus on the environment and climate change, and media reporting on the challenging economic situation and future employment prospects are among the most reported concerns for children and young people at this time (Children's Commissioner, 2021; The Children's Society, 2021).

This is the department's third state of the nation report, which brings together a range of evidence sources to build understanding of children and young people's wellbeing over the past year. This year's report takes a forward-looking approach, focusing on trends in mental health and wellbeing over the 2020/21 academic year, when a range of recovery-focused activity was in place across Government, which included the Department for Education's education recovery programme.

As in previous years, this report follows the structure of the Office for National Statistics' domains of wellbeing for children and young people¹. To support our aim to take a forward-looking recovery-focused approach in this report, we have chosen to focus on the subset of domains that are most relevant to recovery from the impacts of the pandemic and wider control measures. Reports have highlighted the importance of the

¹See: [Children's Well-being measures](#) and [Young people's well-being measures](#). Current set of ONS children's wellbeing domains: Personal wellbeing, Health, Our relationships, Education and skills, What we do, Where we live, Personal finance.

home environment for engagement in remote education (Institute for Fiscal Studies, 2020a; National Foundation for Educational Research, 2020; Sutton Trust, 2020), for learning in general (Lehrl et al., 2020; Tamis-LeMonda et al., 2019) and for mental health and wellbeing (e.g. DfE, 2021d). There was further strong evidence that some groups, in particular those from low socio-economic groups, were disproportionately affected by disruptions to in-school teaching and wider pandemic controls (DfE, 2021d; Institute for Fiscal Studies, 2020b; National Foundation for Educational Research, 2020). As a result, the 2020 State of the Nation gave significant focus to the 'where we live' and 'personal finance' domains. While home learning environment and finance are likely to have continued to be drivers of wellbeing outcomes in 2020/21, we have decided to focus on recovery in 2020/21 as children returned to in-school teaching, as these domains have been covered in greater depth in the previous State of the Nation report, and elsewhere. While we, therefore, do not include separate chapters for 'where we live' and 'personal finance', we indirectly deal with issues related to these two domains by presenting trends by subgroups, particularly by economic disadvantage.

For the first time, the report this year provides data on children and young people's views about wider society and the future with a separate chapter which focuses on children and young people's concerns about self, society, and the future.

The data presented in this report draws upon published information from a range of government, academic, voluntary, and private sector organisations across the 2020/21 academic year, and therefore reflects the experience of children and young people during that time. The period of drafting this report coincided with the emergence of a new variant of SARS-CoV-2 which brought subsequent disruptions, including to schools and the school workforce. It was not possible to include any data contemporaneous to the recent resurgence and ongoing disruption.

This report is about children and young people aged between 5 and 24 years old in England, though many of the indicators, for pragmatic reasons, relate to children and young people across Great Britain or the United Kingdom. In general, data reported is of two types – longer term trend data which includes pre-pandemic time points as well as data collected during the 20/21 academic year, or data collected solely within the 20/21 academic year.

As with previous years' reports, this is not an exhaustive review of all available information about children and young people's wellbeing during this period. Findings are based only on the indicators selected to represent the different areas of children and young people's lives. Much of the available data are about children and young people on average and as a whole, which may overlook the experiences of subgroups and those outside the average. Where possible, we include the experiences of different groups of children and young people, in particular by age, gender, economic disadvantage, special

educational needs and/or disability (SEN/D), and ethnicity. Further, we seek to present the variation that exists in the data, such as the proportion of those with particularly poor outcomes. There are further quantitative data sources and qualitative evidence which can also provide very useful insights into the experiences of children and young people across the pandemic, many of which have been drawn on in other evidence reviews².

The report is intended to help government, children and young people's services, schools, parents, and anyone interested in children and young people's wellbeing to understand their experiences of the pandemic, the measures put in place to reduce the spread of the virus, and the broader effects on society in the period covered by the data. Much of the evidence presented here has already informed the department's approach to supporting children, young people and their families and teachers and schools. It will, alongside other evidence, continue to be used in developing this further.

Data sources, methods, and limitations

This report draws on published information from a range of government, academic, voluntary, and private sector organisations. Key sources of data in this report include:

- Pupil and Parent Panel (PPP) - Department for Education (DfE)
- Mental Health of Children and Young People (MHCYP) - NHS Digital
- The Good Childhood Report (GCR) - The Children's Society
- The Longitudinal Survey of Young People in England 2 (LSYPE2)
- The Big Ask/Big Answer- The Children's Commissioner
- Co-Space Study - University of Oxford

The methodologies underpinning the findings are varied, including robust randomly-sampled cohorts, weighted representative online panels, and non-representative opportunity samples of children and young people and their parents; further, data sources include annual snapshot surveys, as well as more regular panel surveys with the same sample throughout 2020/21. While sources have been selected to provide the most robust assessment available, there are clear limitations in what can be concluded about children and young people's experiences and wellbeing during the 20/21 academic year. Future analysis on data collected in this time and following the progress of children and young people in years to come, particularly those that include a pre-pandemic baseline, will provide stronger evidence.

² For example, but not limited to, [The Anna Freud National Centre for Children and Families](#), [Public Health England COVID-19: mental health and wellbeing surveillance report](#);

See the 'Introduction and methods' section for more information on how the indicators and measures included in this report were selected and 'Annex A- Data Sources and Methods' for more information on the methods used in the individual data sources.

Key findings

Personal wellbeing

The data presented in this report suggests that children and young people's subjective wellbeing showed signs of recovery in 2021, following a small reduction in 2020. Data from the Children's Society provided evidence for a small reduction in average wellbeing in April – June 2020 for life satisfaction and happiness, following a period of stability (The Children's Society, 2019, 2020b, 2021); these scores appear to have recovered to pre-2020 levels by April – June 2021.

Analysis of data collected regularly across 2020 and 2021 supports the idea that children and young people's wellbeing had changed rapidly in response to external events, in particular pandemic conditions and associated restrictions. Evidence from the PPP (DfE, 2021c) throughout the academic year 2020/21 suggested that reductions in wellbeing occurred most clearly for both primary and secondary pupils in February 2021, when schools were closed to the majority of pupils. Wellbeing also appeared to rebound following improvements in pandemic conditions, suggesting that downward trends in wellbeing might be reversed following relaxation of restrictions.

Nonetheless, there was evidence of substantial variation in wellbeing during this time. Among secondary pupils, female respondents reported consistently lower wellbeing than males across all four measures used (happiness, anxiousness, life being worthwhile, and life satisfaction), and there was some evidence of a widening of the gender gap in wellbeing over the course of the year. Other groups which may be thought of as vulnerable, such as children and young people with SEN, those of an ethnic minority, or those eligible for Free School Meals (FSM), demonstrated more mixed patterns of wellbeing over the course of the year.

Mental and physical health

While there were signs of recovery in personal wellbeing in 2021, evidence for a recovery in measures of mental ill-health was less clear-cut. Data from both the MHCYP (NHS Digital, 2021a) and LSYPE2 (in this report) suggested that rates of probable mental health disorders among children and young people remained higher in 2021 than they were before the pandemic. Importantly, however, it is unclear from this data the extent to which higher rates of probable disorders are attributable to pandemic effects, or might

reflect a continuation of general increases in mental health problems among children and young people which had been reported before the pandemic (Collishaw, 2015; NHS Digital, 2018). Forthcoming analysis of the natural experiment created by the pandemic within the DfE funded [Education for Wellbeing](#) programme of school-based trials will provide more robust analysis that can control for some of these factors.

Nonetheless, while rates of probable mental disorders remain at high levels relative to before the pandemic, data across 2020 and 2021 suggests that rates of possible/probable disorder peaked during periods of lockdown and reduced in the later spring and summer months of 2021, coinciding with a decrease in prevalence of the virus in the general population and lessening of restrictions (Co-Space, 2021), within-year trends which mirror those for wellbeing.

Particular groups of concern for poorer mental health outcomes were those with SEN, those eligible for FSM, and those with long-term physical health conditions (Co-Space, 2021; NHS Digital, 2021a). Rates of probable eating problems were particularly high among older (17- to 19- versus 11- to 16-year-olds) and female respondents. While around half of all children and young people reported that they were concerned about the effects that the pandemic had had on their mental health, this figure was higher for girls than boys.

Supporting the idea that children and young people's mental and physical health could have changed in response to their personal pandemic experience, respondents' subjective assessment of their coping during the pandemic, as well as parent-report measures of disruptions to family life, were associated with greater worry about their mental and physical health for the future (The Children's Society, 2021). Further, reductions in mental health as measured in the LSYPE2 were more pronounced for those who reported that Covid-19 had negatively impacted their lives.

Considering children and young people's physical health in 2021, there was evidence that physical health among children and young people had declined in recent years. Obesity rates increased substantially between 2019/20 and 2020/21 among both reception and Y6 age children, accelerating a trend which has continued for at least the previous 15 years (NHS Digital, 2021b). Children and young people most likely to be obese in 2020/21 were those in Year 6 compared to those at reception age, boys compared to girls (at Year 6 but not reception age), and Black and Asian children compared to white children (NHS Digital, 2021b).

Education and skills

Education is an aspect of life that has continued to be disrupted by the pandemic through the 2020/21 academic year. Reflecting this disruption, both school- and self-reported

trends in attendance fluctuated in line with pandemic restrictions and prevalence of the virus.

While happiness with life at school measured in April – June 2021 remained consistent with previous years, on average (The Children’s Society, 2021), a persistent minority of children and young people reported low scores in happiness with school, which represented the highest proportion of low scores among a list of ten specific aspects of their lives that children were asked about. Among subgroups, other sources indicated that older respondents (9- to 17- versus 6- to 8-year-olds) were more likely to report unhappiness with their education (Children’s Commissioner, 2021), and female respondents reported having a lower connection to school on average than boys (PPP, 2021).

Supporting a link between attendance and wellbeing, pupils with higher wellbeing ratings were more likely to have regularly attended school (DfE, 2021b); further analyses showed that this link remained when controlling for demographic factors such as gender, year group, free school meal eligibility, SEN-status, and ethnicity.

Pupils’ wellbeing was also linked to their experiences at school: in October 2020, pupils with higher happiness ratings and lower anxiousness ratings found it easier to concentrate in class, were less concerned about catching-up on their learning and were happier to be back at school than those with lower happiness and higher anxiousness scores (DfE, 2021a).

Relationships

Respondents indicated high happiness with their family relationships on average, which was consistent with results from previous years. Nonetheless, there was evidence for a small reduction in average happiness with friends between 2019 and 2020, before scores recovered in 2021 (The Children’s Society, 2021), all measured between April and June in their respective year. Another source suggested that 9- to 17-year-olds were more likely than 6- to 8-year-olds to indicate that they were unhappy with their relationships with their family and friends (Children’s Commissioner, 2021).

Evidence from regular surveys of secondary pupils through the 2020/21 academic year suggested that rates of loneliness were highest in February 2021, when schools were closed to the majority of pupils (DfE, 2021b). Feelings of loneliness also appear to have been greater among older respondents (17- to- 22 versus 11- to 16-year-olds; NHS Digital, 2021a), and female respondents (compared to males). This gender difference was observed both when considering snapshot surveys in 2020 and 2021 (NHS Digital, 2021a) as well as responses across the 2020/21 academic year (DfE, 2021b).

Importantly, correlational evidence suggested a link between poorer social relationships, in particular loneliness, poorer family connectedness, and problems with family functioning, and mental health problems in children and young people (NHS Digital, 2021a).

Finally, bullying was more likely to be reported as being experienced by SEN than non-SEN pupils (at both primary and secondary age), trends which had been observed in previous years (DfE, 2019a). Those eligible for FSM were also more likely to report having been bullied in 2021 (at primary age but not secondary age) as were white pupils compared to those of an ethnic minority (at secondary age but not primary age).

‘What we do’

Rates of engagement in physical activity have remained relatively consistent in recent years, with the percentage of children and young people reported to have engaged in 60 or more minutes of physical activity per day at similar levels in 2020/21 to 2017/18, though slightly lower than in 2018/19 (Sport England, 2021). However, there was evidence for significant ongoing variation in physical activity levels, with 44.6% of 5-16 year olds reporting engaging in 60 or more minutes of physical activity per day, indicating over half do less than this recommended amount.

Subgroups of children and young people less likely to have been engaging in 60 or more minutes of physical activity per day in 2020/21 were secondary-age children and those in years 3-6 compared to infant children, and Black and Asian children compared to white and mixed ethnicity children (Sport England, 2021). A convergence of male and female activity rates between 2017/18 and 2020/21 appear to be better explained by a reduction in male activity levels over this time, rather than an increase in female activity rates.

There was also some evidence that rates of participation in extracurricular activities in school were substantially lower in summer term 2021 compared to early 2018 (DfE, 2018, 2021c, 2021b), which may be indicative of pandemic disruptions to school extracurricular offers.

In August 2021, 41% of parents reported that their child seems happier when they have spent time outside (Natural England, 2021b). Further, 30% of parents reported a wish that their child could spend more time outside to support their mental health, while 27% of parents believed that their child was spending too much time indoors.

Self, society, and the future

While children and young people’s happiness with the things they own, their appearance, and their future has remained stable in recent years, including during the pandemic,

average happiness with one's sense of choice in life had slightly reduced in April-June 2020, though had recovered by April-June 2021 (The Children's Society, 2021).

In April-June 2021, a significant minority of children and young people were worried about having somewhere to live (25%), having enough money (33%), and finding a job (31%) in future (The Children's Society, 2021). In July 2021, female respondents and those eligible for FSM were more likely than male respondents and those not eligible for FSM to be concerned about the impact of the pandemic on their job or career prospects (DfE, 2021b).

Thinking about wider society and its future, in April-June 2021 children and young people were most likely to be worried about the environment (40%) and the potential for new illnesses or pandemics (42%; The Children's Society, 2021). In another survey, older respondents were more likely to report being worried about a range of factors, including about a career, healthy environment and planet, and fair treatment (Children's Commissioner, 2021).

Those who reported coping less well during the pandemic, as well as those who reported experiencing more pandemic impacts on their family, were more likely to report being worried about a range of things related to the future for themselves and society, including finding a job, the environment, homelessness, and crime (The Children's Society, 2021).

General discussion

Taken together, the results presented in this report suggest that children and young people's mental health and wellbeing had, on average, reduced during the pandemic, particularly during periods of school closures. Both wellbeing and mental health appeared responsive to the course of the pandemic, including perhaps pandemic restrictions, with suggestions that downward trends in wellbeing may have mostly reversed following relaxation of restrictions. Rates of probable mental health disorders among children and young people remain higher in 2021 than they were in 2017, though this may have been influenced by the timing of MHCYP data collection, which occurred during and shortly after the periods of lockdown restrictions in early 2021.

The data presented here also indicated potential pandemic impacts on other measures of health and wellbeing, including increased loneliness and poorer physical health as measured by obesity rates. Evidence was also found for a link between family connectedness, problems with family functioning, and mental health problems in children and young people, suggesting that disruptions in one domain could lead to poorer outcomes in another.

Among the subgroups included for analysis, older respondents and females were more likely to indicate poorer outcomes than younger respondents and males on a range of the outcomes across domains. Differences among other subgroups, including SEN, FSM, and ethnicity were inconsistent and differences in these groups appear instead to be related to more specific measures (See the 'Wellbeing trajectories vary for different subgroups' section for a more detailed breakdown of subgroup trends).

Importantly, any general and subgroup differences should be seen in the context of pre-pandemic trends to establish whether they reflect emerging differences or rather a continuation of persistent differences over time as, for example, have previously been shown for wellbeing differences by gender (e.g. Bradshaw & Keung, 2011; What Works Centre for Wellbeing, 2017) and age (e.g. DfE, 2019). Further research and analysis, including the application of more appropriate techniques for tracking outcomes in the same populations over time, such those with longitudinal designs, are therefore required to understand whether any group differences have widened or narrowed, and the role that the pandemic may have played in this. Further, interpretation of the findings presented within this report should also be informed by each data source's methods and limitations, which have been set out in the main report and its annexes.

With ongoing pandemic uncertainties, it remains as important as ever to continue to monitor children and young people's mental health and wellbeing, both to build our understanding of pandemic recovery, and to understand whether there are certain groups at risk of ongoing poorer mental health and/or wellbeing. The further analysis of existing data and continuation of key studies such as MHCYP, the Study of Early Education and Development (SEED), LSYPE2, Understanding Society and the regular data collections in the PPP will be key to this.

Introduction and methods

Children and young people's wellbeing

This report is for all those interested in continuing to raise the wellbeing of children and young people in England as we emerge from the COVID-19 pandemic. It aims to provide a shared evidence base for everyone - in government, services, schools & colleges, parents & families, communities, and employers - to reflect and build upon to deliver better wellbeing outcomes for all children and young people.

Supporting the wellbeing of children and young people has been a focus of Government policy for a number of years. The impact of the coronavirus (COVID-19) pandemic has further emphasised the importance of supporting our children and young people's wellbeing, which is why it remains a central part of the Department for Education's plans for recovery.

Over the past year, the pandemic has continued to impact the lives of children and young people as they have adjusted to living with ongoing uncertainty and changes in restrictions when required. As the pandemic has progressed, the focus has shifted beyond the immediate impacts and towards recovery and the future. Issues ranging from the Black Lives Matter movement, increased reports of sexual violence towards women, ongoing focus on the environment and climate change, and media reporting on the challenging economic situation and future employment prospects are among the most reported concerns for children and young people at this time (Children's Commissioner, 2021; The Children's Society, 2021).

This is the department's third state of the nation report, which brings together a range of evidence sources to build understanding of children and young people's wellbeing over the past year. The subjective and objective measures used here provide a headline story about how children and young people experience their lives, which together with objective data, can help inform decisions about what is making the biggest difference now, and what needs to be done in the future.

The report builds on findings from the report in 2020, which focused on the impact of the pandemic and brought together a range of data about children and young people's experiences related to Covid-19 across lockdown and the summer holidays and provided an evidence-based narrative covering issues such as relationships with friends and family, physical and mental health, education and wider activities, and experiences of home and the local area.

Previous reports from both PISA and UNICEF have shown that the wellbeing of children in England and the UK had remained relatively low prior to the pandemic when compared

with other countries, and pre-pandemic trends from the UK Household Longitudinal Study, reported in the 2020 Good Childhood Report, indicate downward trends in wellbeing over time (Gromada et al., 2020; Sizmur et al., 2019; The Children's Society, 2020b, 2021). PISA data also suggest the UK experienced the largest reduction in life satisfaction between 2015 and 2018 of all participating countries. Further, data from the World Health Organisation's (WHO) Health Behaviour in School-aged Children survey in 2017/18 suggested that while adolescents from more affluent families reported higher levels of life satisfaction across almost all countries, some of the largest differences between adolescents from high- and low-affluence families were seen in England (Inchley et al., 2020).

These data and trends continue to inform the context in which the more recent data in this report should be viewed. The continued publication of this report underlines the department's commitment to understanding and supporting the wellbeing of children and young people, especially in relation to recovering from the impacts of the pandemic.

The State of the Nation annual report series is intended to provide an accessible presentation of available data on the current status and changes in children and young people's wellbeing in England. This report covers the 2020/21 academic year (September 2020 – August 2021), the first full academic year since the start of the global coronavirus (COVID-19) pandemic, a period which included pupils returning to school after a long period of remote learning, periods of ongoing restrictions on freedom of activities, further school closures and ongoing uncertainty, alongside periods where all restrictions had been removed (See Context section below for more details).

In this context, we have continued the approach taken last year of focusing on very recent data sources that can illuminate children and young people's experiences of this time. This, it is hoped, will help government and anyone interested in children and young people's wellbeing, to understand their experiences of the ongoing pandemic and early movement into recovery from it.

The active development of personal resilience, of self-care, and reciprocal networks of support can also take place even in such times if given the motivation and favourable conditions. Children's wellbeing and their mental health can have a real impact on their development into their full potential both now and in their futures.

This report is intended to help government, children and young people's services, schools, parents, and anyone interested in children and young people's wellbeing to understand their experiences of the pandemic, the measures put in place to reduce the spread of the virus, and the broader effects on society in the period covered by the data. Much of the evidence presented here has already informed the department's approach to

supporting children, young people and their families and teachers and schools. It will, alongside other evidence, continue to be used in developing this further.

Content and structure of the report

The report presents a collection of indicators of children and young people's wellbeing over the academic year 2020/21. As in previous years this follows the structure of the Office for National Statistics' (ONS) domains of wellbeing for children and young people³. To support our aim to take a forward-looking recovery-focused approach in this report, we have chosen to focus on the subset that are most relevant to recovery from the impacts of the pandemic and wider control measures. Reports have highlighted the importance of the home environment for engagement in remote education (Institute for Fiscal Studies, 2020a; National Foundation for Educational Research, 2020; Sutton Trust, 2020), for learning in general (Lehrl et al., 2020; Tamis-LeMonda et al., 2019) and for mental health and wellbeing (e.g. DfE, 2021d). There was further strong evidence that some groups, in particular those from low socio-economic groups, were disproportionately affected by disruptions to in-school teaching and wider pandemic controls (DfE, 2021d; Institute for Fiscal Studies, 2020b; National Foundation for Educational Research, 2020). As a result, the 2020 State of the Nation gave significant focus to the 'where we live' and 'personal finance' domains. While home learning environment and finance are likely to have continued to be drivers of wellbeing outcomes in 2020/21, we have decided to focus on recovery in 2020/21 as children returned to in-school teaching, as these domains have been covered in greater depth in the previous State of the Nation report, and elsewhere. While we, therefore, do not include separate chapters for 'where we live' and 'personal finance', we indirectly deal with issues related to these two domains by presenting trends by subgroups, particularly by economic disadvantage.

For the first time, the report this year provides data on children and young people's views about wider society and the future with a separate chapter which focuses on children and young people's concerns about self, society, and the future.

The report is about children and young people aged between 5 to 24 years in England, though many of the indicators, for pragmatic reasons, relate to children and young people across Great Britain and the United Kingdom. In general, data reported is of two types – longer term trend data with data pre-pandemic as well as during the 20/21 academic year, or data collected solely within the 20/21 academic year. As such data is not included that covers the autumn term 2021. Within the report, 'children' will be used to refer to any age group within the 5 to 13 years range and 'young people' will be used to

³See: [Children's Well-being measures](#) and [Young people's well-being measures](#)

refer to any age group within the 14 to 24 years range. The term 'older young people' will be used to refer to any age group within the 16 to 24 years range.

Where possible, the report will highlight the experiences of children and young people with different characteristics, noting any differences in experiences between them. The characteristics of children and young people included here are gender, ethnicity, Special educational needs and/or disability (SEN/D), and economic disadvantage (measured variously by household income, compound measures of family affluence, index of multiple deprivation, or eligibility for free school meals). Data for these groups are only presented for those measures in which analysis was available. We were not able to include any evidence on the wellbeing of young people with Lesbian, Gay, Bisexual and Transgender (LGBT) identities, as none of the data sources meeting our criteria for inclusion (see below) had included these identities in their research. Data on the experiences of children in need or looked after children is also limited to school attendance data owing to the limited information gathered on this small group in wider research.

The data presented in this report draws upon published information from a range of government, academic, voluntary, and private sector organisations across the 2020/21 academic year, and therefore reflects the experience of children and young people during that time. The period of drafting this report coincided with the emergence of a new variant of SARS-CoV-2 which brought subsequent disruptions, including to schools and the school workforce. It was not possible to include any data contemporaneous to the recent resurgence and ongoing disruption.

In keeping with the aim of the report to collate already available by disparate data sources we have not, for the most part, conducted new analyses of the data presented. We do, however, present two standalone briefings of analysis conducted by DfE analysts. The first, titled 'Covid-19 and the psychological health of young adults: Evidence from the Longitudinal Study of Young People in England 2' reports new findings from the LSYPE2 on the impacts of the COVID-19 pandemic on changes to the psychological health of young people aged 20/21 and 21/22. The second, titled 'Pupil wellbeing, attendance, and experiences in school' presents regression analyses exploring the relationship between pupil self-reported wellbeing, school attendance and experience at school.

Finally, the report also highlights areas in which there are gaps in current data and understanding of children and young people's experiences during this time. Some of these may be addressed by further analysis of the data sets used here, others may require retrospective studies where the data has not been collected contemporaneously.

Choice of indicators

As with previous years' reports, this is not an exhaustive review of all available information about children and young people's wellbeing during this period. Findings are based only on the indicators selected to represent the different areas of children and young people's lives. Much of the available data is about children and young people on average and as a whole, which may overlook the experiences of subgroups and those outside the average. There are further quantitative data sources and qualitative evidence which can also provide very useful insights into the experiences of children and young people across the pandemic, and many of which have been drawn on in other evidence reviews⁴.

Indicators of children and young people's wellbeing have been selected to provide pragmatic coverage of the various aspects of wellbeing and domains of children and young people's lives that influence it. Priority has been given to sources covering representative samples of children and young people and with validated, harmonised, or standardised measures.

We have necessarily had to limit the sources of evidence included and have done so by focusing on quantitative data that meets at least one of the two quality criteria outlined above (sample and measures). There is a wide range of further evidence using different methods and collected from groups of interest which we have not included here. Other organisations are already producing evidence reviews that capture this broader range of types of evidence and we are not seeking to duplicate this.

The domains and indicators included in the report are summarised in the table on the following page.

⁴ For example, but not limited to, [The Anna Freud National Centre for Children and Families, Public Health England COVID-19: mental health and wellbeing surveillance report](#);

Table 1. Domains and indicators included in the 2021 State of the Nation report

Personal wellbeing	Mental and physical health	Education and skills	Relationships	'What we do' – Activities and time use	Self, society, and the future
Happiness	Happiness with health	Happiness with school	Happiness with family and friends	Happiness with activities and time use	Happiness with the things they own, their appearance, sense of choice, and their future
Life satisfaction	Rates of probable mental disorder	Concentration in class	Family connectedness and functioning	Engagement in physical activity	What is important to have a good life
Life being worthwhile	Help seeking	Worries about catching up	Bullying	Participation in extracurricular activities	Concerns about their future
Anxiousness	Eating problems	School connection	Loneliness	Time spent in nature	Concerns about societal issues
	Obesity	School attendance trends	Worries about relationships for the future		Positivity about the future
	Sleep problems	School attendance and wellbeing			
	Worries about physical and mental health for the future	Worries about education for the future			

Data sources and methods

This report draws on published information from a range of government, academic, voluntary, and private sector organisations. Key data sources used are:

- Pupil and Parent Panel (PPP) - Department for Education (DfE)
- Mental Health of Children and Young People (MHCYP) - NHS Digital
- The Good Childhood Report (GCR) - The Children's Society
- The Longitudinal Survey of Young People in England 2 (LSYPE2)
- The Big Ask/Big Answer - The Children's Commissioner
- Co-Space Study - University of Oxford

The methodologies underpinning these findings are varied and include robust randomly sampled cohorts, weighted representative online panels and non-representative opportunity samples of children and young people and their parents. While sources have been selected to provide the most robust assessment available, and every effort has been made to include a wide variety of sources, some studies or data may have been omitted. Given the limitations in analysis available at this time, there are clear limits to what can be concluded about the ongoing impact of the pandemic on children and young people's wellbeing and any signs of recovery. Ongoing data collection as well as more nuanced analyses will be needed to understand the diversity of experience and wellbeing and any long-term negative impacts.

Reporting significant differences

Several studies included in this report have used significance testing methods to infer whether differences seen between groups or across time points are likely to be statistically meaningful; where significant differences are mentioned in the text of this report, the source analysis suggests a statistically significant difference between groups or between time points. In the specific cases where the data are presented with confidence intervals but no other estimate of statistical significance, non-overlapping intervals are referred to as indicative evidence for significant differences between groups or between time points.

Other studies have not attempted to infer differences between groups using statistical testing. In this case, differences may be described within the surveyed group of parents, children or young people but are not referred to in terms of statistical significance.

Where differences are reported in the text of the report, but not indicated as 'significant differences', this means there has not been statistical testing of the data, and the reporting of differences is based on those that may be observed in the data for the surveyed individuals. For these cases, any differences will be stated tentatively to avoid over-interpretation, and readers are encouraged to exercise caution when assessing

whether the reported differences represent meaningful differences in the wider population.

Full details of methods are included in 'Annex A- Data Sources and Methods'.

Context: The coronavirus pandemic and related restrictions

This year has seen the continued impact of the global coronavirus (COVID-19) pandemic, which has resulted in ongoing uncertainty and changes in restrictions that have particularly impacted children and young people.

Following the easing of measures over summer 2020, an increase in infections in the autumn and winter resulted in restrictions curtailing the majority of activities being reintroduced towards the end of the year. In January 2021, schools were closed to all but vulnerable children and the children of key workers, with most pupils remaining at home in receipt of remote learning and support.

In early March 2021, all schools and colleges reopened to all pupils, but this was not a full return to a normal educational experience, with restrictions such as 'bubbles' and face coverings still in place. In July, it was announced that all restrictions should be relaxed in schools from September 2021, and mitigations were put in place for students to return to Higher Education settings.

While this report presents data from the 2020/21 academic year, it is helpful context for interpreting this data to consider what has happened more recently. In late November, the Omicron variant of the virus was identified in the UK. This much more transmissible variant quickly became the dominant variant across the UK, causing a sharp increase in cases and the introduction of 'Plan B' measures to control its spread (which included the requirement for a vaccine passport for entry to large venues, as well as the reintroduction of face coverings in shops and on public transport).

After a relatively stable start to the 21/22 academic year, this new variant has brought further uncertainty and changes to many areas of children and young people's lives which we know to be important for their wellbeing (DfE, 2020; ONS, 2020). This uncertainty seems likely to continue for some time.

Domain 1: Personal Wellbeing

Summary

The ONS and the UK's What Works Centre for Wellbeing define wellbeing as "... 'how we're doing' as individuals, communities and as a nation, and how sustainable that is for the future. It is sometimes referred to as social welfare or social value" ([What Works Centre for Wellbeing](#)). While there are numerous other ways in which wellbeing can and has been defined, this definition helpfully highlights that wellbeing can be understood in terms of both *objective* and *subjective* measures (e.g. Voukelatou et al., 2021). While objective measures generally focus on more tangible, material outcomes in people's lives, such as education or physical health, subjective measures consist of understanding people's thoughts and feelings about their own lives (The Children's Society, 2021). This chapter will focus on subjective measures of wellbeing from surveys of children and their parents, while other chapters will include a greater emphasis on objective measures.

Examining how children and young people report on their own sense of their wellbeing can reveal a great deal about their lives. Poor subjective wellbeing can indicate broader difficulties in children's lives, such as family difficulties (Patalay & Fitzsimons, 2016), as well as helping to identify children who need more support to improve their lives (The Children's Society, 2021). Over the longer term, low wellbeing can be an indication of poorer mental health outcomes (The Children's Society, 2016).

This chapter presents:

- Annual survey trends in children and young people's subjective wellbeing utilising three of the four [ONS personal wellbeing measures](#)⁵.
- Measures of subjective wellbeing of primary and secondary school-aged children throughout the 2020/21 academic year utilising all four ONS personal wellbeing measures.
- A comparison of the subjective wellbeing of children and young people with different socio-demographic characteristics throughout the 2020/21 academic year. Where possible, reporting is made separately for children and young people by gender, SEN status, FSM status, and ethnicity.

⁵ The measures consist of questions about how happy they felt yesterday, their life satisfaction, the extent to which they feel the things they do in life were worthwhile, and their anxiousness levels. The scales range from 0-10; high scores for happiness, life satisfaction and life being worthwhile, as well as low scores for anxiousness indicate positive wellbeing.

Key findings

- Overall, children and young people's average subjective wellbeing, measured in April-June each year and for the whole of the UK, had remained relatively consistent in recent years, prior to 2020. While there was evidence for a small dip in average wellbeing during the same period in 2020 (which coincided with the first national lockdown and school closures), this appears to have recovered to pre-2020 levels in 2021 (after restrictions were lifted and children were back in school).
- During the 2020/21 academic year, and in England:
 - Reductions in wellbeing were shown most clearly in February 2021, which coincided with school closures. This was shown for both primary and secondary pupils.
 - Secondary-age girls indicated lower wellbeing across all four measures in every wave. Trends suggest a widening of the gender gap in wellbeing over the course of the year.
 - Secondary-age pupils with SEN showed greater anxiousness at many time points, but average anxiousness converged in the final waves. No difference was found in other measures.
 - There was evidence that Black, Asian and Minority Ethnic (BAME) secondary pupils consistently reported lower life satisfaction than white pupils during much of the survey period. There was also some evidence that BAME pupils indicated less happiness during the Autumn term, but this was not shown for other measures. Due to sample size constraints, it was not possible to investigate potential differences by more specific ethnic groups and as such these findings may mask variation within this combined BAME group.
 - For those aged 16-24, there was little evidence for a change in wellbeing through 2020/21; however, differences in wellbeing were observed consistently by gender and disability, with lower wellbeing for females and those classified as disabled under the equality act.
 - While these trends show us time periods in which there were likely significant differences in subjective wellbeing between different groups, they cannot tell us whether any gaps have widened over time or whether these trends are a continuation of previous patterns.

Annual trends in personal wellbeing

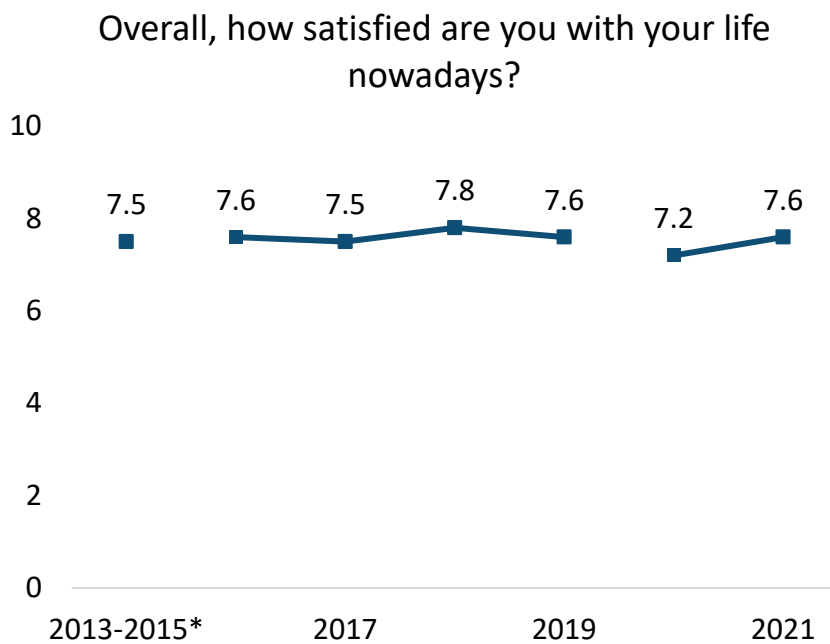
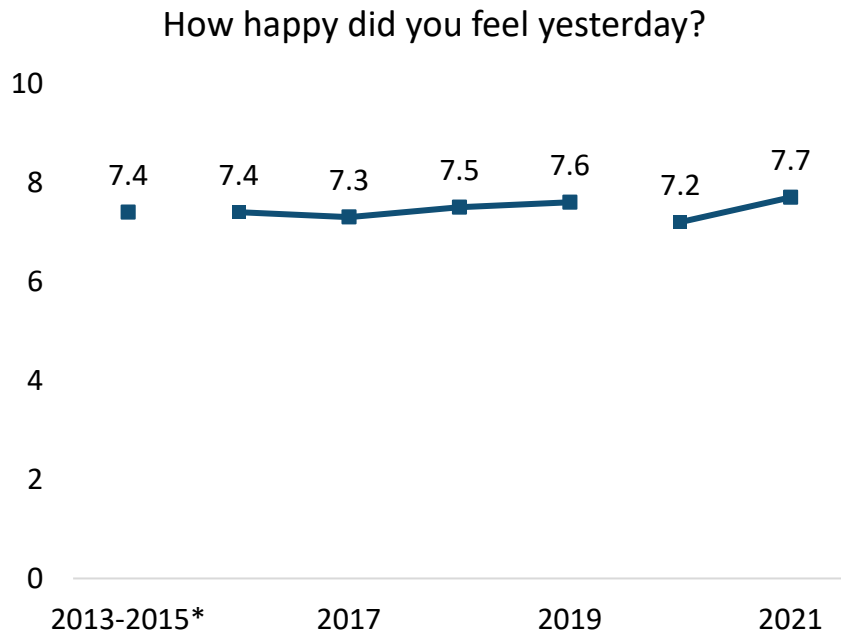
The Children's Society's Good Childhood report presents the results of a survey of children and young people aged between 10 and 17 in the UK conducted in April to June 2021 (The Children's Society, 2021). Figure 1 presents the annual mean average ratings for three measures of wellbeing, from 2013 to 2021 (The Children's Society, 2015, 2016, 2017, 2018, 2019, 2020b, 2021)⁶. Overall trends over this time indicate that children and young people's life satisfaction, happiness, or 'life being worthwhile' ratings have remained relatively stable, with average ratings consistently between 7 and 8 out of 10 in all three measures. The average scores (out of 10) for the three measures of wellbeing were similar in 2021, for life satisfaction (7.6), happiness (7.7) and life being worthwhile (7.6).

Trends in these data suggest that, on average, children and young people reported a small dip in their wellbeing in 2020 but scores had since recovered to previous levels by April – June 2021. This was particularly shown for happiness and life satisfaction; while average scores in happiness and life satisfaction had both fallen from 7.6 in 2019 to 7.2 in 2020, by 2021 average life satisfaction had returned to 7.6 and happiness had reached 7.7. We are unable to establish whether these differences are statistically significant.

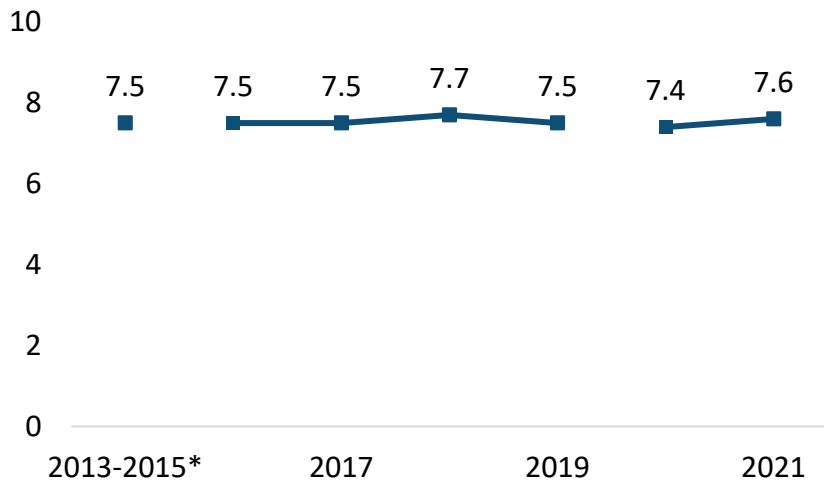
While average wellbeing remained relatively high in 2021 in this survey, there was evidence of variation in scores between participants, where data was available. In particular, a minority of respondents indicated scores below the midpoint (5 out of 10) in the single item measures for life satisfaction (5.4%), happiness (6.9%) and life being worthwhile (6.6%). Compared to 2020, where 8.8% scored below the midpoint in life satisfaction, 9.2% below the midpoint in happiness, and 8.5% below the midpoint in life being worthwhile, scores below 5 appear to have been less frequent in 2021 on these items. However, we are unable to establish whether variation in the proportion of low scores over time represent statistically significant differences.

⁶ Please note – the survey covered Great Britain only until 2019 and is UK wide in 2020 and 2021.

Figure 1. Annual trends (measured April-June) in average ONS4† wellbeing ratings of children and young people aged 10 to 17



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



Coverage: 2020-2021 UK, 2013-2019 Great Britain, Note: Discontinuity in time series and different data collection periods for 2013-15, n = 2000-3101, see 'Data sources and methods' annex for further information. †Children's society do not include a measure of anxiousness in their annual Household Survey. *The reported response for '2013 to 2015' is a pooled average based on four half-annual surveys of children and young people reported in the 2015 Good Childhood Report. Source: Children's Society.

Personal wellbeing trends during academic year 2020/21

The Department for Education (DfE) commissioned the COVID-19 Parent and Pupil Panel (PPP) to collect robust and quick turnaround research in response to the COVID-19 pandemic (DfE, 2021b). For each wave of the PPP, parents (of primary and secondary pupils) and secondary pupils themselves were asked the ONS4 wellbeing questions⁷. Here we present the average wellbeing trends of children and young people aged between 5 and 18. For primary school children (aged between 5 and 11) we present parent responses to these wellbeing questions, while for secondary school children and young people (aged between 11 and 18) we present their own responses to these questions.

⁷Secondary pupils were asked about how happy they felt yesterday, their life satisfaction, the extent to which they feel the things they do in life were worthwhile, and their anxiousness levels. Parents of primary pupils were asked only about their child's happiness and anxiousness.

Primary-aged pupils

The time series charts presented in Figure 2 show the average parent-report wellbeing ratings of children aged between 5 and 11 at ten time points during the 2020/21 academic year; parents were asked about their children's happiness and anxiousness the previous day⁸.

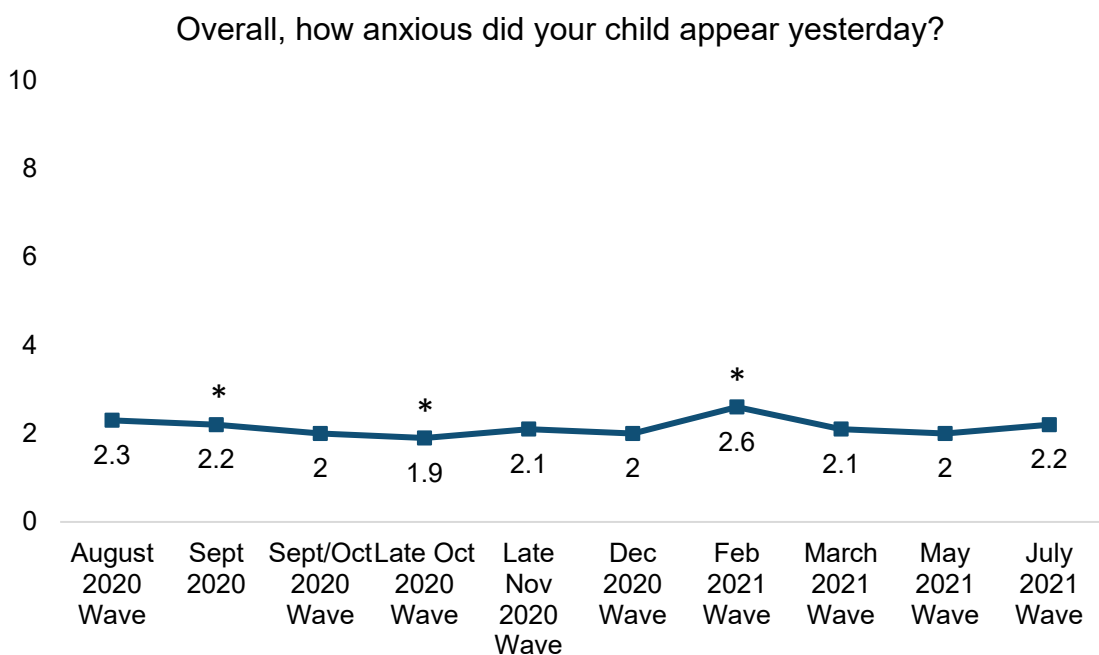
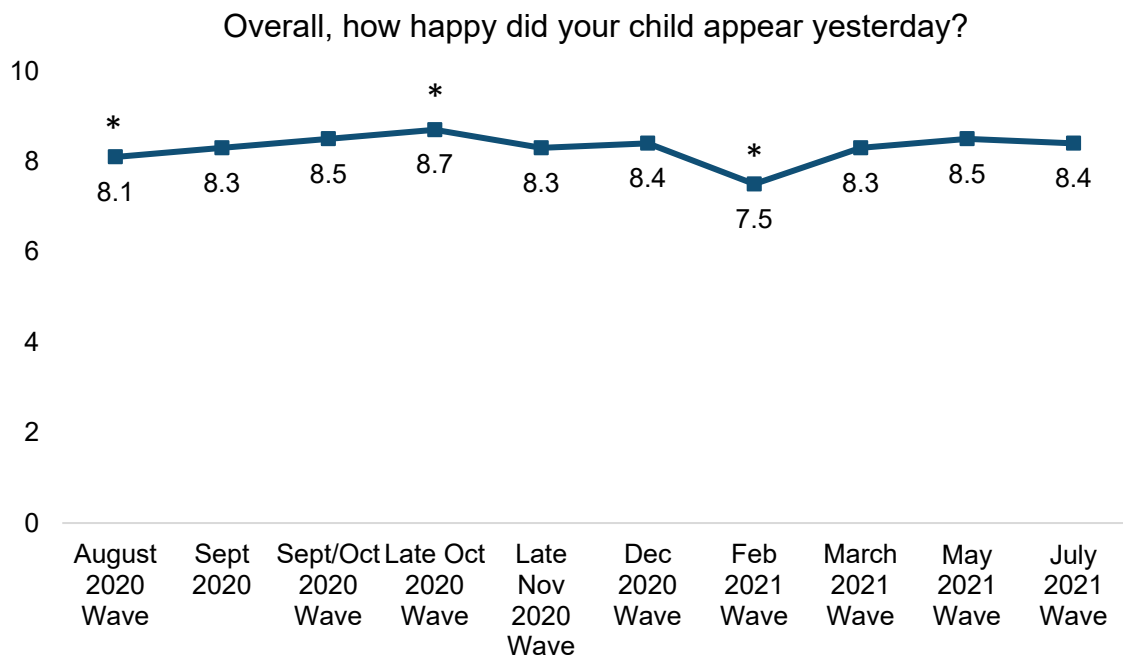
The trends shown here indicate that average happiness scores remained broadly stable throughout the autumn term 2020, with average scores of 8.1 in the August wave and 8.4 out of 10 in the December wave. However, average happiness appeared to have decreased by the February 2021 wave, dropping to 7.5, before recovering to 8.3 in the March 2021 wave.

Statistical tests were conducted to assess whether there was a statistical difference between the means for each wave and the mean of the July 2021 wave (See 'Annex A- Data Sources and Methods' for a description of the Pupil and Parent Panel's methodology). The results from these tests indicate that mean happiness was statistically higher in July 2021 (8.4) than in August 2020 (8.1), and in February 2021 (7.5). However, the mean July 2021 happiness rating was statistically lower than in the Late October 2020 wave (8.7). While we are unable to establish causality from this data, the drop in average happiness in the February 2021 wave occurred during a period of high COVID-19 prevalence in the population, as well as greater restrictions on behaviour which included the closure of schools to the majority of pupils in England between 5th January and 8th March 2021.

Trends in average parent-report anxiousness ratings of children aged between 5 and 11 broadly mirror those of child happiness across the year. Average anxiousness ratings remained broadly stable throughout the autumn term, with average scores of 2.3 in the August wave and 2 out of 10 in the December wave. As with happiness ratings, average anxiousness had increased to 2.6 in February 2021, before recovering to 2.1 in the March 2021 wave. Significance testing indicated that average anxiousness was statistically higher in February 2021 (2.6) than July 2021 (2.2). While statistical tests indicated that average anxiousness was significantly higher in August 2020 (2.3) and lower in September 2020 (2) compared to July 2021 (2.2), these differences were very small and should be interpreted with caution. In both measures, average wellbeing ratings were similar at the beginning and the end of the academic year; average happiness was 8.4 in July 2021 compared with 8.1 in August 2020, while average anxiousness was 2.2 in July 2021 compared with 2.3 in August 2020.

⁸ To note – it is not clear how accurately parents are able to report on these positive and negative affect questions on behalf of their primary aged child. We have access to data for both parent report and child report for secondary pupils. Descriptively comparing the overall mean responses for parents and secondary pupils indicates that parents reported similar trends to secondary aged pupils, however parents consistently had a more positive mean score than the child report. It is not possible to say, from the available data, whether this represents a significant difference.

Figure 2. Average ONS4† parent-report wellbeing ratings of children aged 5-11



Coverage: England, Note: primary parents (Highest n = August 2020; 4,203, Lowest n = July 2021; 1,537), † Parents were not asked questions related to their child’s life satisfaction and ‘life being worthwhile’, *indicates a significant difference between highlighted wave and July 2021. Source: DfE

Secondary-aged pupils

Figure 3 presents four time series plots showing the average ONS4 wellbeing ratings for secondary pupils across the 2020/21 academic year.

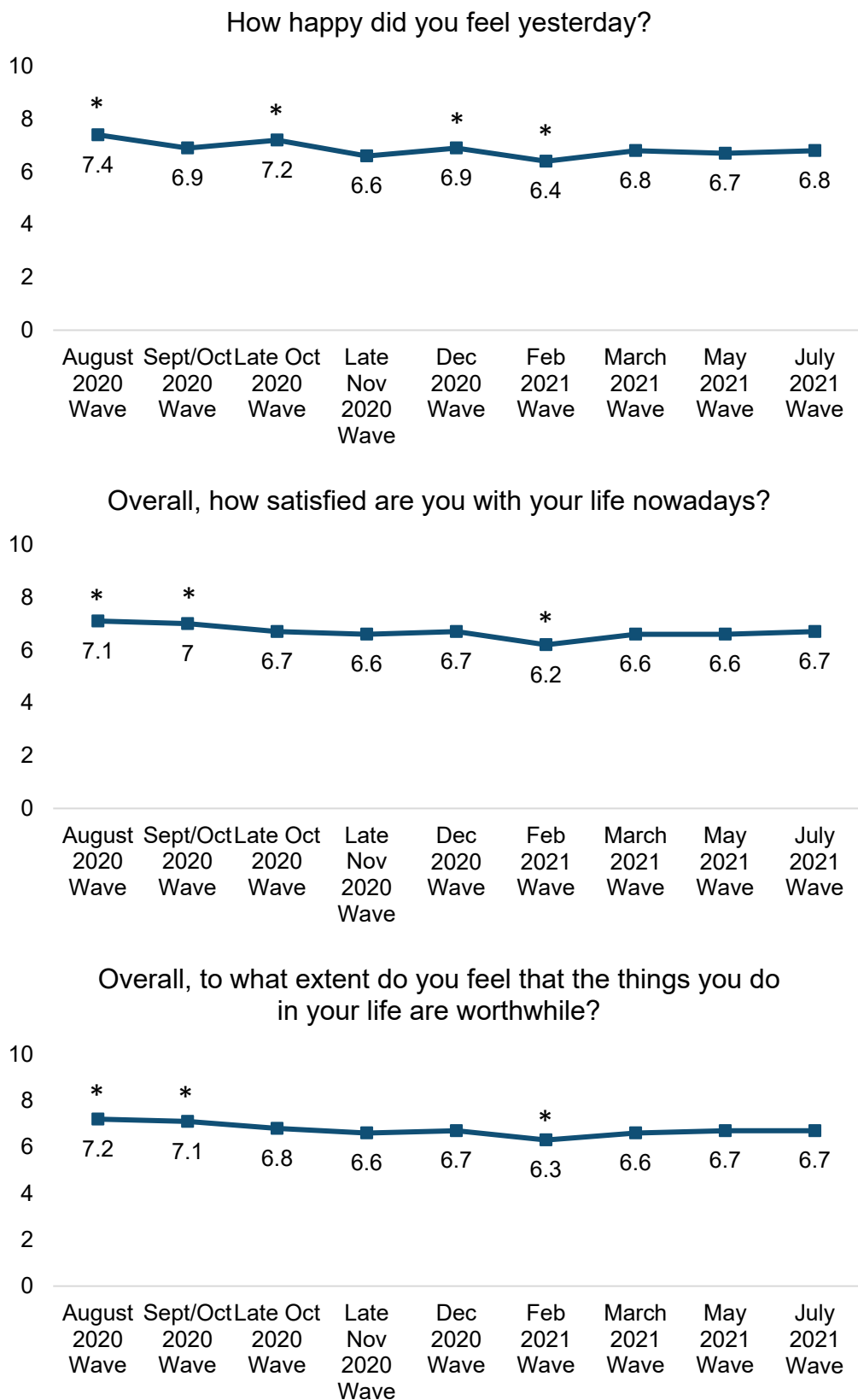
These trends suggest that happiness, life satisfaction and life being worthwhile remained broadly stable across the year. Nonetheless, there was evidence that average scores across these measures were highest at the beginning of the academic year, and were lowest in February 2021, when schools were closed to the majority of pupils.

Statistical tests indicated that, compared to July 2021, average scores were higher in August 2020 and lower in February 2021 across these three measures. Average wellbeing scores for happiness ranged from a high of 7.4 (August 2020) to a low of 6.4 (February 2021), while for life satisfaction average scores ranged from 7.1 (August 2020) to 6.2 (February 2021), and for life being worthwhile 7.2 (August 2020) to 6.3 (February 2021).

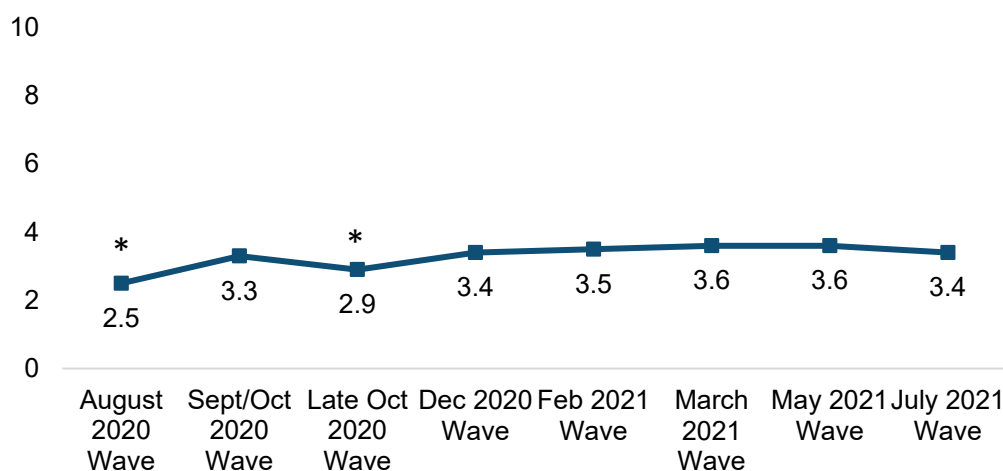
While average happiness, life satisfaction and life being worthwhile showed similar patterns across the year, average anxiousness scores follow a somewhat different pattern over time. Average anxiousness ranged from a low of 2.5 in August 2020 to a high of 3.6 in the March and May 2021 wave, but average anxiousness scores did not appear to have worsened in the February wave as was shown for the other measures. Further, there was no evidence of a reduction in average anxiousness in March 2021, when schools had reopened to the majority of pupils. Statistical tests suggest that while average anxiousness was statistically higher in July 2021 (3.4) compared to the first three waves (August 2020, 2.5; Sept/Oct 2020, 3.3; late Sept/Oct, 2.9), by February 2021 no statistical difference was found between average anxiousness in each subsequent wave compared to the July 2021 wave.

Together, these data suggest that children and young people aged between 11 and 18 experienced a decrease in happiness, life satisfaction, and life being worthwhile on average during the period of the January-March 2021 school closures. However, this does not appear to have coincided with an increase in average anxiousness. Instead, average anxiousness scores appeared to have increased over the course of the autumn term 2020-2021, before stabilising across the remaining waves. It is important to note that secondary-aged participants were not asked about their anxiousness in November 2020, as was the case for the other measures, so direct comparison is not possible here.

Figure 3. Average ONS4 wellbeing ratings of children and young people aged 11 to 18



Overall, how anxious did you feel yesterday?



Coverage: England. Note: Secondary pupils (Highest n = August 2020; 5,327, Lowest n = May 2021; 1,537), *indicates a significant difference between highlighted wave and July 2021. Source: DfE

Young people aged 16 and over

It proved difficult to find comprehensive data sources of wellbeing measures for the 16-19 age group. ONS have published data tables drawn from analysis of responses to the ONS 4 personal wellbeing questions in their Annual Population Survey (ONS, 2021), which covers the whole of the UK. For sufficient sample size, this data was pooled for the 16-24 age group as well as for responses by quarter, thus providing 3 data points across the academic year – quarter 4 (October - December 2020), (quarter 1) January - March 2021, and quarter 2 (April - June 2021)⁹. Significance testing was not provided for this data and as such all findings are descriptive only. Despite these limitations, this data is included to give some insight into self-reported wellbeing in this older age group in 2021/22.

Compared to the pupil data described above, the overall data show limited change over time across the quarters. For both happiness and life satisfaction, mean scores were broadly stable between October - December 2020 (happiness: 7.22; life satisfaction: 7.32; scores out of 10) and January – March 2021 (7.24; 7.23) followed by slight improvements in mean score between January – March 2021 and April - June 2021 (7.37; 7.42). There was a slight improvement in the mean scores for feeling anxiety between October - December 2020 (3.50) and January - March 2021 (3.31), before this returned to the October - December 2020-level in April - June 2021 (3.48).

⁹ Overall sample size (n): October - December 2020 = 790, January - March 2021 = 760, April - June 2021 = 630. For more information on ONS wellbeing measurement, see: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing>.

The different, and less distinct, patterns seen for this age group compared to younger children and young people reported above may be driven by the pooling of data over larger periods of time over a time where contexts were changing rapidly. This could also be due to differences between the age brackets, as the data presented in this section included young people who will have been in school or college, undertaking vocational study or workplace training, those in university, those in work, and others who were not undertaking any of these activities. As such the nature of experiences and the impact of different pandemic control measures could be different for various groups of children and young people.

Socio-demographic trends among secondary pupils

Figures 4-7 show the average wellbeing scores of children and young people (aged between 11 and 18) across the academic year 2020/21, split by relevant socio-demographic characteristics. Here we present average wellbeing by gender, SEN status, FSM status, and ethnicity. We do not present these analyses for primary-aged pupils due to a lack of available statistical significance test results between groups in this sample, as well as previously discussed concerns about the validity of parent-report measures of children's wellbeing.

Gender

Figure 4 presents four time series plots showing the average ONS4 wellbeing ratings for secondary pupils across the 2020/21 academic year, split by gender.

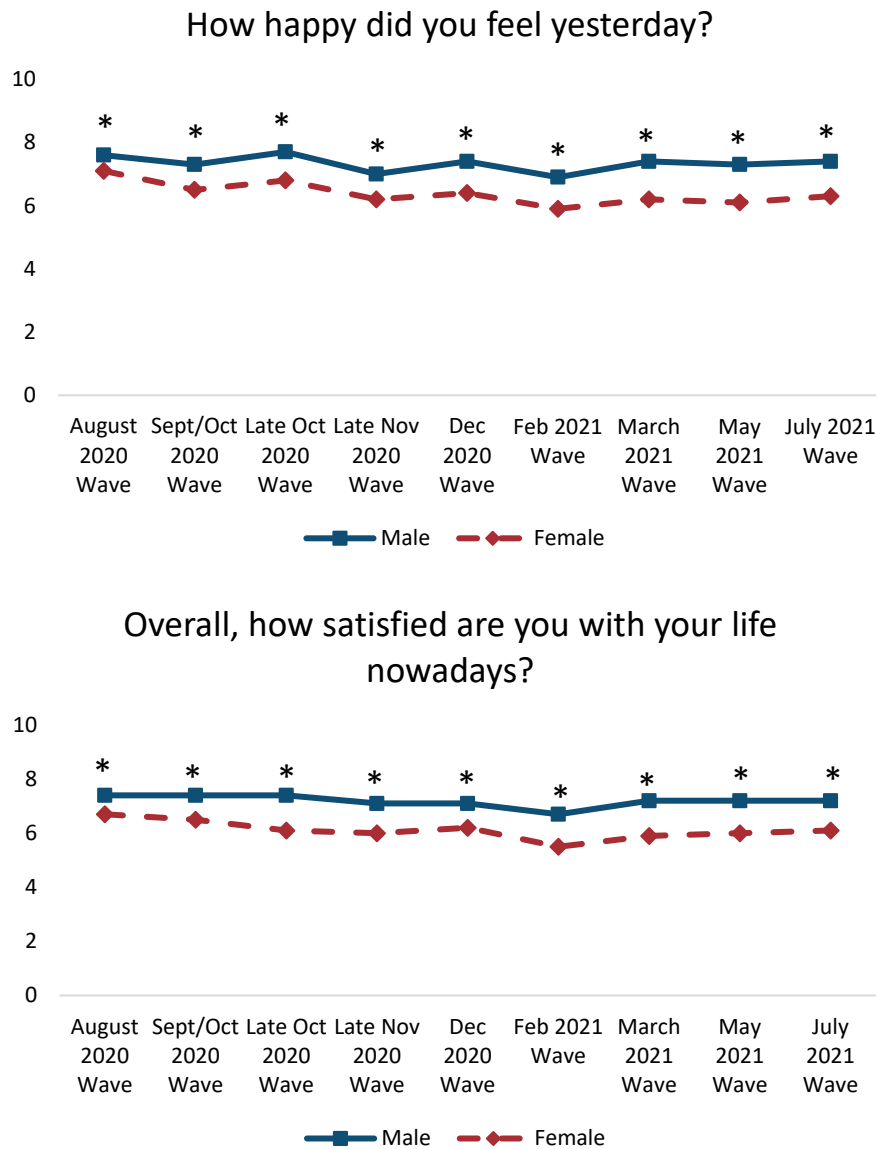
The clearest findings in these data are the substantial differences in average wellbeing between boys and girls over time. Statistical testing indicates that boys reported greater happiness, life satisfaction, life being worthwhile, and lower anxiousness than girls at every wave of data collection, from August 2020 to July 2021. These trends reflect a continuation of persistent gender differences in wellbeing which, while varying in size, have been observed in this age group before the pandemic (e.g. Bradshaw & Keung, 2011; What Works Centre for Wellbeing, 2017). While these trends appear to suggest a widening of the gender gap in wellbeing, particularly for anxiousness, we are unable to establish whether this gap has indeed widened, or by how much it has widened, with the current analysis. We provide suggestions for future analysis in the discussion section of this chapter.

Patterns in the trends over time indicate some intriguing similarities and dissimilarities in wellbeing trajectories for male and female survey respondents. First, trends for average happiness follow similar patterns for both genders¹⁰, with some indication of decreases in the late November 2020 and February 2021 waves. Second, while both genders show a reduction in life satisfaction in February 2021, for life being worthwhile, this reduction in

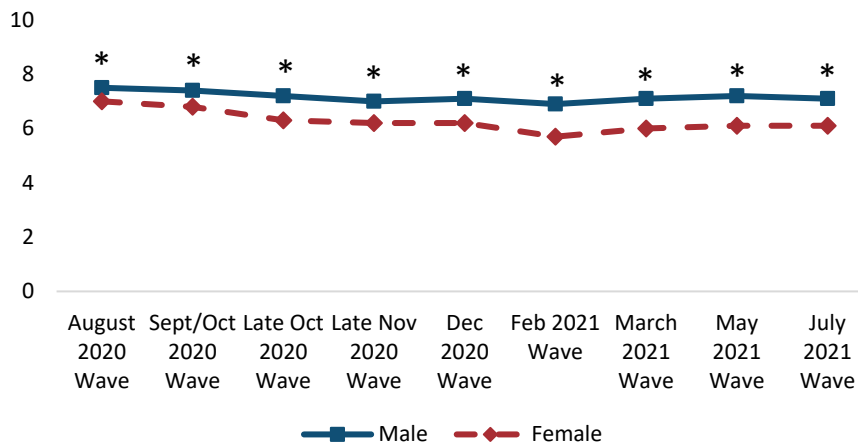
¹⁰ Survey also included an 'other' gender category. Data is not reported for this group due to small sample size.

February 2021 appears to be greater for females. Finally, average anxiousness for males and females appears to have increased from late October 2020; however, this increase may have been quicker and steeper for females.

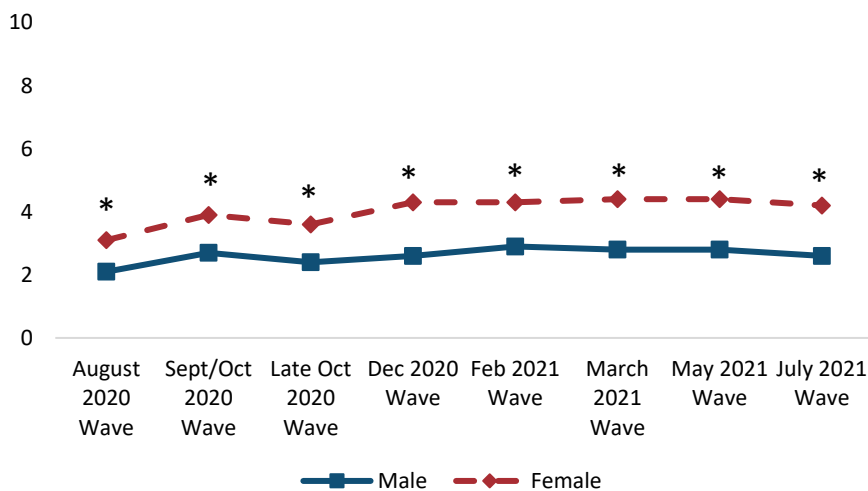
Figure 4. Average ONS4 wellbeing ratings of children and young people aged 11 to 18 by gender



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



Overall, how anxious did you feel yesterday?



Coverage: England. Note: Secondary pupils (Highest n = August 2020; 5,327 [Male = 2,362, Female = 2899], Lowest n = May 2021; 1,537 [Male = 802, Female = 938]), *indicates a significant difference between groups in highlighted wave. Source: DfE

SEN status

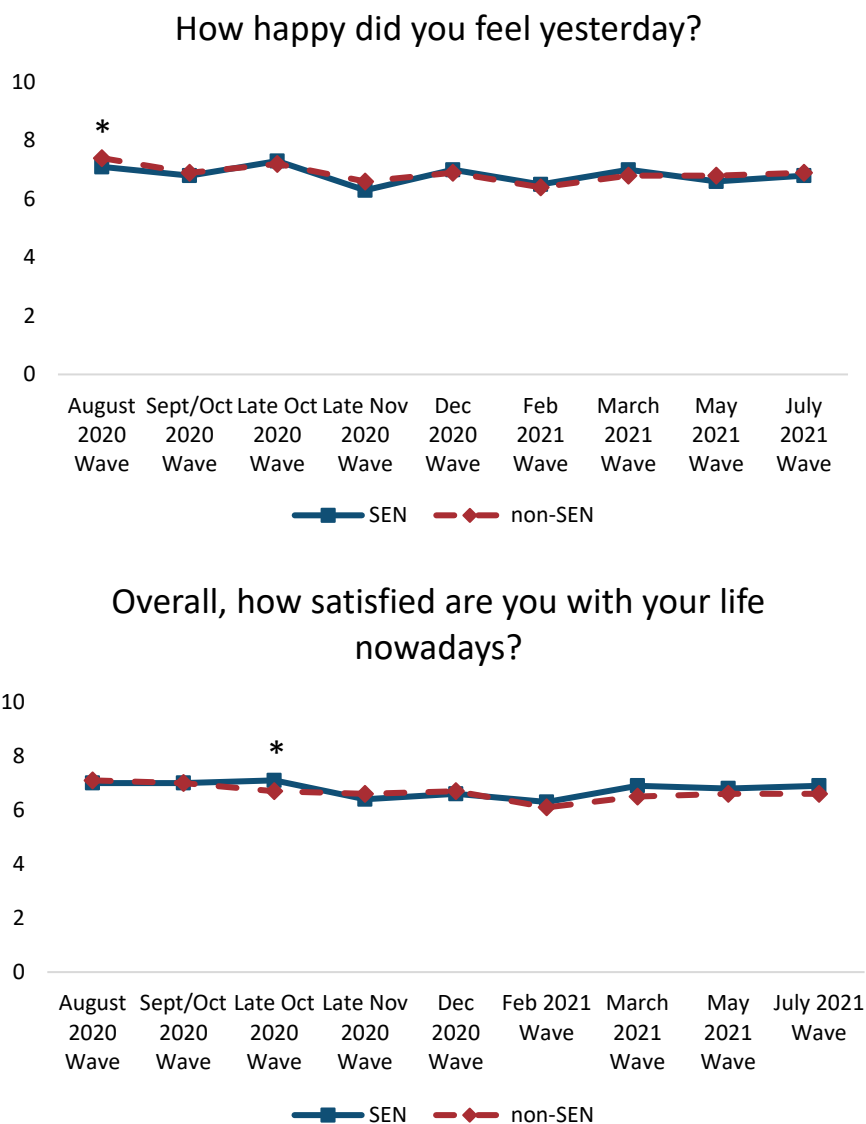
Figure 5 presents four time series plots showing the average ONS4 wellbeing ratings for secondary pupils across the 2020/21 academic year, split by SEN status.

The plots indicate that SEN and non-SEN pupils reported similar levels of happiness, life satisfaction, and life being worthwhile on average across the 2020/21 academic year. While there was some indication of significant differences between SEN and non-SEN pupils in some waves and in some measures, these differences were small and inconsistent. These trends are consistent with some pre-pandemic findings from the

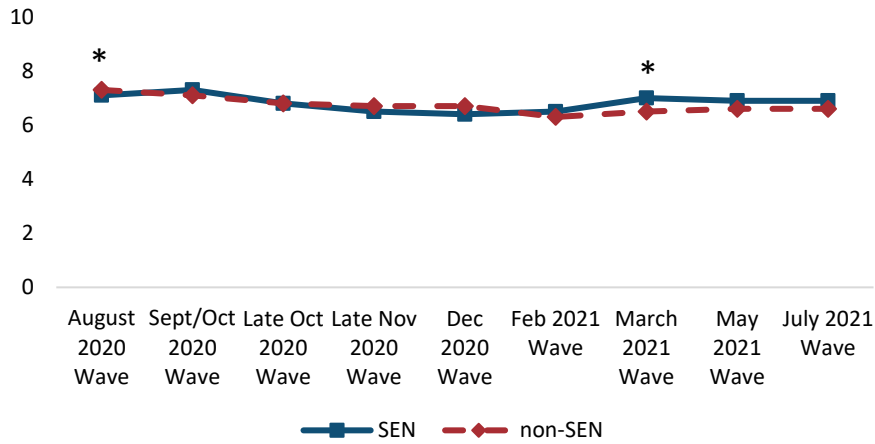
Children’s Society using data from the Millennium Cohort Study (University of London. UCL Institute of Education., 2015), where no significant differences in subjective wellbeing were found between children aged 14 with and without SEN (The Children’s Society, 2018).

There was stronger evidence for a difference between SEN and non-SEN children in average anxiousness trajectories across the year. Significance tests indicated that SEN secondary children were more likely to indicate greater anxiousness than non-SEN secondary children in the August 2020, September/October 2020, February 2021, and March 2021 waves. No differences in average anxiousness were detected between SEN and non-SEN participants in the final two waves, indicating a narrowing of the gap in anxiousness.

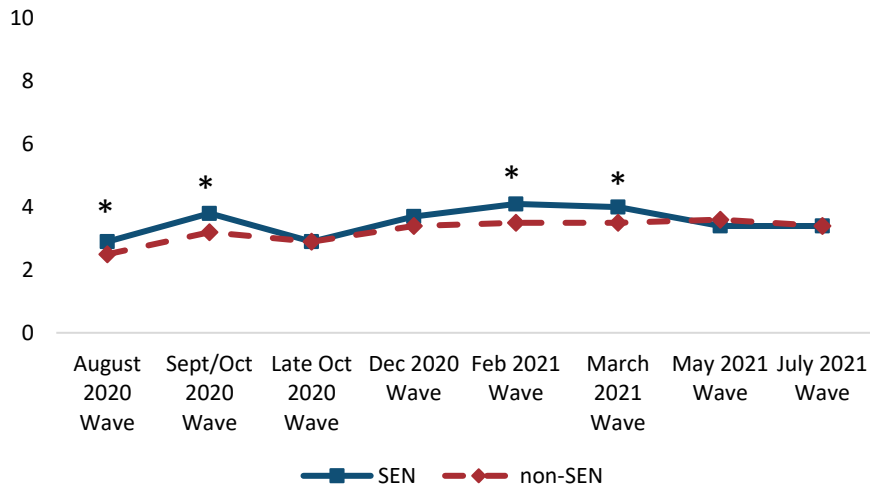
Figure 5. Average ONS4 wellbeing ratings of children and young people aged 11 to 18 by SEN status



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



Overall, how anxious did you feel yesterday?



Coverage: England. Note: Secondary pupils (Highest n = August 2020; 5,327 [SEN = 783, Non-SEN = 4,096], Lowest n = May 2021; 1,537 [SEN = 197, Non-SEN = 1340]), *indicates a significant difference between groups in highlighted wave. Source: DfE

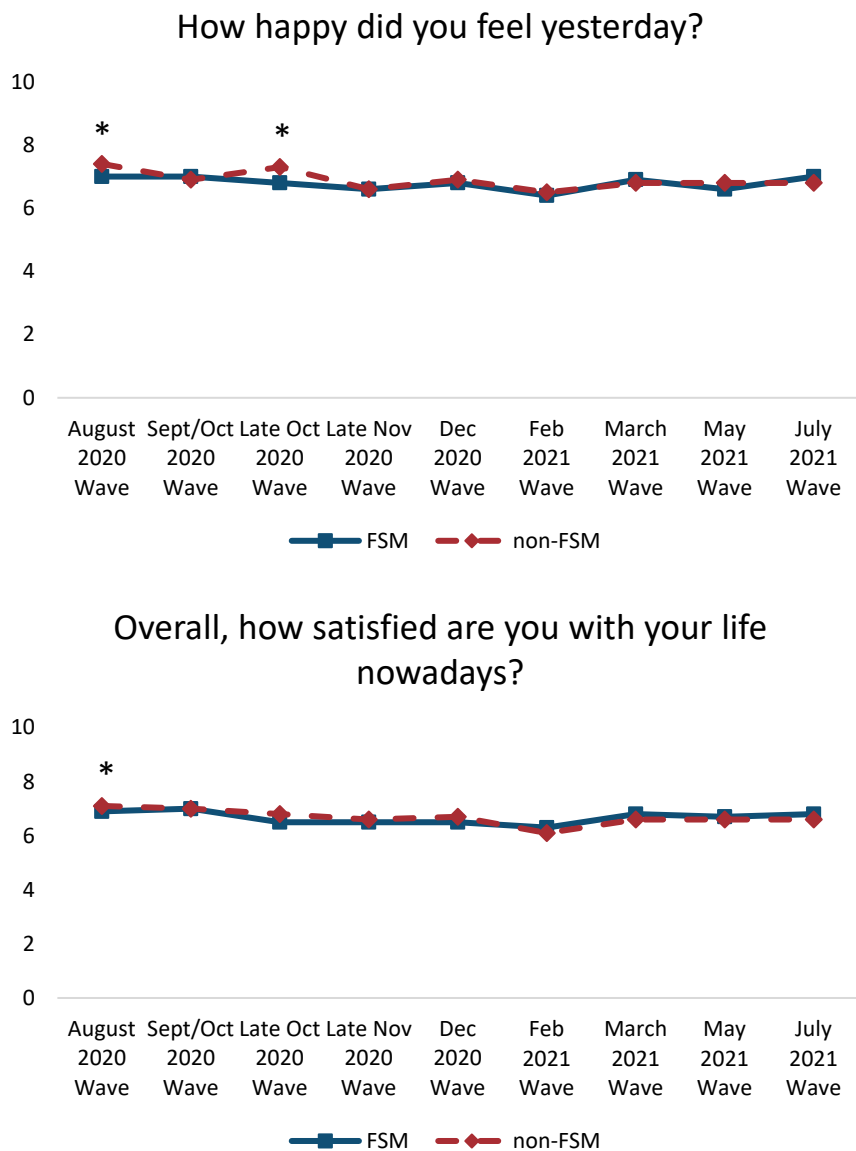
FSM status

Figure 6 presents the average ONS4 wellbeing ratings for secondary pupils across the 2020/21 academic year, split by FSM status.

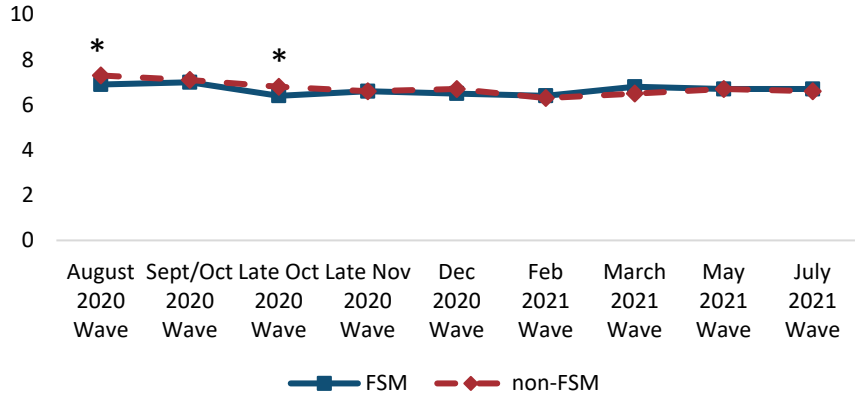
The plots indicate that pupils eligible for FSM and those not eligible for FSM indicated similar levels of happiness, life satisfaction, life being worthwhile, and anxiousness, on average, across the 2020/21 academic year. However, there was some indication that pupils not eligible for FSM reported greater happiness, life satisfaction, and life being

worthwhile in the August 2020 wave, as well as greater happiness and life being worthwhile ratings in the late October 2020 wave, on average. Further, FSM-eligible pupils reported significantly greater anxiousness in the late-October 2020 and March 2021 waves, on average.

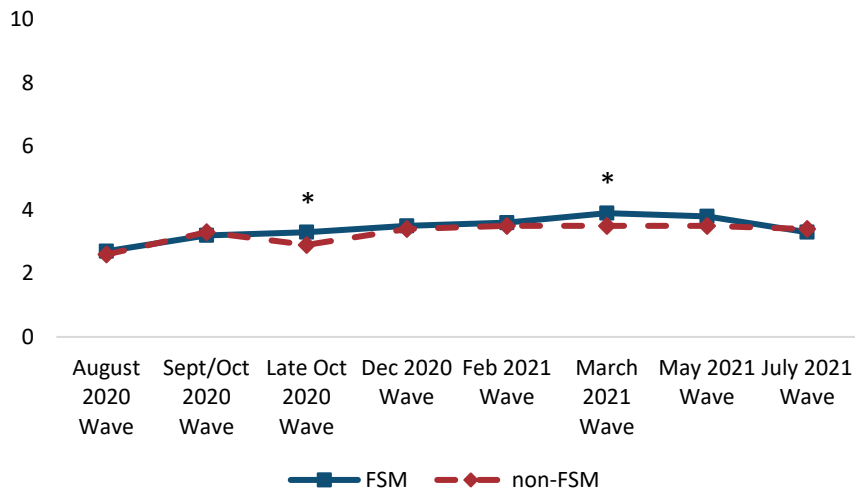
Figure 6. Average ONS4 wellbeing ratings of children and young people aged 11 to 18 by FSM status



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



Overall, how anxious did you feel yesterday?



Coverage: England. Note: Secondary pupils (Highest n = August 2020; 5,327 [FSM = 1,231, Non-FSM = 4,096], Lowest n = May 2021; 1,537 [FSM = 293, Non-FSM = 1244]), *indicates a significant difference between groups in highlighted wave. Source: DfE

Ethnicity

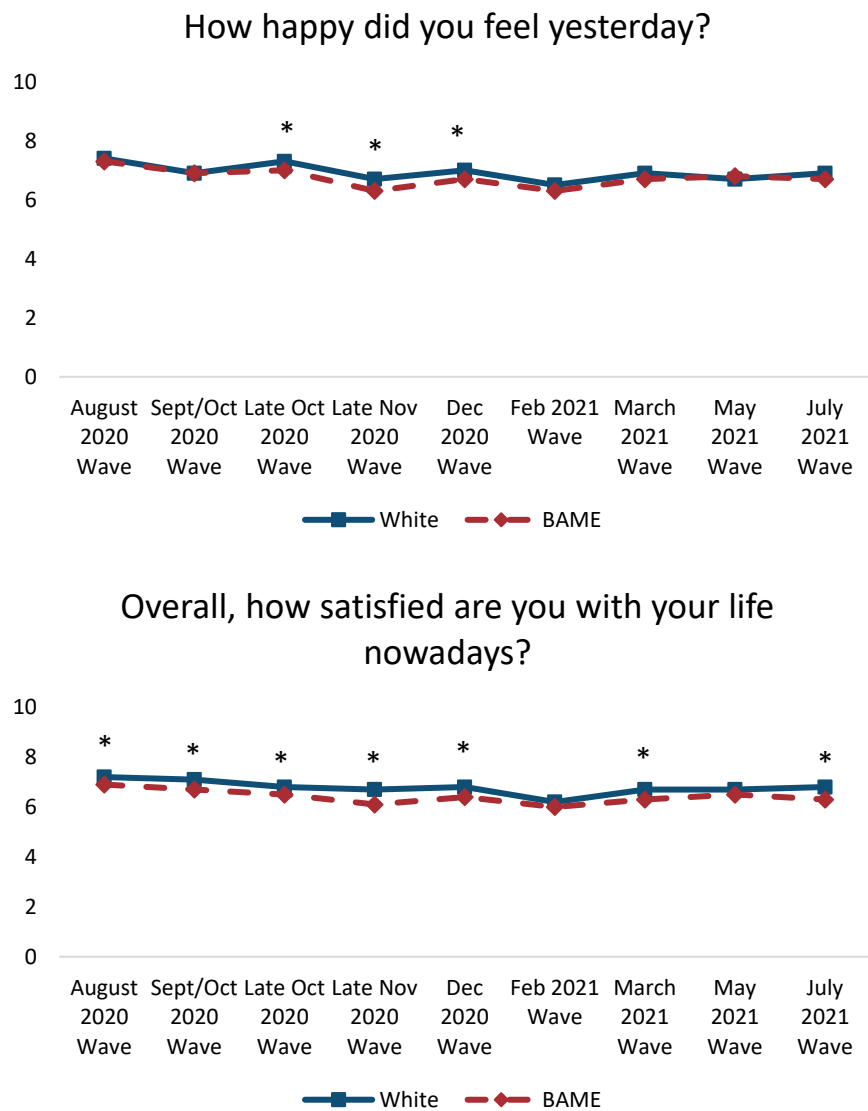
Figure 7 presents the average ONS4 wellbeing ratings for secondary pupils across the 2020/21 academic year, split by ethnicity.

The data indicate that white participants reported greater happiness than minority ethnic participants on average in the late October 2020, late November 2020, and December 2020 waves; however, differences were not found in prior or subsequent waves. Further, white pupils indicated greater ratings for life being worthwhile than minority ethnic pupils, on average, in three waves (August 2020, Late November 2020, and July 2021), though these effects were small.

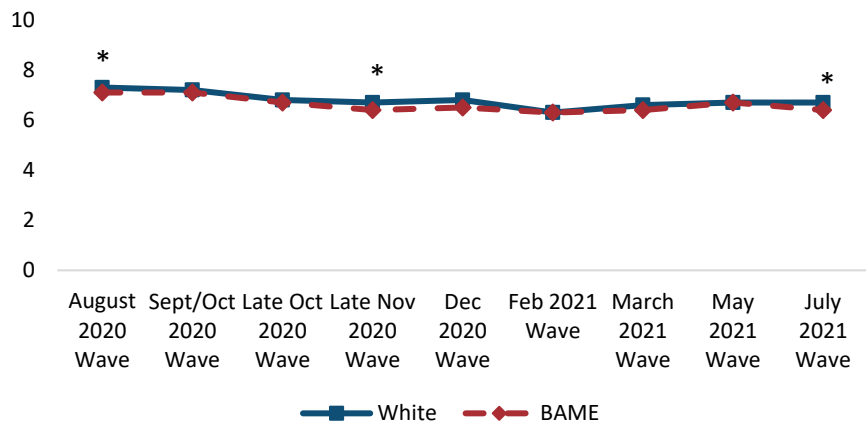
Minority ethnic participants were also more likely to report lower life satisfaction than white pupils in many of the waves, though these differences were not significantly different in the February 2021 and May 2021 waves.

These trends do not suggest that there were significant differences between white and minority ethnic pupils on average, in any wave, for anxiousness. We note that grouping ethnic identities in this way could conceal differences in wellbeing, however more detailed analysis by ethnicity was not possible due to small sample sizes in individual ethnic groups.

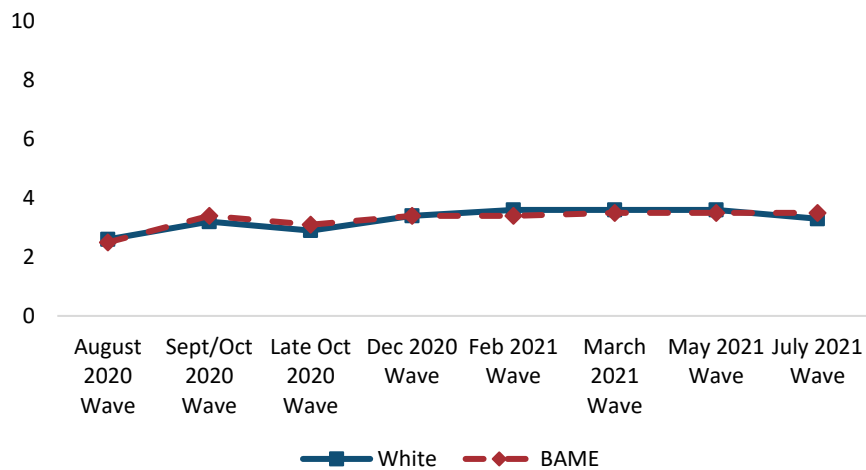
Figure 7. Average ONS4 wellbeing ratings of children and young people aged 11 to 18 by ethnicity



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



Overall, how anxious did you feel yesterday?



Coverage: England. Note: Secondary pupils (Highest n = August 2020; 5,327 [White = 3,853, BAME = 1,382], Lowest n = May 2021; 1,537 [White = 1,154, BAME = 349]), *indicates a significant difference between groups in highlighted wave. Source: DfE

Socio-demographic trends among post-16 young people

This section draws on data from ONS’s Annual Population Survey (ONS, 2021), as described above. Due to the nature of the data and lack of significance testing, caution needs to be taken when interpreting differences between groups and across time in these data.

Gender

Mean scores for happiness showed a small gender gap across all 3 quarters of data, with males having higher average levels of happiness. While the means for males show a

similar pattern as described for the data overall, being stable for October – December 2020 (7.26) and January – March 2021 (7.29) followed by an increase in April – June 2021 (7.51), mean levels for females remained stable throughout (7.18, 7.18, 7.23). This data may also indicate a widening of the gender gap.

Across all 3 data points, females reported slightly higher mean ratings of life being worthwhile than males (females: 7.66, 7.63, 7.57; males: 7.42, 7.34, 7.44). The data may indicate a slight narrowing of this gap in April - June 2021 compared to October - December 2020.

Mean life satisfaction scores were similar between males and females at all data points (females: 7.33, 7.19, 7.37; males: 7.31, 7.28, 7.46), while also showing a similar pattern of a slight reduction for both genders in the second quarter covered, January - March 2021, a period which covered a lockdown.

Females showed consistently higher levels of mean scores for feeling anxious across the three data points (females: 3.85, 3.66, 3.86; males: 3.18, 2.97, 3.12). Both males and females showed a slight average reduction in anxiousness in January - March 2021 before subsequent worsening in April - June 2021, though we cannot infer from the data whether these differences are statistically significant.

Disability

Disability in this survey is measured based on meeting the definition in the Equalities Act¹¹.

Disabled young people reported poorer mean scores than non-disabled young people on all 4 measures. The difference was smallest for life being worthwhile and particularly large for feeling anxious.

¹¹ [Further information can be found in the technical paper.](#)

Table 2. Average ONS4 wellbeing ratings of children and young people aged 16 to 24 by disability

	Disability status	Q4 Oct - Dec20	Q1Jan - Mar 21	Q2 Apr - Jun 21
Happiness	Equality Act Disabled	6.38	6.60	6.89
Happiness	Not Equality Act Disabled	7.39	7.37	7.53
Life satisfaction	Equality Act Disabled	6.59	6.50	6.76
Life satisfaction	Not Equality Act Disabled	7.46	7.38	7.62
Life is worthwhile	Equality Act Disabled	7.03	6.96	7.22
Life is worthwhile	Not Equality Act Disabled	7.63	7.59	7.60
Feeling anxious	Equality Act Disabled	5.51	5.13	4.49
Feeling anxious	Not Equality Act Disabled	3.12	2.97	3.19
Sample size	Equality Act Disabled	120	140	140
Sample size	Not Equality Act Disabled	660	620	490

Coverage: UK. Source: ONS

Ethnicity

There was little difference evident by two group ethnic breakdown.

Happiness with life as a whole

The Children’s Commissioner’s Big Ask Survey in April and May 2021 provides data on how happy children and young people aged between 6 and 17 are with various aspects of their lives, including their life overall (Children’s Commissioner, 2021)¹². This provides just a snapshot of levels of happiness at that time but does provide some subgroup comparisons for the proportions of children and young people who said they were unhappy with their life overall.

4% of 6- to 8-year-olds and 9% of 9- to 17- year-olds said they were unhappy with their life overall. Unhappiness appears to increase with age with 5% of 9- to 11-year- olds, 9.4% of 12- to 15- year- olds and 12.7% of 16- to 17- year- olds saying they are unhappy with their life overall. These trends are consistent with pre-pandemic studies that suggest a decrease in wellbeing with age (The Children’s Society, 2010, 2019)

¹² 6- to 8- year- olds responded on a 3 point scale – ‘Sad’, ‘Neither happy nor sad’, or ‘Happy’. 9- to 17- year- olds responded on a 5 point scale Very Unhappy’, ‘Unhappy’, ‘Neither happy nor unhappy’, ‘Happy’ or ‘Very Happy’; response categories have been pooled for the older age group to allow for comparison with responses from the younger age group.

Among 9- to 17- year- olds, females (9.5%) were more likely than males (6%) to say they are unhappy with their life overall. There were only very small differences by gender for 6- to 8-year olds and for all ages by ethnic and SEN status¹³.

Discussion of personal wellbeing trends

The trends reported in this chapter provide a broad overview of children's wellbeing in recent years, as well as a more detailed understanding of how wellbeing trends have changed throughout the 2020/21 academic year, for primary and secondary pupils, older young people, as well as other subgroups.

Overall, the data suggests that children and young people's average subjective wellbeing had remained broadly consistent in recent years prior to 2020. While there was evidence for a small dip in average wellbeing in April-June 2020, this appears to have recovered to pre-2020 levels in April-June 2021 (The Children's Society, 2021). As data in 2020 was collected during a period of school closures, and the data in 2021 was collected when schools were open to all pupils, it is not possible to infer how much of this recovery in average scores could have been due to improvements in the immediate experience of the pandemic and its restrictions, rather than reflecting a more general and long-lasting recovery.

Within the 2020/21 academic year, reductions in wellbeing were shown most clearly for both primary and secondary pupils in February 2021 (DfE, 2021b). For those aged 16-24, there was little evidence for a change in wellbeing through 2020/21, though this may reflect reduced time sensitivity of the data to due to pooling of time periods (ONS, 2021). Taken together, the data from two sources (Good Childhood Report and the Pupil and Parent Panel), support the view, and a number of existing reports, that children and young people's wellbeing had reduced during the pandemic, particularly during periods of school closures (Blanden et al., 2021; DfE, 2020; The Children's Society, 2020a; Viner et al., 2021). This suggests that children and young people's wellbeing is responsive to external events, such as pandemic conditions and associated restrictions on social behaviour, and positively, that downward trends in average wellbeing can be reversed following relaxation of restrictions and improvements in the pandemic outlook.

Analysis of trends in average wellbeing across the academic year 2020/21 by subgroup indicated some stark differences both in the size and consistency of wellbeing differences for groups of secondary pupils. Secondary-age and 16-24 female respondents reported consistently lower wellbeing than boys across all four measures, and there was evidence of a widening of the gender gap in wellbeing over the course of the year among secondary-aged girls. These trends reflect a continuation of persistent gender differences

¹³ See methods annex for details on how difference testing has been handled for this data

in wellbeing which, while varying in size, have been observed in this age group before the pandemic (e.g. Bradshaw & Keung, 2011; The Children's Society, 2021; What Works Centre for Wellbeing, 2017). While secondary-age and older (16-24) children and young people with SEN showed greater average anxiousness than those without SEN at many time points, the average scores on this measure converged in the final waves among secondary-age respondents. There was also strong evidence that minority ethnic pupils reported lower life satisfaction than white pupils during much of the year, as well as some evidence that minority ethnic pupils indicated less happiness during Autumn term, though this was not evident for other measures. Finally, there was little evidence that pupils eligible for FSM differed from those who were not, across any of the measures of wellbeing during the 2020/21 academic year.

These findings suggest that children in groups which are well documented to be at risk of poorer wellbeing, particularly by ethnicity and gender (The Children's Society, 2021) continued to experience poorer wellbeing over the course of the last academic year, and there are some indications that these gaps could have been widened as a result of the pandemic. Other groups which may be thought of as vulnerable, such as children and young people with SEN or eligible for FSM, demonstrated more mixed patterns of wellbeing over the course of the year, again in keeping with previous pre-pandemic trends (DfE, 2019b; The Children's Society, 2021).

While the wellbeing trends presented here can provide a useful indication of the general experience of children and young people, they do not allow us to fully understand the variation in wellbeing among participants over time, for example by tracking the trajectories of children and young people with particularly poor wellbeing and understanding the drivers of any changes. Further analyses should seek to explore whether and how the frequency of different wellbeing outcomes, particularly low scores in wellbeing, have changed over time. Relatedly, future analysis could also seek to understand the potential predictors and effects of children and young people who experience large reductions in their wellbeing.

Further analysis should also aim to uncover the most significant risk and protective factors for children and young people's mental health and wellbeing during the current pandemic, and whether these reflect the factors currently supported by published evidence as important, such as the quality of parental relationships at a young age (Heikkinen & Kauppinen, 2011; Otto et al., 2017), and the degree of familial economic affluence or deprivation (Bellis et al., 2014; Kiernan & Huerta, 2008; Marmot & Bell, 2012).

Data limitations precluded a robust analysis of the effect of time on wellbeing trends, including whether gaps between different subgroups, such as boys and girls, has widened over time. Further analysis should seek to understand this effect of time on

wellbeing outcomes, using appropriate statistical techniques (See general discussion/annex for suggested future analyses).

We note that the coverage of subgroups in this chapter was also limited by available data. First, while annual trends in wellbeing were presented for those aged between 10 and 17, more granular analysis of different age groups was not possible at this time. Second, limitations in available data limited the subgroup analysis for wellbeing during 2020-21 to secondary pupils and older only; it is therefore unclear whether the trends for primary pupils would mirror those reported here. Third, our subgroup analysis was limited to a pre-defined number of groups where coverage was expected to be greatest; while there may be other subgroups in which differences in wellbeing are evident, data availability for other subgroups is inconsistent. In addition, it remains unclear whether membership of more than one subgroup where poorer outcomes are shown can compound any negative outcomes. Further analysis of this data, and future data collections, should aim to overcome these limitations.

Domain 2: Mental and physical health

Summary

Our mental health has important implications for our physical health, as well as our capability to lead a healthy lifestyle and to manage and recover from physical health conditions (Public Health England, 2017). Recent qualitative work from the ONS demonstrates that children and young understand that having good health allows them to do the things they enjoy, as well as the importance of recognising and managing stressors, and getting enough sleep, for mental and physical health (ONS, 2020).

Whilst we know that in general children have not been at high risk from coronavirus (COVID-19) directly (Swann et al., 2020), they were not immune to worries about catching the virus, or to transmitting it to their friends and family. The pandemic restrictions also brought a range of other worries and stressors, such as worry about school work, missing school, and not being able to see friends and family (DfE, 2020, 2021b; The Children's Society, 2020a). Despite periods of relative freedom from pandemic restrictions in this country, the global pandemic continues, and with it ongoing uncertainty for children and young people. Many children and young people have been highly resilient to the stresses of the pandemic (as found in the State of the Nation report 2020), yet ongoing stress is linked with poor physical and mental health both in childhood or adolescence and in later life, and the pandemic restriction and context may have reduced accessibility of helpful coping mechanisms (Bellis et al., 2014; Farrell et al., 2017; Kim et al., 2013).

This chapter explores changes in children and young people's mental and physical health throughout 2020/21 – a period which included multiple changes in pandemic restrictions, including national lockdowns – as well as their views on the longer-term impact the pandemic might have on their future mental and physical health.

This chapter presents:

- Mental health-
 - Mental health symptoms measured through the Strengths and Difficulties Questionnaire (SDQ) from MHCYP and Co-Space
 - Subjective happiness with health
 - Probable eating problems
 - Help seeking for mental health

- Subjective assessment of pandemic impacts on mental health and future mental health
- Physical health-
 - Obesity rates
 - Sleep problems

Key findings

- Young people's happiness with their health has remained consistent over time, with averages around 8 out of 10 since 2013-2015 (data generally collected in April-June each year), and no evidence of large deviations in any one year.
- The proportion of those with low happiness with health, while a minority, appears to have increased in recent years, with 7.6% in 2021, 6.8% in 2020, 5.2% in 2019, and 5.3% in 2018 giving scores below 5 out of 10.

Mental health

- Overall, rates of probable mental disorder among children and young people increased between 2017 and July 2020, and then remained at a similar rate in February/March 2021 for all age groups between 6- and 22-years old.
- More frequent data collections indicate that rates of possible/probable mental disorders among primary-aged children increased during periods of lockdowns in 2020/21, though rates recovered as lockdowns were eased. Rates of possible/probable disorders among secondary pupils remained relatively stable over this period.
- Rates of probable mental disorders varied for different groups, and were particularly high in females, children and young people with SEN/D, and those from lower income families.
- Children and young people with long-term physical health conditions had a greater likelihood of having a probable mental disorder in 2021, though it is not possible to establish causality.
- Rates of probable eating problems among children and young people have increased between 2017 and 2021, though they remain higher in females and older children and young people.
- Around half (52%) of children and young people were concerned about the effects of the pandemic on their mental health in 2021; this was higher for females (62%) than males (40%).

- Those who felt that, overall, they hadn't coped very well with the changes that have been made because of COVID-19, and those who had more impacts on their family, were more likely to be worried about their mental health for the future (60% and 30% respectively).

Physical health

- Obesity rates increased substantially between 2019/20 and 2020/21 among Reception and Y6 age children, accelerating a trend which has continued for at least the previous 15 years.
- Those who felt that they hadn't coped very well, overall, with the changes that have been made because of COVID-19, and those who had more impacts on their family, were more likely to be worried about their physical health for the future (45% and 27% respectively).
- In February and March 2021, older children and children with a probably mental health disorder were more likely to have problems with their sleep.

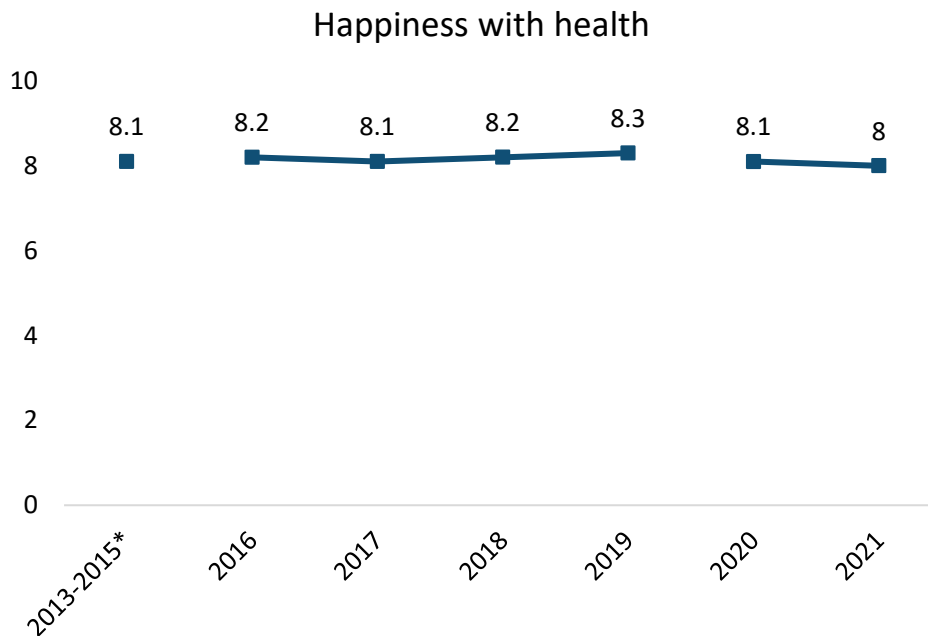
Happiness with health

The Good Childhood Index has collected regular data on children and young people's happiness with their health. Figure 8 presents this data as a time series of average annual happiness scores (on a scale of 0-10) of children and young people aged 10 to 17 from 2013-2015 to 2021 (The Children's Society, 2015, 2016, 2017, 2018, 2019, 2020b, 2021).

The results presented here suggest that children and young people's happiness with their health has remained consistent over time, with averages around 8 since 2013-2015 (data generally collected between April and June each year), and no evidence of large deviations in any one year. However, a minority of survey participants indicated low happiness with their health. In 2021, 7.6% of respondents scored below the midpoint (5) on this measure.

The proportion of those with low happiness with their health in 2021 was similar to recent years, with 6.8% in 2020, 5.2% in 2019, and 5.3% in 2018 giving scores below 5. These findings suggest a small but perhaps increasing minority of children and young people who indicate not feeling very happy with their health.

Figure 8. Average ratings of children and young people aged 10 to 17's happiness with their health



Coverage: 2020-2021 UK, 2013-2019 Great Britain, Note: Discontinuity in time series, see 'Data sources and methods' annex for further information. *The reported response for '2013 to 2015' is a pooled average based on four half-annual surveys of children and young people reported in the 2015 Good Childhood Report. n = 2000. Source: Children's Society.

The Children's Commissioner's Big Ask Survey, in April and May 2021, asked children and young people aged 9- to 17-years old how happy they were with various aspects of their lives, including their mental and physical health (Children's Commissioner, 2021). (Note this was a different scale and question set to that used by GCR).

Overall, 20% of 9- to 17-year-olds reported that they were unhappy with their mental health. Levels of unhappiness substantially increased with age, from 9.3% of 9- to 11-year-olds saying they were unhappy, to 22.5% of 12- to 15-year-olds and 32.2% of 16- to 17-year-olds. Differences were also seen by gender, with 24.6% of females saying they were unhappy with their mental health compared to 12.7% of males. There were only very small differences by ethnicity and SEN status¹⁴.

¹⁴ See methods annex for details on how difference testing has been handled for this data

11% of 9- to 17-year-olds said they were unhappy with their physical health. Again, this increased with age from 5.3% of 9- to 11-year-olds, 12% of 12- to 15-year-olds and 19.7% of 16- to 17-year-olds. There were also differences by gender with 12.4% of females unhappy with their physical health compared to 8.8% of males. There were only minor differences by ethnicity and SEN status.

Mental ill-health

This section reports on a range of measures of children and young people's mental ill-health, as measured by the validated Strengths and Difficulties Questionnaire¹⁵ (SDQ), as well as a measure of possible eating problems as measured by responses to screening questions from the Development and Well-Being Assessment¹⁶ (DAWBA). These scales cannot diagnose mental health disorders but can be used to indicate potential difficulties.

Where possible, we present annual trends from the MHCYP followed by within-year trends from Co-Space, for each measure and subgroup. This allows for a comparison between variation in mental health during the pandemic and more general trends over multiple years. As the Co-Space study utilised non-random sampling techniques, the sample is unlikely to be nationally representative.

Rates of probable disorder

The SDQ includes 25 questions on different aspects of behaviour related to emotional problems, conduct problems, hyperactivity/inattention (restlessness), peer relationship problems and positive prosocial behaviour. The responses to the 4 problem scales can be viewed together to assess a person's total difficulties, or separately to look at particular problems. The scores for these scales can then also be combined with answers to questions about the impact that the difficulties have on the child's life to create a score which indicates likelihood of that child having a mental disorder from unlikely to probable. This section presents both annual and within-year trends in rates of probable disorder by age, gender, SEN- (or Special Educational Needs and Disability (SEND))-status, FSM-status, and ethnicity.

Trends by age

Figure 9 presents the rates of probable disorder in the same children and young people in 2017, 2020, and 2021 from the MHCYP (NHS Digital, 2018, 2020, 2021a). The results suggest that rates of probable mental disorder had significantly increased between 2017

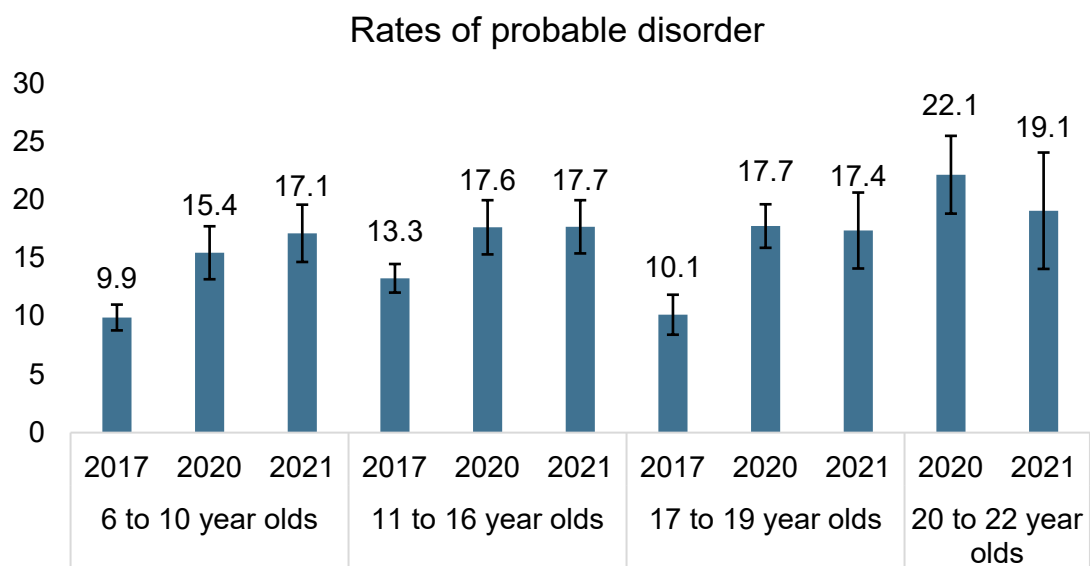
¹⁵ Information on the Strengths and Difficulties questionnaire can be found at <https://www.sdqinfo.org/>

¹⁶ Information on the Development and Well-Being Assessment can be found at <https://dawba.info/>

and 2020 in all age groups where this comparison can be made, including in 6- to 10-year-olds (9.9% increasing to 15.4%), 11- to 16-year-olds (13.3% increasing to 17.6%), and 17- to 19-year-olds (10.1% increasing to 17.7%). There was no indication that rates of probable mental disorder had either significantly increased or decreased between 2020 and 2021 in any age group, and rates remained higher than 2017 levels in all age groups where difficulties were measured in both years. As the fieldwork for this survey was conducted during and shortly after a period of acute pandemic restrictions in 2021 (15 February to 28 March), the lack of improvement in rates of probable disorder may reflect the specific pandemic context in which the survey was administered.

Comparing across different age groups, rates of probable disorder were similar for 6- to 10-year-olds, 11- to 16-year-olds, and 17- to 19-year-olds at each time point. While 20- to 22-year-olds appear to show higher rates of probable disorder than other age ranges in 2020 (22.1%) and 2021 (19.1%), these differences are unlikely to be statistically significant due to overlapping confidence intervals.

Figure 9. Rates of probable disorder 2017, 2020, and 2021, by age



Coverage: England. Note: error bars represent 95% confidence intervals. Source: NHS Digital

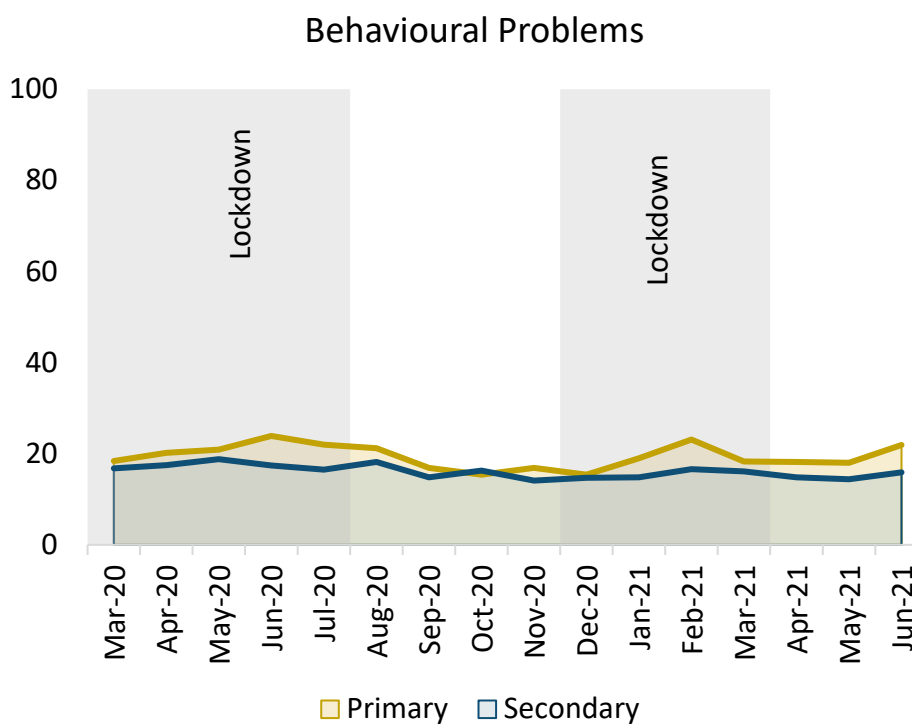
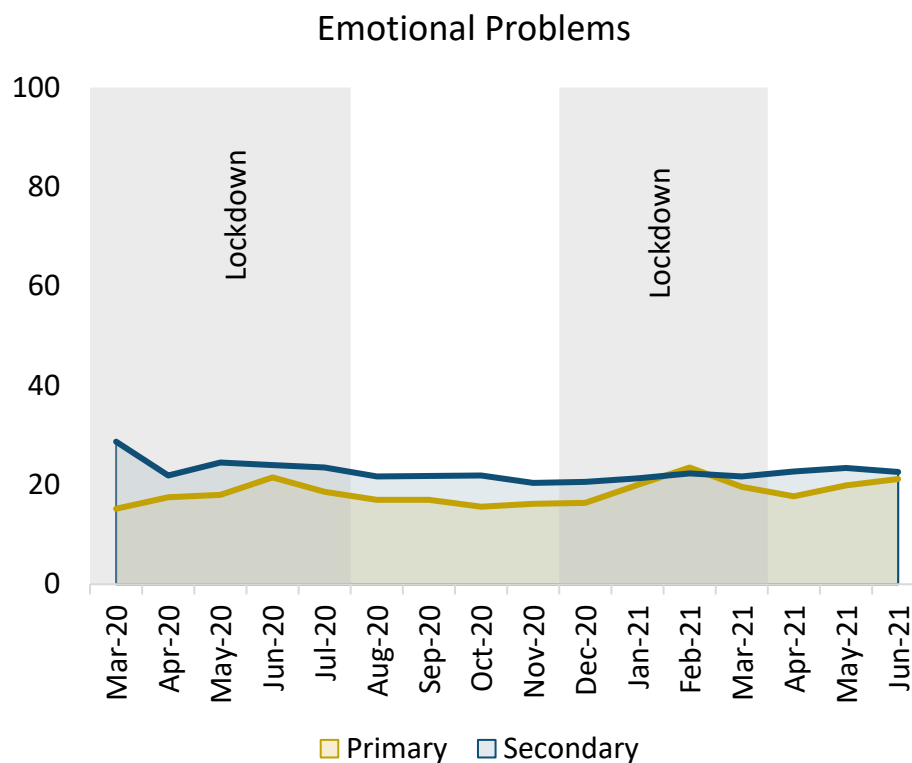
The data presented in Figure 10 tracks changes in the percentage of possible/probable mental disorder as measured through the SDQ in children and young people at monthly intervals, from March 2020 to June 2021 (Co-Space, 2021). Data is presented separately for three domains of mental health difficulties: Behavioural, Emotional, and Attentional. Participants were parents or carers of children and young people, who responded on behalf of their children.

The results presented here suggest that primary-aged children were more likely than secondary-aged children to be rated as possible/probable cases for behavioural and attentional problems at several points during 2020 and 2021; this was evident particularly during the periods of lockdowns highlighted in the figure, where rates of possible/probable cases for behavioural and attentional problems rose to a greater degree in primary-aged children than secondary-aged children, before reducing as restrictions were eased. Rates of these two problems remained relatively similar for primary- and secondary-aged children during the inter-lockdown period of July to December 2020.

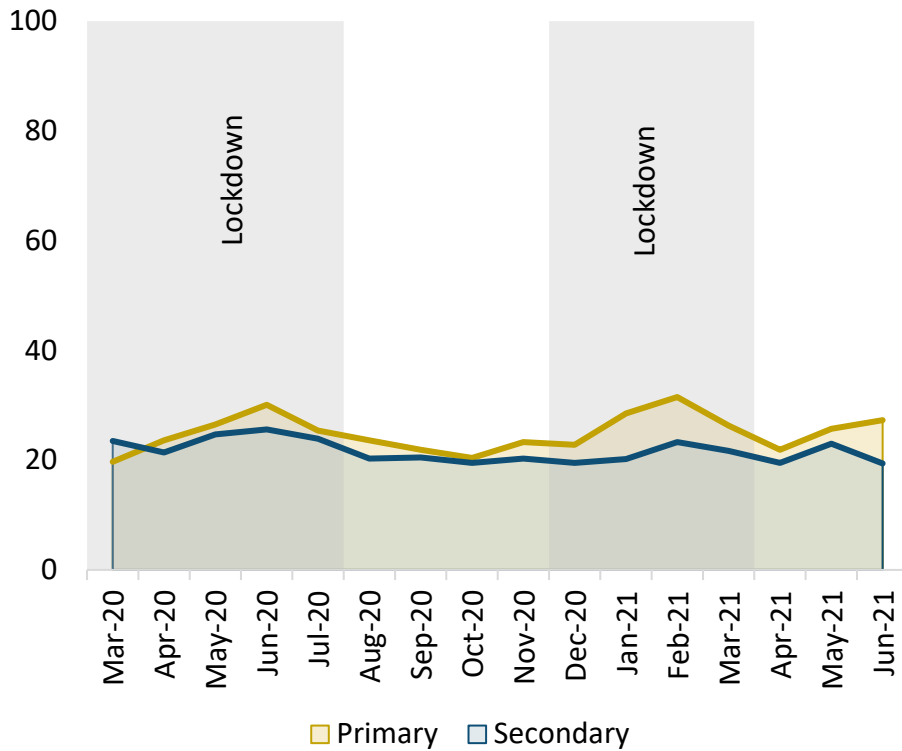
By contrast, there was some evidence that secondary-aged children were more likely than primary-aged children to be rated as possible/probable cases for emotional problems over the survey period. A similar trend over time can be seen to those of behaviour and attentional problems, whereby rates of possible/probable emotional problems among primary-aged children increased during the two lockdown periods covered, whereas rates remained more consistent for secondary-aged children throughout the survey period. However, primary-aged children's generally lower rates of possible/probable emotional problems mean that rates of these problems were in fact more similar among primary and secondary pupils during the lockdowns. It was not possible to identify whether any differences identified here were statistically significant.

Taken together, these trends provide evidence that mental health symptoms among primary-aged children appeared more susceptible to change during the periods of lockdowns covered in the survey period than those of secondary-aged children.

Figure 10. Percentage of children and young people aged 4 to 18 with a possible/probable disorder in 2020 and 2021, by school phase



Attentional Problems



Coverage: UK. Source: Co-Space

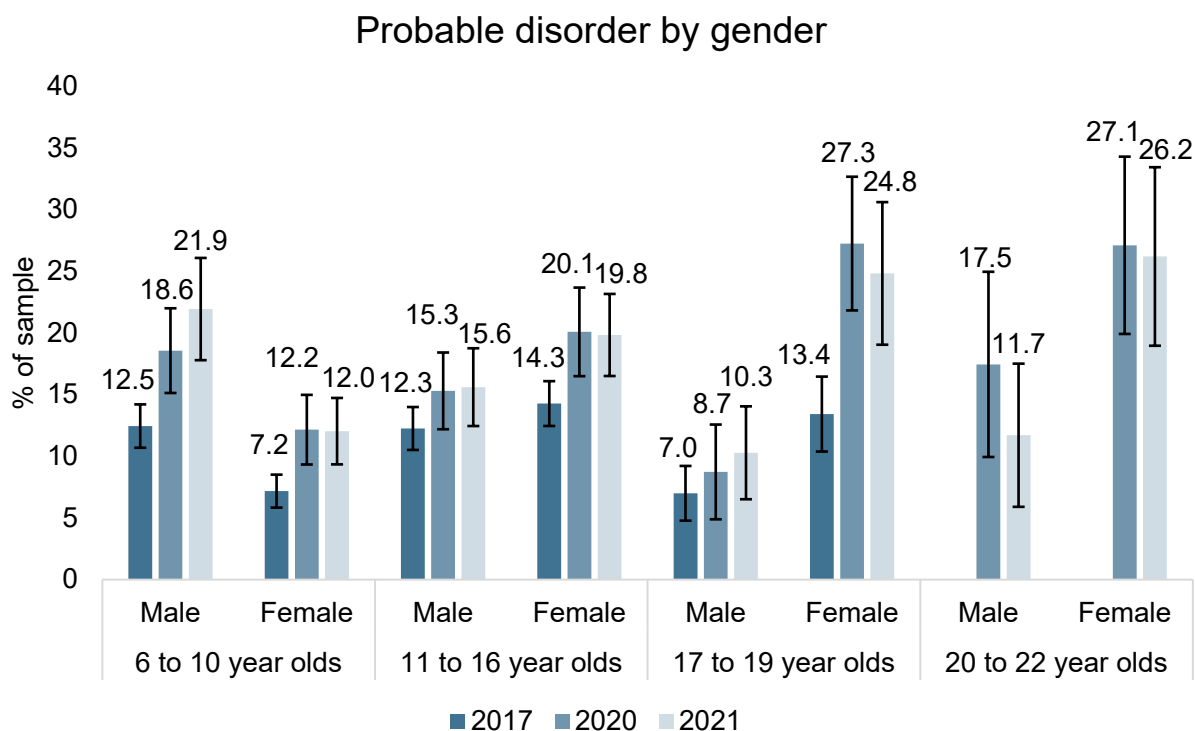
Trends by gender

Figure 11 presents estimates of the percentage of children and young people with a probable mental disorder in 2017, 2020, and 2021 by age and gender, reproduced from NHS Digital’s MHCYP survey data (NHS Digital, 2021a). The results suggest that there was a likely increase in probable disorders among female respondents between 2017 and 2020, across all age ranges where a comparison was possible. This was particularly evident in the 17- 19 age group, where there was an estimated 14 percentage point increase in the rates of probable disorders between 2017 (13.4) and 2020 (27.3). The proportion of females with a probable disorder remained stable between 2020 and 2021 across all age groups.

While there was evidence that the proportion of males with a probable disorder had increased between 2017 and 2020 in boys aged between 6-10 years old (2017 12.5; 2020 18.6), no increase was evident among those aged between 11-16 or 17-19. Among boys aged between 6-10 years old, rates of probable disorder remained similar in 2020 (18.6) and 2021 (21.9). There was no evidence that rates of probable disorders differed between 2020 and 2021 for males aged between 20 and 22.

Comparing the rates of probable disorders between genders in 2021, rates of probable disorder were higher for females in the older age groups of 17-19 (24.8) and 20-22 (26.2). By contrast, rates of probable disorders appear higher in males among 6– 10-year-olds (21.9). There was no evidence of a gender difference in rates of probable disorder in 2021 among children aged 11- to 16.

Figure 11. Percentage of children and young people with a probable disorder in 2017, 2020, and 2021, by age and gender



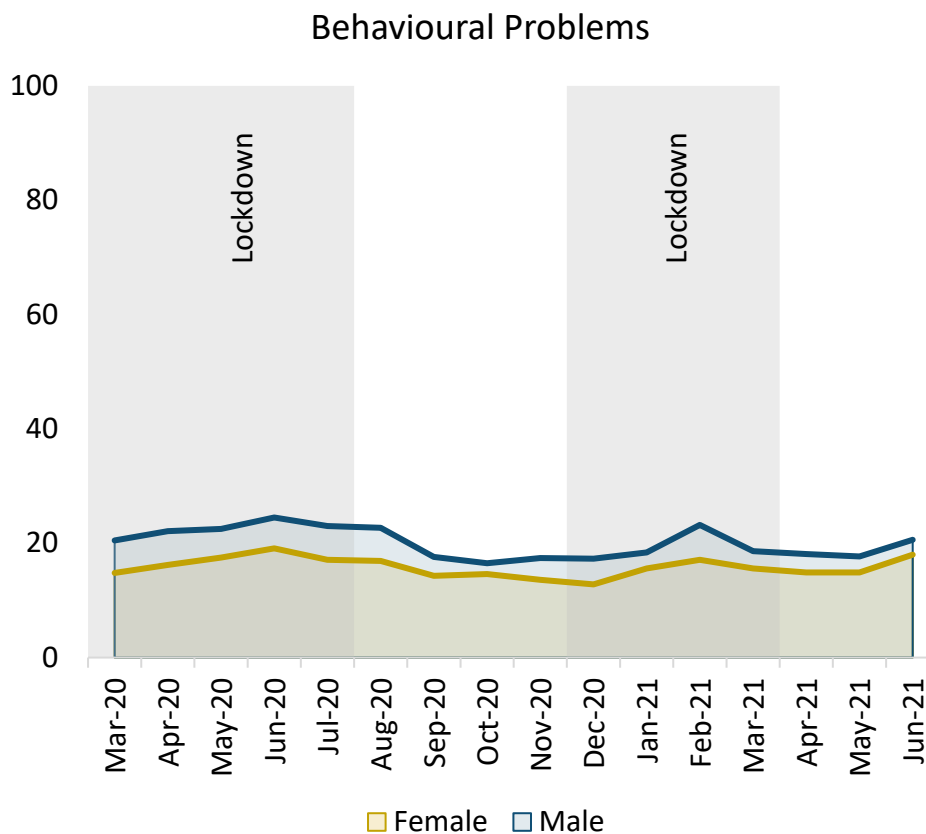
Coverage: England. Note: error bars represent 95% confidence intervals. Source: NHS Digital

Considering Co-Space data on the percentage of possible/probable disorders in children and young people aged between 4 to 18 across 2020 and 2021, the picture varies by the type of mental problem being considered.

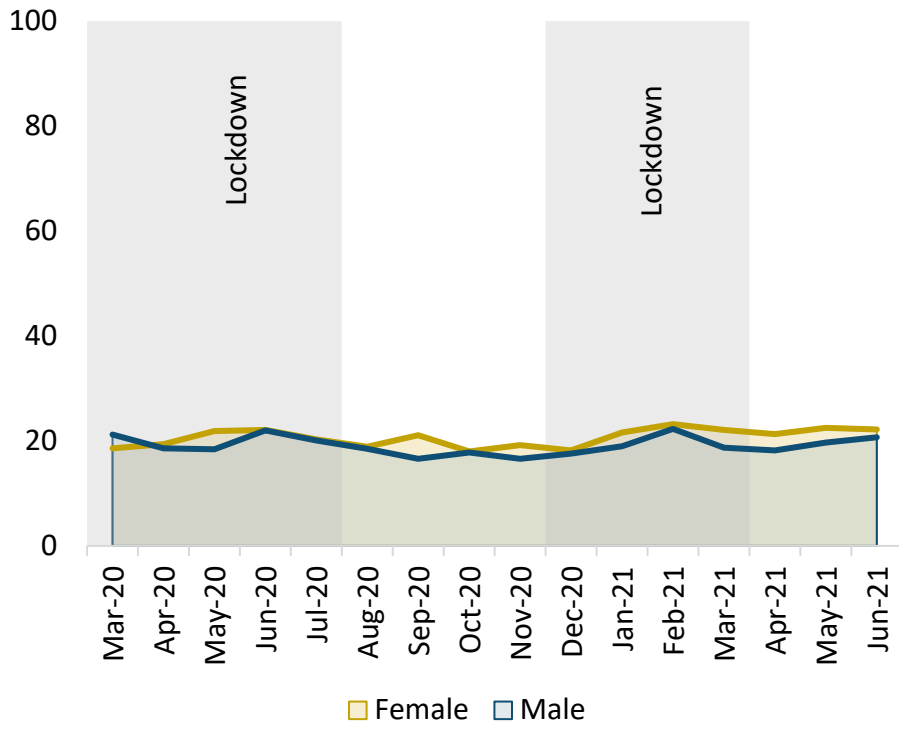
Figure 12 shows males were consistently more likely to be reported to have had a possible/probable mental disorder in the attentional and behavioural difficulties domains of the SDQ, while there was little evidence for gender differences in the emotional domain over the survey period (Co-Space, 2021). Further, the percentage of possible/probable cases for behavioural and attentional difficulties appeared to have increased to a greater degree during the second lockdown (December 2020- February

2021) in males than females; this effect was perhaps less pronounced during the first lockdown (March-July 2020).

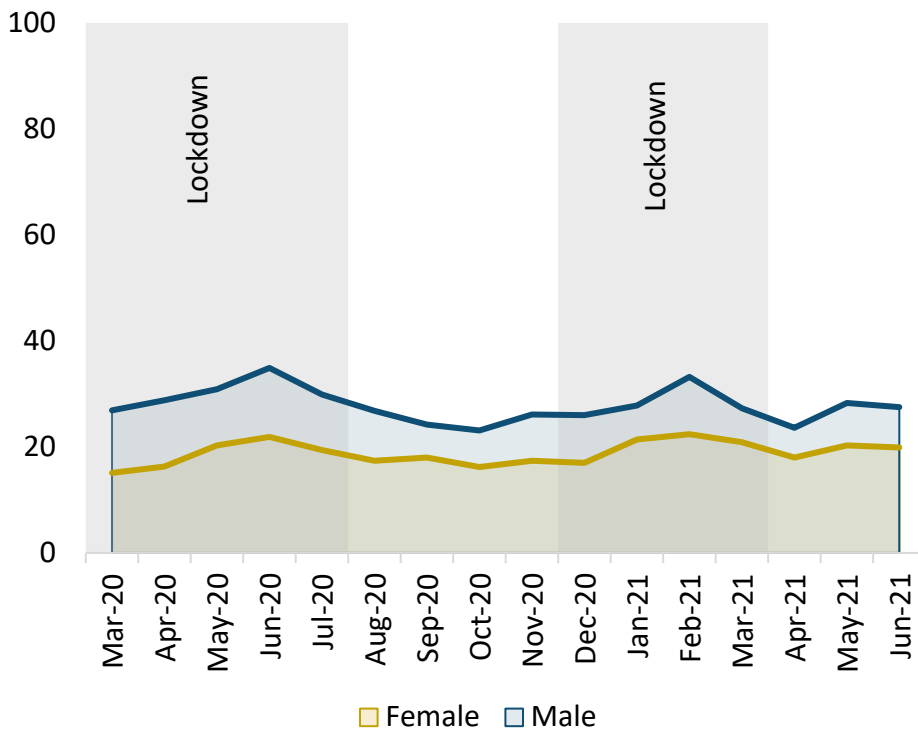
Figure 12. Percentage of children and young people aged 4 to 18 with a possible/probable disorder in 2020 and 2021, by gender



Emotional Problems



Attentional Problems

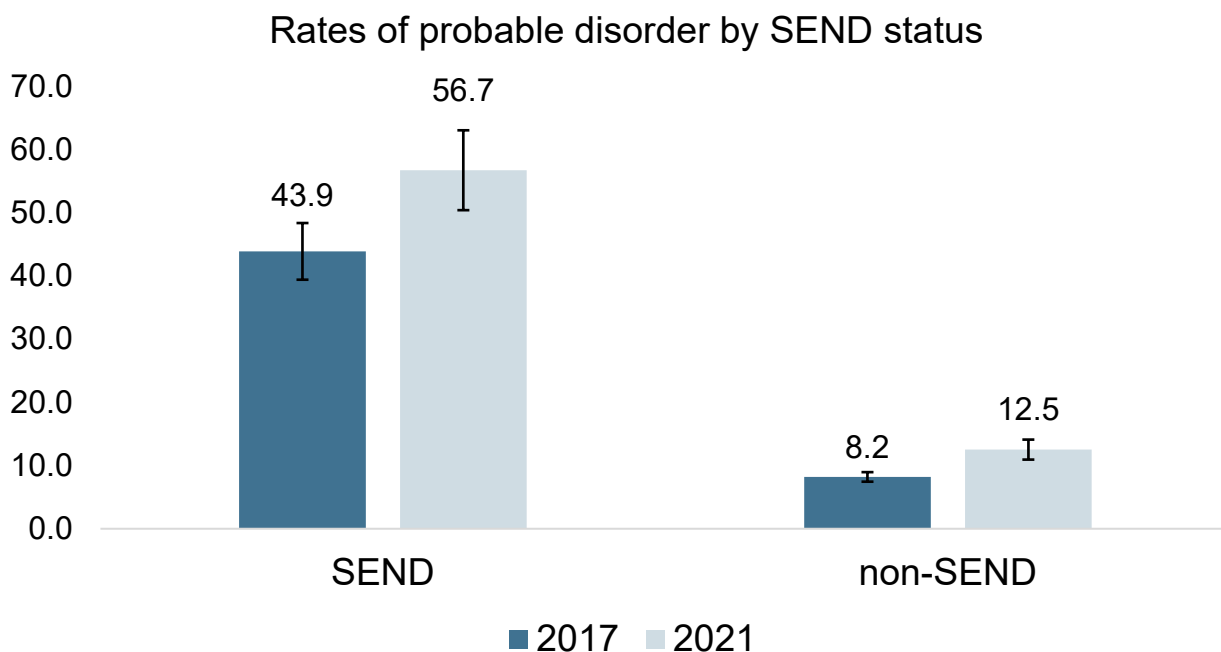


Coverage: UK. Source: Co-Space

Trends by SEN/D

Figure 13 presents estimates of the percentage of children and young people aged 6-16 with a probable mental disorder in 2017 and 2021 by SEND status¹⁷, reproduced from NHS Digital's MHCYP survey data (NHS Digital, 2021a). The results suggest that there was an increase in probable disorders between 2017 and 2021 among both SEND and non-SEND. Nonetheless, children aged 6-16 with SEND were more likely than those without SEND to have a probable mental disorder, both in 2017 (SEND = 43.9%, non-SEND = 8.2%), and 2021 (SEND = 56.7%, non-SEND = 12.5%). It is not clear from this data whether the relative increase in the rates of probable disorder differed between SEND and non-SEN children and young people.

Figure 13. Percentage of children and young people aged 6-16 with a probable disorder in 2017 and 2021, by SEND status



Coverage: England. Note: error bars represent 95% confidence intervals. Source: NHS Digital

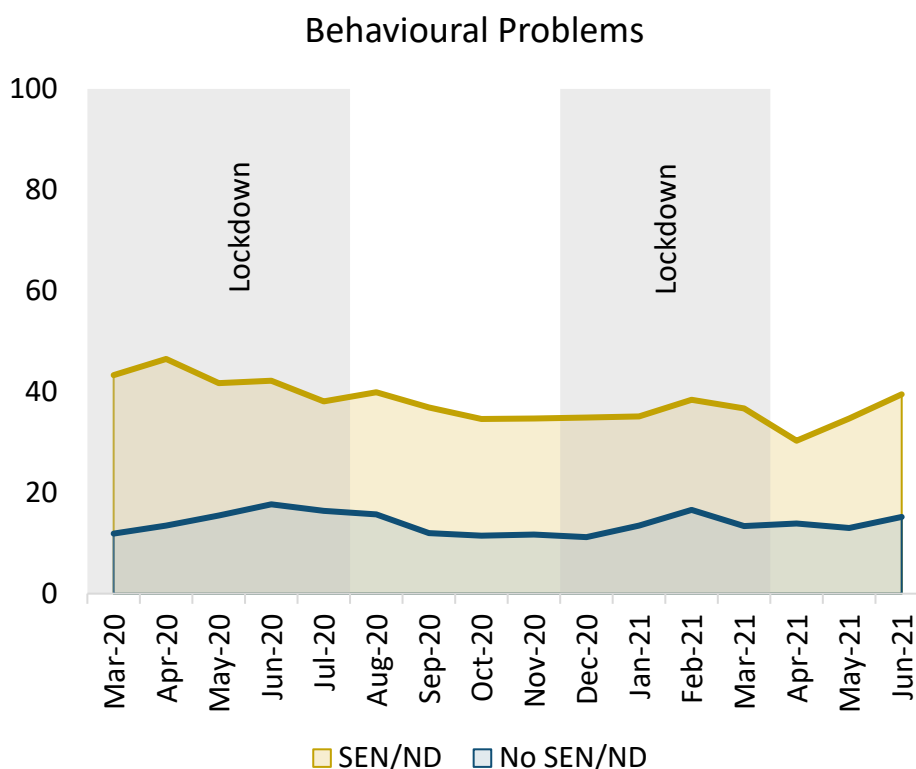
Evidence from Co-Space presented in Figure 14 shows that children identified by their parents as having SEN were consistently more likely to be rated as having a possible/probable disorder across the survey period, in all three difficulties (Co-Space, 2021). While the rates of possible/probable difficulties were similar among pupils without SEN across the 3 types of difficulty over the survey period, a greater proportion of pupils

¹⁷ Identification of special educational needs and disabilities was based on the parent interview.

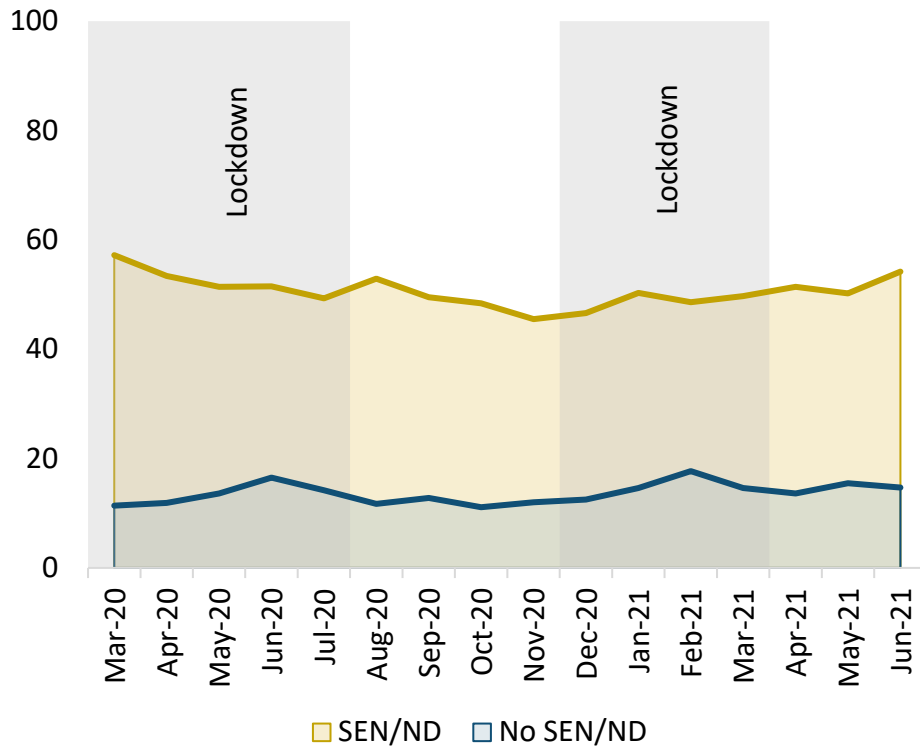
with SEN appeared to show attentional problems, followed by emotional problems, and then behavioural problems.

The data also suggests that the trends in mental health problems for SEN and non-SEN pupils varied across the survey period. Among non-SEN children and young people, rates of possible/probable disorder peaked during the lockdowns, across the three difficulty types. However, patterns of difficulties for pupils with SEN were less clear across the survey period, and there was little evidence that trends varied in consistent and predictable ways during the period of lockdowns.

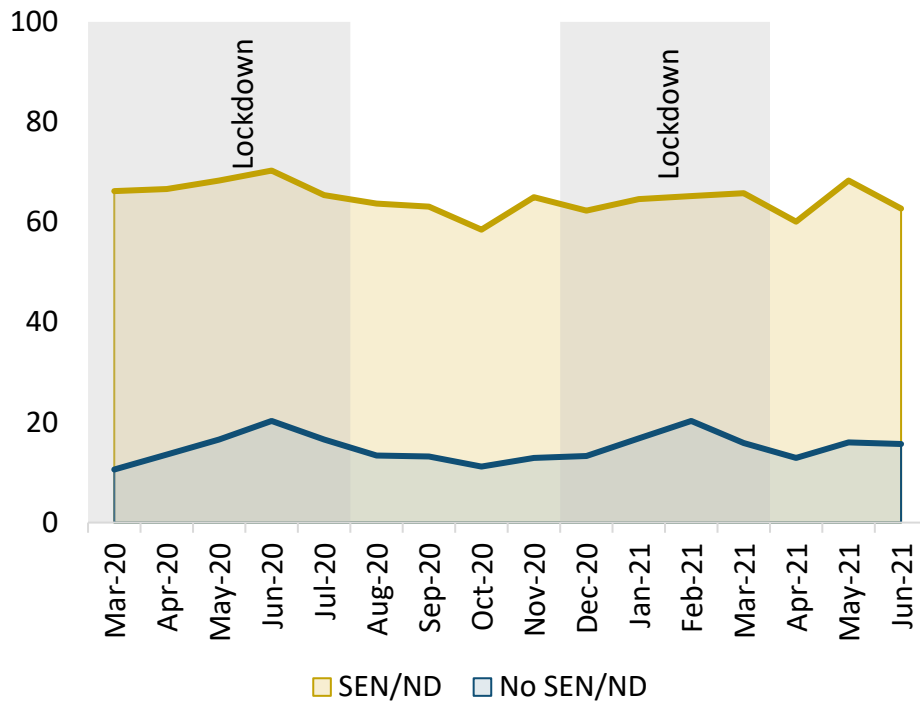
Figure 14. Percentage of possible/probable disorder in children and young people aged 4 to 18 in 2020 and 2021 by SEN status



Emotional Problems



Attentional Problems



Coverage: UK. Source: Co-Space

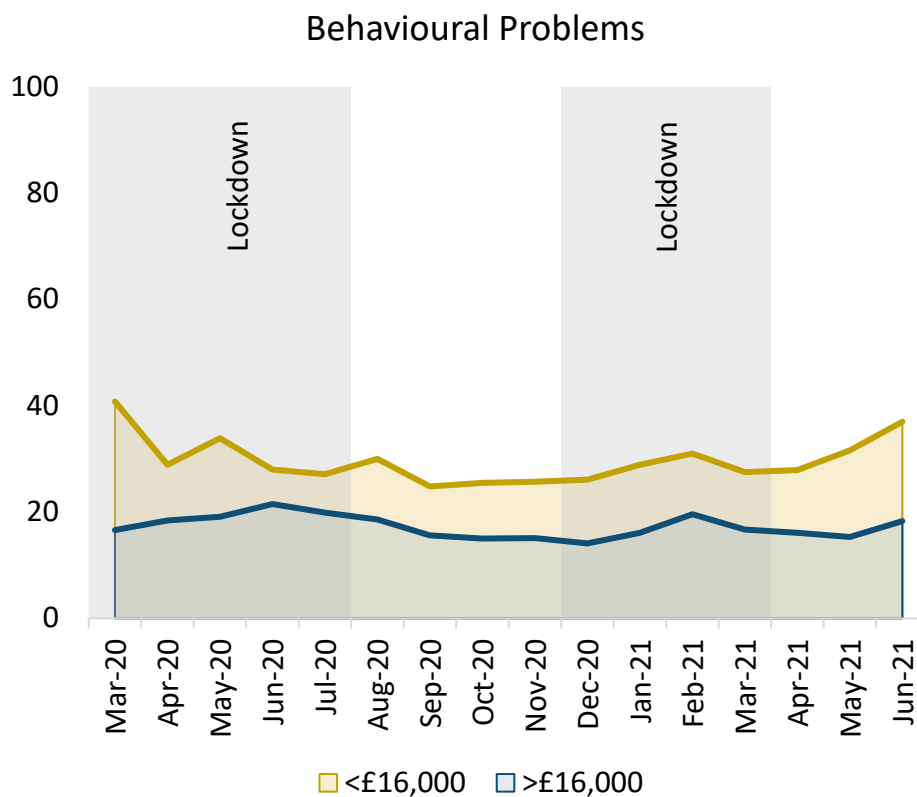
Trends by economic disadvantage

Evidence from Co-Space presented in Figure 15 suggests that children and young people living in lower income households were consistently more likely to be rated as being a possible/probable case for behavioural, emotional, and attentional problems over the survey period.

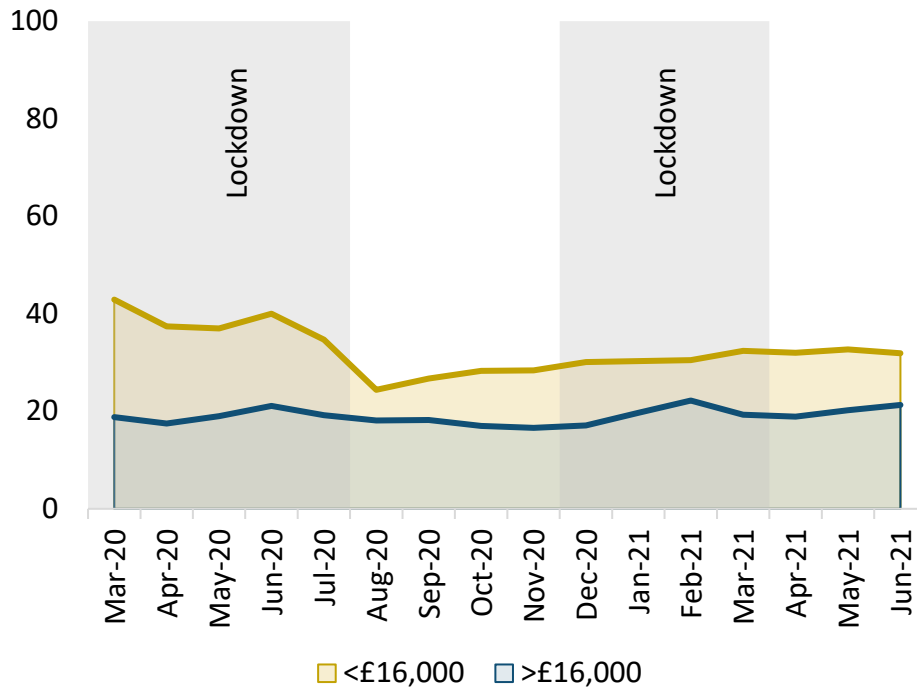
Patterns in the rates of possible/probable disorders across time for children from low-income families and others are complex. While there is some evidence that the proportion of children and young people living in lower income households rated as being a possible/probable case for emotional and attentional problems reduced substantially after the first lockdown (March-July 2020), this was not shown for behavioural problems, nor was it evident following the second lockdown.

Patterns for children not from low-income families were more consistent across the three difficulties, with rates of possible/probable disorder peaking during the lockdowns and falling after relaxation of restrictions.

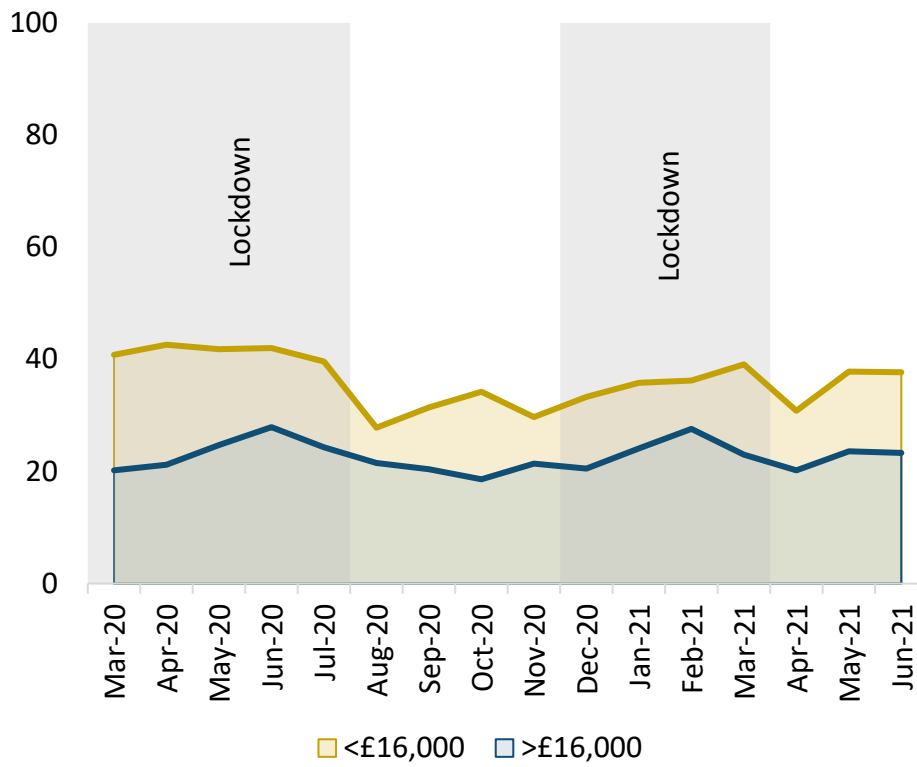
Figure 15. Percentage of children and young people aged 4 to 18 with a possible/probable disorder in 2020 and 2021, by family income



Emotional Problems



Attentional Problems



Coverage: UK. Source: Co-Space

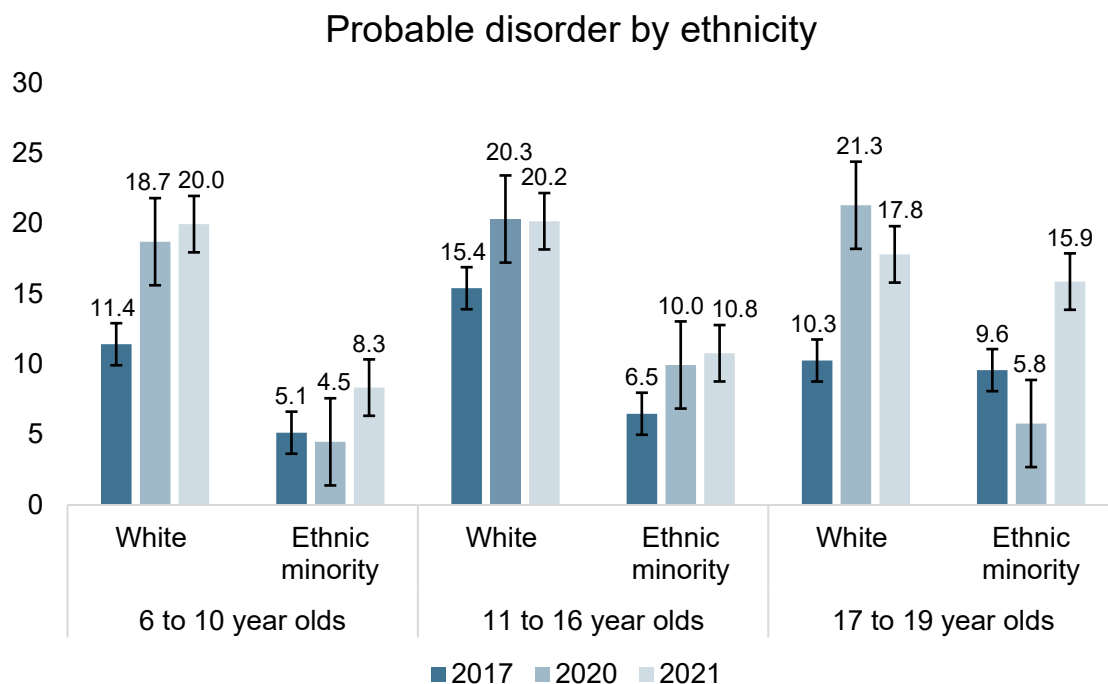
Trends by ethnicity

Figure 16 presents estimates of the percentage of children and young people with a probable mental disorder in 2017, 2020, and 2021 by age and ethnicity, reproduced from NHS Digital's MHCYP survey data.

Among white children and young people, rates of probable disorder increased between 2017 and 2020, and remained consistent between 2020 and 2021 in all age groups covered. Among ethnic minority children aged between 6- to 10-years-old, there was little evidence that rates of probable disorder changed between 2017, 2020, and 2021 (NHS Digital, 2021a). However, rates of ethnic minority children and young people aged 17- to 19-years-old with a probable disorder appeared higher in 2021 (15.9) compared to both 2020 (5.8) and 2017 (9.6). Rates of ethnic minority children and young people aged 11- to 16-years-old with a probable disorder appeared higher in 2021 (10.8) compared to 2017 (6.5), but not 2020 (10.0).

Comparing rates of probable disorder among white and ethnic minority children and young people, there was some evidence that white participants were more likely to have had a probable disorder in all waves in 6- to 10-year-olds (2017, 11.4; 2020, 18.7; 2021, 20), and in 2020 (20.3) and 2021 (20.2) among 11- to 16- year- olds. Among older 17- to 19- year- olds, rates of probable mental disorder were similar in 2017 among white and ethnic minority children and young people. While results in 2020 suggested that white children and young people aged 17- to 19 were more likely to have a probable disorder (21.3), there was little evidence for a difference in 2021.

Figure 16. Percentage children and young people with a probable disorder in 2017, 2020, and 2021, by age and ethnicity

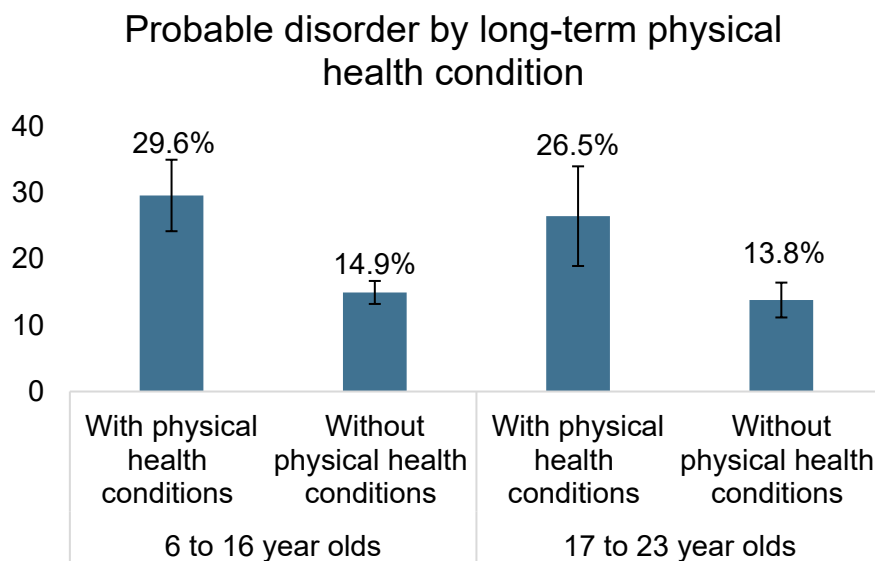


Coverage: England. Note: error bars represent 95% confidence intervals. Source: NHS Digital

Relationship between long-term physical health conditions and mental health

Figure 17 presents the percentage of children and young people aged 6- 23-years-old with a probable mental disorder in 2021 by whether they had a long-term physical health condition (NHS Digital, 2021a). These results show that children and young people with long-term physical health conditions had a greater likelihood of having a probable mental disorder in both 6- to 16-year-olds and 17- to 23-year-olds. While these trends indicate a correlation between the presence of a long-term physical health condition and probable mental disorder, more research with a method that is able to better establish causal relationships is required before any causal claims should be made.

Figure 17. Percentage of children and young people with a probable mental disorder in 2021, by presence of long-term physical health condition



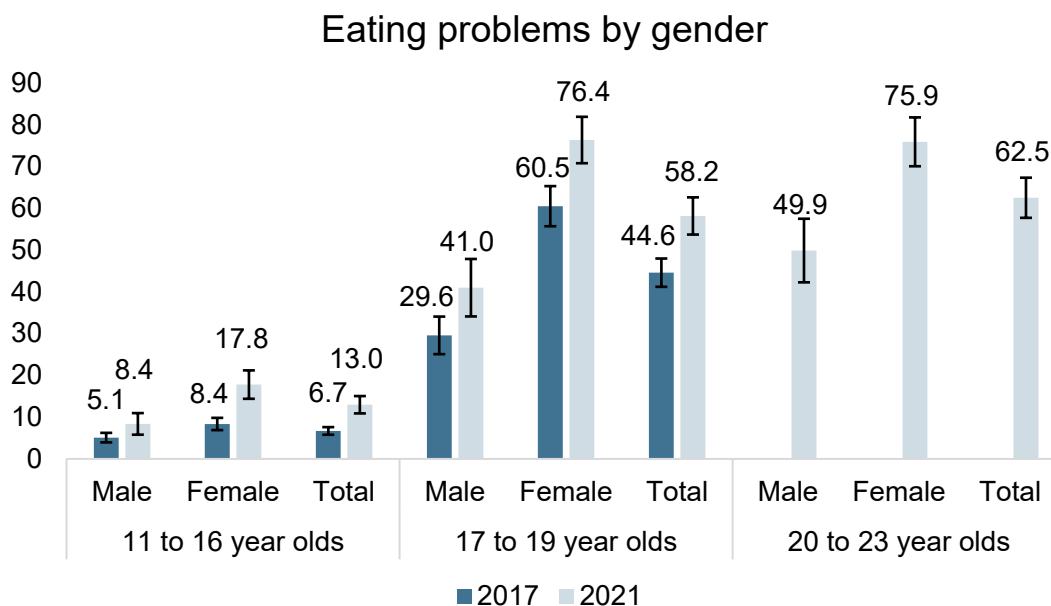
Coverage: England. Note: error bars represent 95% confidence intervals. Source: NHS Digital

Eating problems

Figure 18 presents an estimate of the percentage of children and young people with probable eating problems in 2017 and 2021 by age and gender, from NHS Digital's MHCYP survey.

According to these data, rates of probable eating problems among children and young people aged 11- to 16- and 17- to 19- years-old increased between 2017 (11 to 16 year olds, 6.7%; 17 to 19 year olds, 44.6%) and 2021 (11 to 16 year olds, 13%; 17 to 19 year olds, 58.2%), though they remain higher in the older age group (NHS Digital, 2021a). This increase also appears to be greater for females than males. Further, in 2021 girls appear more likely to have probable eating problems than boys across all age groups, trends which were also shown in 2017 in the age groups that were surveyed at two time points.

Figure 18. Percentage of children and young people with probable eating problems in 2017 and 2021, by age and gender



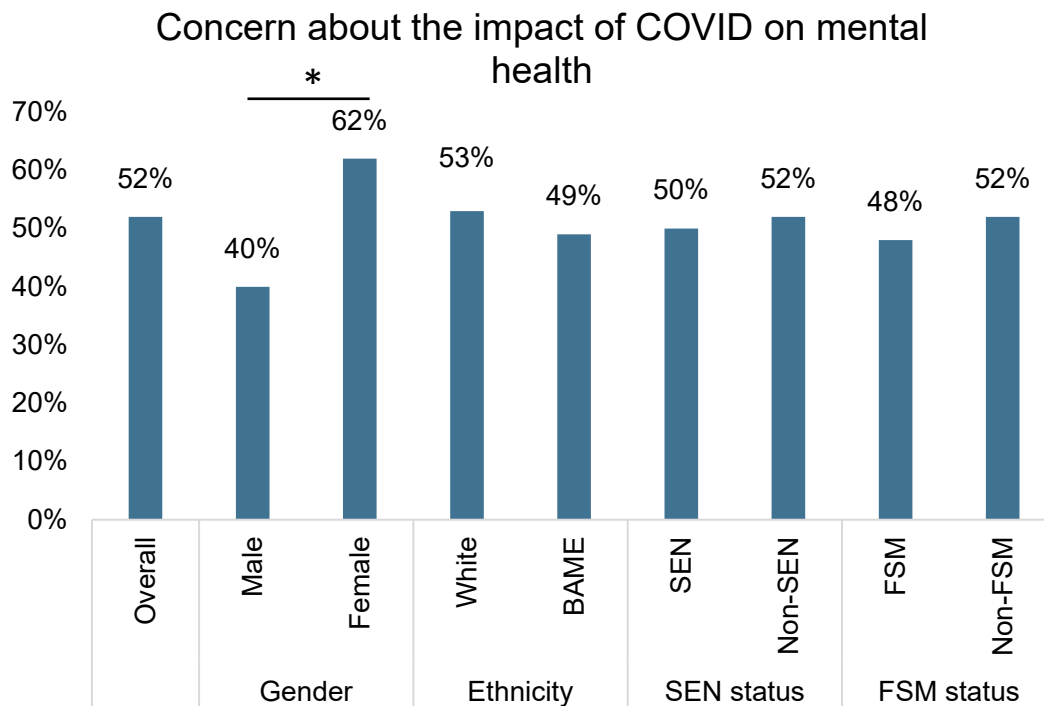
Coverage: England. Note: error bars represent 95% confidence intervals. Source: NHS Digital

Importance of, and worries about, mental health for the future

Figure 19 presents the percentage of children and young people in Years 11-13 who indicated a concern about the impact of the pandemic on their mental health in July 2021 (DfE, 2021b). Overall, just over half of those surveyed (52%) indicated that they were either very or fairly concerned about the impact of the pandemic on their mental health¹⁸. Analysis by different socio-demographic groups suggests that female respondents were more likely to report concern about the impact of the pandemic on their mental health (62%) than were males (40%). No other significant differences were found across other groups, including by ethnicity, SEN status, or FSM status.

¹⁸ Concern was scored on the following scale: Very concerned, Fairly concerned, Not very concerned, Not at all concerned, Don't know, Not applicable

Figure 19. Percentage of children and young people aged 15-18 indicating concern about the impact of the pandemic on their mental health, by socio-demographic characteristic, in July 2021



Coverage: England. Note: Secondary pupils; July 2021 (n=1,511), *indicates a significant difference between groups in highlighted wave. Source: DfE

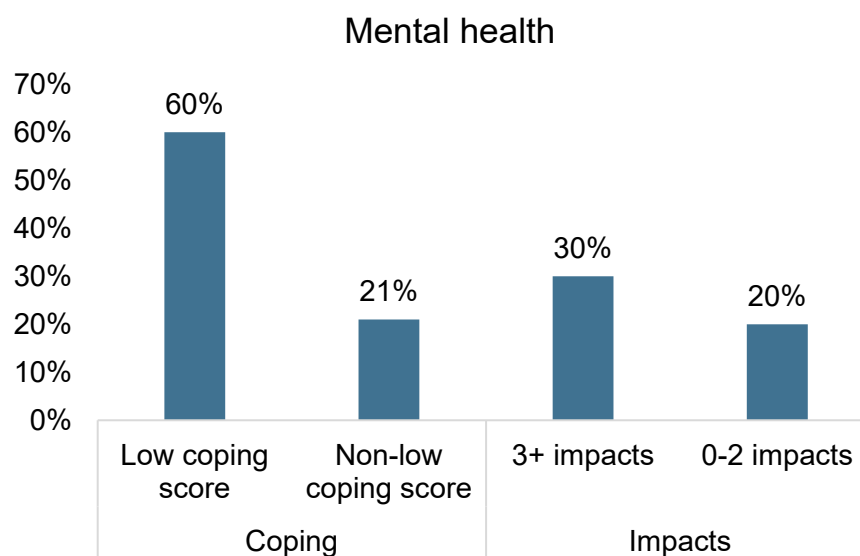
In their 2019 and 2021 surveys of children’s wellbeing, The Children’s Society asked children and young people a series questions about the importance of a range of different things for their own future, mental health was included among these things (The Children’s Society, 2019, 2021).

In 2021, 56% of children reported that mental health was very important for their future, while 35% reported that it was quite important (91% quite/very important). These trends were similar to those in 2019 when 61% of children reported that mental health was very important for their future, while 29% reported that it was quite important (89% quite/very important).

Further, in 2021, 9% of children reported that they were very worried about their mental health for their future, while 15% were quite worried (24% quite/very worried). These trends appear slightly higher to those in 2019 when 6% of children reported that they were very worried about their mental health for their future, while 11% reported that they were quite worried (17% quite/very worried).

Figure 20 presents the percentage of children aged 10- 17 in 2021 who indicated feeling either quite or very worried about their mental health for their future, grouped by their subjective assessment of how well they coped with coronavirus changes in their lives¹⁹, as well as by the number of different impacts their family experienced as a result of the pandemic²⁰. These results suggest that those with a low coping score were nearly three times more likely to report that they were either quite or very worried about their mental health for their future (60%) than those that reported coping better (21%). Further, children from families who experienced three or more coronavirus impacts were also somewhat more likely to report that they were either quite or very worried about their mental health for their future (30%) than those between zero and two impacts (20%). However, as we are unable to establish whether these differences were statistically significant, they should be treated as indicative only.

Figure 20. Percentage of children aged 10-17 indicating feeling quite/very worried about their mental health for their future in 2021, by subjective coping of coronavirus changes and parent-reported impacts on the family



Coverage: UK. Note: a low coping score is any score below the midpoint on a subjective 10-point scale of how children think they have coped with coronavirus changes overall; number of impacts was measured from a range of 0 to 9, all impacts reported by parents from a predetermined list, n = 2000. Source: Children’s Society

¹⁹ The proportion of children who reported low coping scores comprised a relatively small group (8% of sample). It is important to exercise caution when attempting to make inferences about wider effects from small subgroups.

²⁰ Impacts included: whether family income had been reduced, adults in the household have had coronavirus, and whether there had been a close family bereavement due to Coronavirus. See published report for full range of options: <https://www.childrenssociety.org.uk/sites/default/files/2020-11/Good-Childhood-Report-2020.pdf>. Number of impacts identified by parents averaged 2.

The Children's Commissioner's Big Ask survey also asked children and young people about what they felt was most important for them to have a good life when they grow up from a list of aspects of their lives. 52% of 9- to 17-year-olds said that good mental health was one of the top 5 things²¹ they felt was most important for them to have a good life when they grow up (Children's Commissioner, 2021).

The importance put on mental health appears to increase with age with 42.7% of 9- 11-year-olds saying this, 54.9% of 12-to 15-year-olds and 63% of 16- 17-year-olds. Females were more likely to say mental health was important for their future (56.6%) than males (47.7%). There were only very small differences by SEN and Ethnicity.

9- to 17-year-olds were also asked which of the list of aspects of their lives they were worried they wouldn't have when they grow up. 35% said they were worried about not having good mental health. The level of worry appears to increase with age with 26.3% of 9- 11-year-olds, 37.1% of 12- 15-year-olds and 45.8% of 16- 17-year-olds saying this was a worry. Females were also more likely to report this as a worry (40.4%) than males (28.3%). There were only very small differences by SEN status and ethnicity. These trends are supported by pre-pandemic data from The Children's Society, where worry about a range of aspects of life for the future was higher for girls than boys and increased with age (The Children's Society, 2019).

Help seeking for mental health

In December 2020, secondary aged pupils were asked about their attitudes to seeking help for their mental health (DfE, 2021c). 37% agreed that they felt comfortable asking for help with their mental health while 32% disagreed. Older pupils (Years 11-13) were statistically significantly more likely to disagree (46%) than younger pupils (Years 7-10, 25%). As were females (42%) compared to males (24%). Those in black (46%) and mixed (43%) ethnic groups were more likely to disagree than all pupils on average (32%). Those in Asian ethnic groups were less likely to disagree (25%). There were no statistically significant differences by SEN or FSM status.

In NHS Digital's Mental Health of Children and Young People in England (MHCYP), 2021 survey (NHS Digital, 2021a) parents of 6- to 16-year-olds were asked if they had any concerns about the mental health of their child. Those who reported a concern were then asked if they had sought help or advice since August 2020. Almost two-fifths (39.7%) of children had a parent who said they had not sought help. Over a quarter (26.2%) of children with a probable mental disorder had a parent who had not sought help or advice for their concern. In comparison, 53.9% of children unlikely to have a mental disorder,

²¹ Children and young people aged 9- 17- were asked to pick up to 5 items from a list of 13 items covering a wide range of aspects of their lives.

had a parent who had not sought help or advice for their concern. There were no differences in reported help-seeking between parents of boys and girls.

Young people aged 17- to 23-years-old were less likely (41.9%) to seek help or advice for concerns than parents of 6- to 16-year-olds (60.3%). Of young people reporting they had a concern about their mental health 58.1% said that they had not sought help or advice. Young men were more likely than young women to have not sought help for their concern (65.0% compared with 53.1%). Two-fifths (41.5%) of 17- to 23-year-olds with a probable mental disorder reporting a concern about their mental health said they had not sought help for the concern during this time. This compares with 67.1% for young people unlikely to have a mental disorder.

Physical health

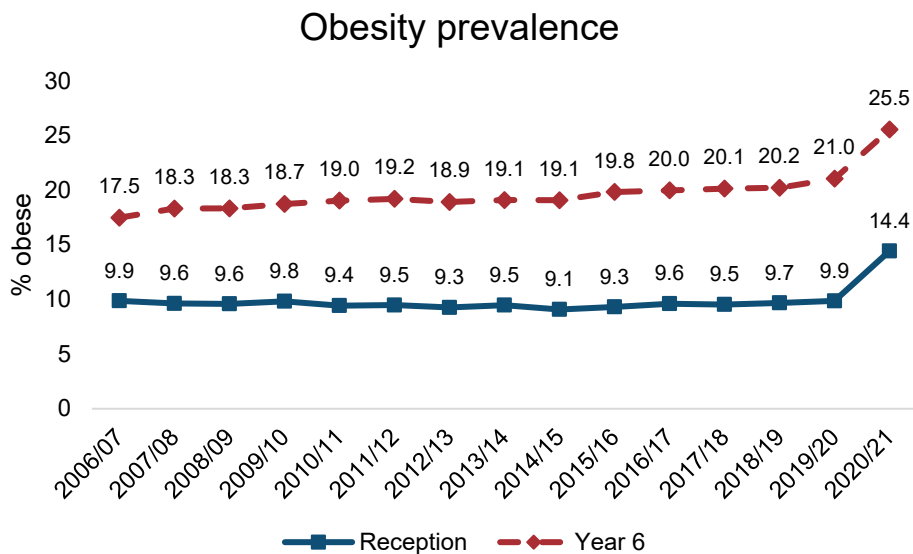
This section reports on rates of obesity, sleep problems and subjective assessment of perceived importance of and concerns about health for the future.

Obesity

Figure 21 presents annual rates of obesity among Reception and Year 6 pupils over 15 years as part of the National Child Measurement Programme (NHS Digital, 2021b)²². The data presented here suggests that rates of obesity have increased markedly among reception-aged and year 6-aged children, both by 4.5 percentage points, between 2019/20 (reception, 9.9; Y6, 21) and 2020/21 (reception, 14.4; Y6, 25.5). This sudden increase follows a period of slow growth in obesity rates in year 6-aged children and stability in obesity rates in reception-ages children from the first year of surveying in 2006/2007. Year 6-aged children continue to have higher obesity rates than reception-aged children, in 2020/21.

²² Statistical weighting was applied to data collected to produce estimates of obesity prevalence at national level for the year 2020/21, due to pandemic disruption resulting in a smaller sample in this year. Confidence intervals are not presented in Figure 21 for ease of interpretation; 95% confidence intervals range from 0.1-0.2; full data-tables can be accessed [here](#).

Figure 21. Prevalence of obese children by school year and collection year

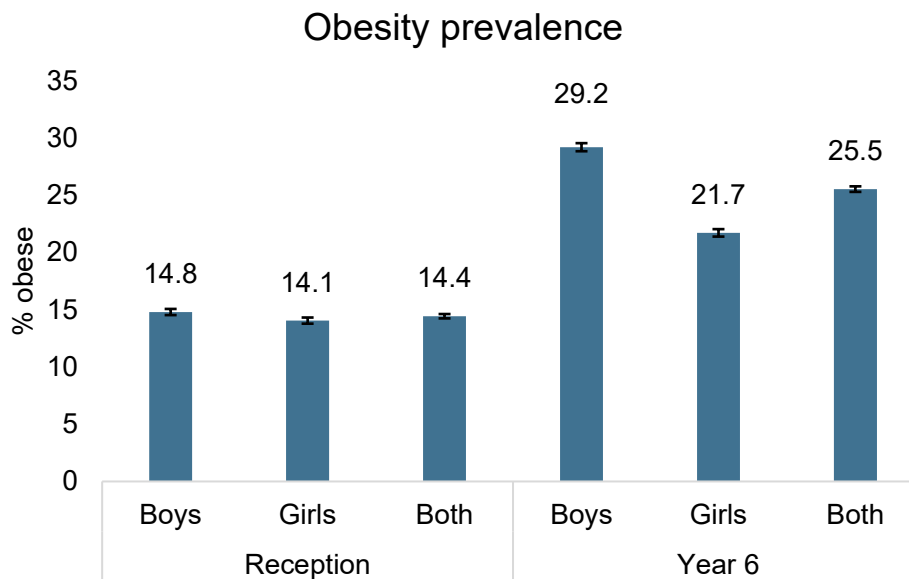


Coverage: England. Note: Highest n = 2016/17; 629,359, Lowest n = 2020/21; 129,586.
 Source: NHS Digital

Obesity by gender

Figure 22 presents rates of obesity in 2020/21 by gender and school year. The data shown here indicated that rates of obesity were similar for boys and girls at reception age in 2020/21 (NHS Digital, 2021b). While these differences are likely to be statistically significant, due to small error bars, any difference is unlikely to be meaningful. Considering children of Year 6 age in 2020/21, boys were more likely to be obese than girls. No comparison has been made with previous years with this data.

Figure 22. Prevalence of obese children by gender and school year, 2020/21



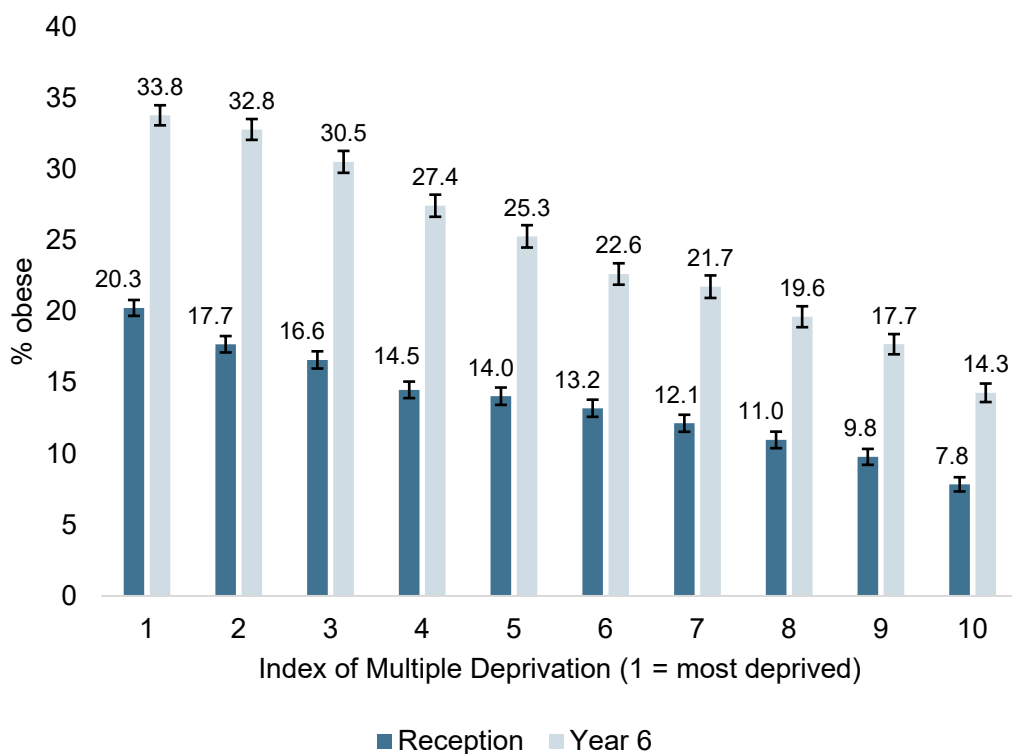
Coverage: England. Note: n = 129,586. Error bars represent 95% confidence intervals.
Source: NHS Digital

Obesity by deprivation

Figure 23 shows the prevalence of obesity by children's Index of Multiple Deprivation²³ in 2020/21, based on the child's postcode. These data indicate a positive relationship between relative deprivation and obesity, whereby the most deprived children are most likely to be obese (NHS Digital, 2021b). These trends are similar for both children of reception and year six age.

²³ The Index of Multiple Deprivation is the government's official measure of relative deprivation for small areas. IMD deciles are calculated by ranking the 32,844 small areas in England from most deprived to least deprived and dividing them into 10 equal groups. For more information see: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

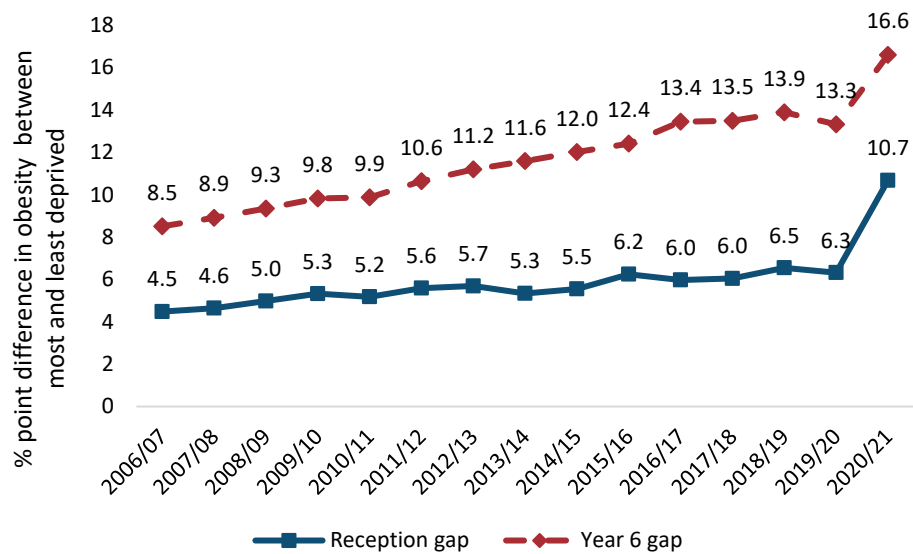
Figure 23. Prevalence of obese children by index of multiple deprivation and school year, 2020/21



Coverage: England. Note: n = 129,586. Error bars represent 95% confidence intervals.
Source: NHS Digital

Figure 24 shows the difference in obesity rates between the most and least deprived children, in each collection year. Looking across years, these data show that the ‘deprivation obesity gap’ has steadily increased since the first collection year in 2006-07, whereby the difference in obesity rates between most and least deprived has been widening over time (NHS Digital, 2021b). This widening is particularly strong for year 6, where the deprivation obesity gap has widened from 8.5 percentage points to 16.6 percentage points in 2020/21. Regardless, the gap appears to have widened substantially between 2019/20 and 2020/21 in both age groups, and at a higher rate than over previous years.

Figure 24. The deprivation gap in obesity over time, by school year and collection year



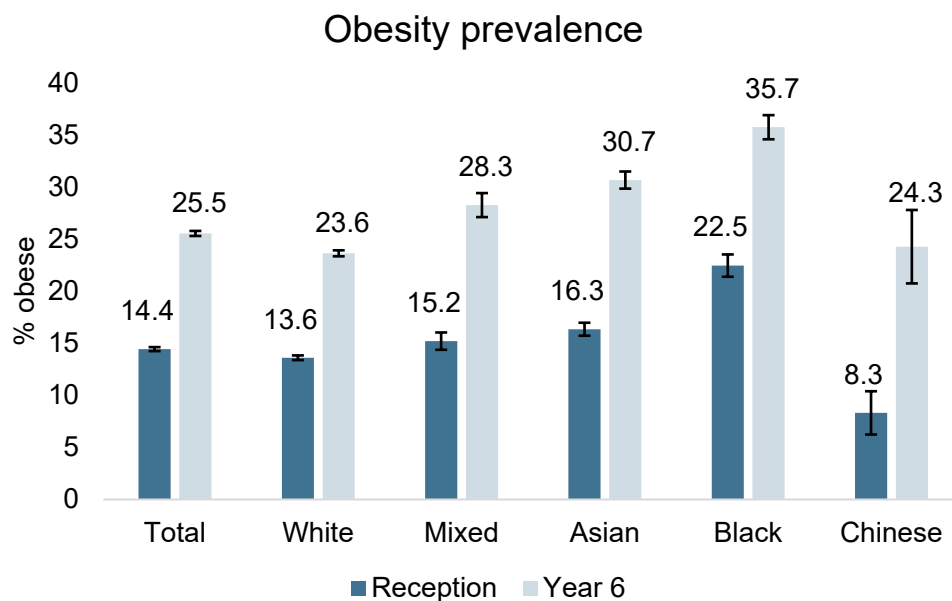
Coverage: England. Note: Highest n = 2016/17; 629,359, Lowest n = 2020/21.

Deprivation gap calculated by subtracting the rate of obesity in the least deprived decile from the most deprived decile in each collection year. Source: NHS Digital

Obesity by ethnicity

Figure 25 shows rates of obesity prevalence among children from different ethnic groups in 2020/21. Rates of obesity appear highest among black children, in both reception (35.7) and Year 6 (22.5) age children, while the lowest obesity rates were found among Chinese (reception, 8.3; Y6, 24.3) and white children (reception, 13.6, Y6 23.6) (NHS Digital, 2021b). Wider 95% confidence intervals for the Chinese group are due to a smaller sample from this group.

Figure 25. Prevalence of obese children by ethnicity and school year, 2020/21



Coverage: England. Note: n = 129,586. Error bars represent 95% confidence intervals.

Source: NHS Digital

Importance of and worries about physical health for the future

In 2021, survey responses from the Children’s Society annual survey showed that 55% of children reported that physical health was very important for their future, while 38% reported that it was quite important (93% quite/very; The Children’s Society, 2021). These trends were similar to those in 2019 when 68% of children reported that physical health was very important for their future, while 27% reported that it was quite important (95% quite/very important), though there is evidence that children were less likely to rate their physical health as very important in 2021 compared to 2019 (The Children’s Society, 2019).

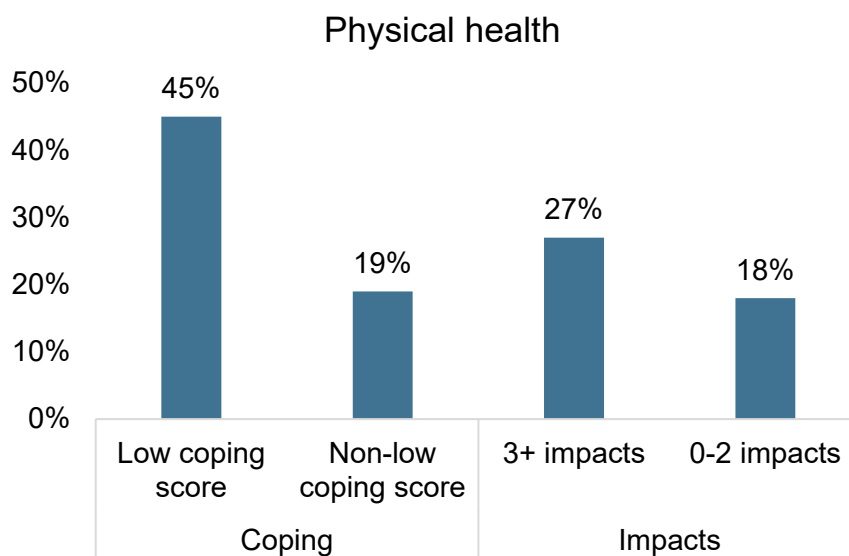
Further, in 2021, 8% of children reported that they were very worried about their physical health for their future, while 13% were quite worried (21% quite/very worried). These trends appear slightly higher to those in 2019 when 5% of children reported that they were very worried about their physical health for their future, while 12% reported that they were quite worried (17% quite/very worried).

Figure 26 presents the percentage of children aged 10- to 17-years-old in 2021 who indicated feeling either quite or very worried about their physical health for their future, grouped by their subjective assessment of how well they coped with coronavirus changes in their lives, as well as by the number of different impacts their family experienced as a

result of the pandemic (The Children’s Society, 2021). These results suggest that those with a low coping score were at least twice as likely to report that they were either quite or very worried about their physical health for their future (45%) than those with a non-low coping score (19%). As the proportion of children who reported low coping scores comprised a relatively small group (8% of sample), it is important to exercise caution when attempting to make inferences about wider effects from this small subgroup.

Children from families who experienced three or more coronavirus impacts were also somewhat more likely to report that they were either quite or very worried about their physical health for their future (27%) than those between zero and two impacts (18%). However, as we are unable to establish whether these differences were statistically significant, they should be treated as indicative only.

Figure 26. Percentage of children aged 10-17 indicating feeling quite/very worried about their physical health for their future in 2021, by subjective coping of coronavirus changes and parent-reported impacts on the family



Coverage: UK. Note: a low coping score is any score below the midpoint on a subjective 10-point scale of how children think they have coped with coronavirus changes overall; number of impacts was measured from a range of 0 to 9, all impacts reported by parents from a predetermined list, n = 2000. Source: Children’s Society

The Children’s Commissioner’s Big Ask survey also asked children and young people about what they felt was most important for them to have a good life when they grow up from a list of aspects of their lives (Children’s Commissioner, 2021). 31% of 9-17 year-

olds said that good physical health was one of the top 5 things²⁴ they felt was most important for them to have a good life when they grow up. The importance put on physical health appears to increase with age with 25.9% of 9-11 year-olds saying this, 32.5% of 12- to 15-year-olds and 37.7% of 16- to 17-year-olds. There were only very small differences by gender, SEN and Ethnicity²⁵.

6-8 year-olds were also asked about the things that they thought were important for them to have a good life, with a slightly different list to that presented to the older group. 64% of this group said that being healthy and active was one of their top 5 important things. There were only very small differences by gender, SEN status and ethnicity.

9-17 year-olds were also asked which of the list of aspects of their lives they were worried they wouldn't have when they grow up. 22% said they were worried about not having good physical health. There were only very small differences by age, gender, SEN status and ethnicity.

Sleep Problems

In NHS Digital's Mental Health of Children and Young People in England (MHCYP) 2021 survey (NHS Digital, 2021a), parents of 6- to 10-year-olds, older children aged 11- to 16-years-old, and young people aged 17- to 23-years-old were asked about sleep problems their child may have, including whether their child had problems getting to sleep, waking in the night, or waking early in the previous seven days. They were also asked on how many days their child had experienced each problem. Based on these responses, having a sleep problem was defined as having any of these problems on three or more of the previous seven nights.

In February and March 2021 over a quarter (28.7%) of children aged 6 to 10 years had a sleep problem on three or more of the previous seven nights. There was no difference between boys and girls. Those who also had a probable mental disorder were more likely to have had sleep problems (59.5%) than those unlikely to have a mental disorder (20.4%).

Sleep problems were more common in 11- to 16-year-olds, with more than a third (38.4%) having problems. In this age group girls were more likely than boys to have reported sleep problems (43.2% and 33.6% respectively). The pattern with probable mental disorder continues in this age group with 74.2% of those with a probable disorder experiencing sleep problems compared to 26.7% of those unlikely to have a disorder.

²⁴ Children and young people aged 9-17 were asked to pick up to 5 items from a list of 13 items covering a wide range of aspects of their lives.

²⁵ See methods annex for details on how difference testing has been handled for this data

Prevalence of sleep problems increase again in the 17 to 23 age group with 57.1% reporting problems. Young women remained more likely to report problems compared to young men (69.4% and 45.4% respectively). Young people with a probable mental disorder were again more likely to report sleep problems (86.7%) than those unlikely to have a disorder (46.5%).

Discussion of trends in mental and physical health

The data reported in this chapter provide a broad overview of children's mental and physical health in recent years, as well as a more detailed understanding of how mental health has changed throughout 2020/21.

Overall, the data presented here suggest that rates of probable mental health disorders among children and young people remain higher in 2021 than they were in 2017, across all age groups (NHS Digital, 2021a). Further, rates of probable eating problems have increased in 2020 compared to 2017, particularly among older and female children and young people. Particular groups of concern for poorer mental health outcomes were those with SEN, younger boys but older girls, those eligible for FSM, and those with long-term physical health conditions (Co-Space, 2021; NHS Digital, 2021a). These findings are consistent with evidence from the DfE's Study of early education and development (SEED) study, where socio-emotional difficulties were more common in 8-10 year old boys, and those with SEN in September-October 2020 (DfE, 2021d).

There was also evidence that physical health among children and young people has declined in recent years. Obesity rates increased substantially between 2019/20 and 2020/21 among reception and Y6 age children, accelerating a trend which has continued for at least the previous 15 years (NHS Digital, 2021b). Particular groups of concern for obesity in 2021 among primary-aged children were older boys (Y6 compared to reception), those from poorer backgrounds, and black and Asian children.

Throughout 2020/21, rates of possible/probable disorder appeared to peak during periods of lockdown before reducing as restrictions were lifted; these trends were stronger for primary-aged children than secondary-aged children, with rates of possible/probable disorder remaining relatively stable throughout 2020/21 in the latter group (Co-Space, 2021). However, it is important to note that while fluctuations in rates of possible/probable disorder appear to correlate with the timing of lockdown restrictions, it is unclear from this data what caused these changes; restrictions have likely coincided with a range of other potentially relevant factors including, most obviously, higher infection rates. Further research with a method that is able to better establish the relationships between restrictions and mental health outcomes is required before any causal claims can be made.

Subjective measures of concern about mental and physical health suggests that pandemic experience could be related to poorer outcomes on related measures. Around half of children and young people reported that they were concerned about the effects that the pandemic had had on their mental health, a figure that was higher for girls than boys (DfE, 2021b). Further, those who had faced more disruption, as well as those who reported being less able to cope during the pandemic, were more likely to report concerns about both their physical and mental health for the future (The Children's Society, 2021). Patterns in the importance placed by children and young people on mental health for the future and worry about having good mental health in the future also echo the patterns in where impacts may have been greater, with older young people and females being more likely to say that good mental health is important and be worried they may not have it (Children's Commissioner, 2021). There was less perceived importance of and worry about good physical health, and fewer subgroup differences.

While we have covered a number of different objective and subjective measures of mental and physical health, the range of measures presented here is limited. Measures of physical health may be important to consider in addition to obesity and mental health by long-term physical health conditions, including rates of children and young people who are underweight, nutrition, and other health-related behaviours. Further work should also seek to better understand the implications of other forms of physical illness, including infection with COVID-19, and experience of 'long covid' on mental health outcomes. For example, emerging evidence from a small scale, international study suggests that children infected with COVID-19 could have a higher risk of developing psychological problems (Ahmed et al., 2021) . Further, as of the publication of this report the [ONS School Infection Survey](#) is collecting data on covid infection and long covid symptoms as well as mental health difficulties via the SDQ, which will help answer this question. At least one large-scale cohort study is currently underway and aims to fill this knowledge gap by measuring the impact of 'long COVID' on the mental and physical health of children and young people (Stephenson et al., 2021). Domain 5: 'What we do' – Activities and time use goes some way to investigating how other health-related behaviours, including analysis of levels of physical activity and engagement in nature, may have changed in 2020/21.

Finally, the data provided here provides substantial evidence for increase in obesity among reception- and Year 6- aged children in 2020/21 (NHS Digital, 2021b). However, it is unclear whether these trends are mirrored in other age groups. Data from other sources, or further data collection, may be required to understand how these trends relate to obesity among other age groups.

New analysis - Covid-19 and the psychological health of young adults: Evidence from the Longitudinal Study of Young People in England 2

Executive summary

The Covid-19 pandemic has led to widespread changes to everyday life experienced by many people. Those changes have also led to specific challenges for young people around education, social contact, and stability, that have the potential to increase pressure on mental health.

This chapter presents findings from primarily descriptive analyses of longitudinal data from the seventh, eighth, and ninth waves of the second Longitudinal Study of Young People in England (LSYPE2) which analyses the impacts of the Covid-19 pandemic, focusing on changes to psychological health of young people aged 20/21 (wave 8) and 21/22 (wave 9).

Additionally, it examines whether young people met the threshold indicating a potentially clinically significant disorder in 2019-2021, looking at whether their status changed between years.

The findings presented here provide evidence for a general reduction in mental health, using a pre-pandemic baseline (2019).

Key findings

Overall, there was evidence of a general worsening of mental health in 2020 (when young people were aged 20/21) since 2019 (when young people were aged 19/20), and this negative impact was sustained between 2020-2021. The impact was more pronounced for those who reported that Covid-19 had negatively impacted their lives. When looking at transitions in 2020, mental health appeared to be most adversely affected for those who became unemployed, those in their final year of university, and those continuing at university or college.

Wave 8 (2020)- Age 20/21

- 9 in 10 young people aged 20/21 reported that the pandemic had a negative impact on their social life. The same was true for 7 in 10 regarding their studies, and 7 in 10 regarding their job.

- Psychological health (as measured by the GHQ-12) declined on average between 2019 and 2020, after having been relatively stable in the preceding years.
- In 2020, 42% of the cohort met a threshold indicating that they may have a potentially clinically significant disorder, a statistically significant increase of 8 percentage points from the previous year, 2019.
- Respondents were asked about the impact of the pandemic on several areas of their lives. Across each area of life asked about, respondents who reported a negative impact were more likely to have had a decline in their psychological health, as measured by their GHQ-12 score, between 2019 and 2020.
- Young people's education or employment status was associated with the change in psychological health observed between 2019 and 2020. Respondents who became unemployed, and those in their final year of university, had on average the largest decline in psychological health.

Wave 9 (2021)- Age 21/22

- Most young people reported that the pandemic had had a negative impact on their social life, with 40% who said the effect had been 'very negative', 33% 'slightly negative', 20% who reported no effect, 4% 'slightly positive' and 3% 'very positive'. As in wave 8, young people continued to report negative impacts on their mental health, studies, and physical health.
- A smaller proportion of young people reported ever feeling worried, anxious or depressed about things related to the pandemic in 2021 (56%) than the previous year (65%).
- Young people's average GHQ-12 score did not change significantly between 2020 and 2021, suggesting a sustained negative impact on the psychological health over the observed period.
- Similarly, the proportion of young people who met a threshold indicating that they may have a potentially clinically significant disorder showed no significant change between 2020 and 2021.

Introduction

The widespread changes to everyday life experienced by many people during the Covid-19 pandemic will have many short- and long-term consequences. This chapter presents analysis of the impacts of the Covid-19 pandemic on the cohort of young people taking part in the second Longitudinal Study of Young People in England (LSYPE2).

This chapter focuses on changes in psychological health of the cohort, an aspect of the young people's lives that is well-recorded in LSYPE2 and is particularly pertinent to the cohort who were aged 20/21 in 2020. It has been estimated that three-quarters of all mental health conditions begin by age 24 (Kessler et al., 2005), and that recorded rates among women are rising (McManus et al., 2016). The impact of the Covid-19 pandemic has led to specific challenges for young people around education, social contact, and stability (Office for National Statistics, 2020), that have the potential to increase pressure on mental health.

The LSYPE2 study provides a unique opportunity to explore the impact of the pandemic on psychological health, with annual data collected from the nationally representative cohort. In 2020, at age 20/21 years old, the cohort were on a variety of paths between compulsory education and the labour market. In 2021, aged 21/22 years old, many were transitioning out of education into employment and other routes. At wave 8 (2020), most young people were 'doing a course at university' or in paid employment, each accounting for just over one third of the cohort. At wave 9, just under a quarter of young people (23%) were 'doing a course at university', while over half (53%) were in paid work. Around 8% of the cohort were unemployed at wave 8 which remained consistent at wave 9, while 7% were undertaking some kind of Further Education at wave 8 compared to 6% at wave 9 (including doing an apprenticeship). The remainder of the cohort were in a variety of situations, including waiting for work or an educational course to start, and looking after family or the home.

The pandemic was, and still is, a dynamic event, and the cohort's experiences will change both through the course of the pandemic and also during this transitional time in their lives. This dynamism should be considered when reviewing any measurement of 'the effect' of the pandemic on mental health.

Methodology

This report is based on secondary data analysis of the second Longitudinal Study of Young People in England (LSYPE2). LSYPE2 is a longitudinal cohort study which began tracking a nationally representative sample of young people in 2013 when they were aged 13/14 years old (in Year 9). 13,100 participants took part in the wave 1 survey, with annual surveys taking place each year since. Wave 1-3 (2013-15) of the study used face-to-face and telephone modes; web surveys were introduced at wave 4 (2016). Face-to-face interviews were not conducted at wave 8 (2020) but were reintroduced for wave 9 (2021).

In the context of the pandemic, it is worth reflecting on the timings of the survey data collection which this analysis draws on. Wave 8 ran from May-September 2020, using

web and telephone modes only. The majority of interviews were completed in the first two months (79% in May and June), covering a period during the first national lockdown, starting just before the rules started to be eased (in mid-May), through the decline in cases and the gradual reopening of activities. Only a small proportion of interviews took place going into the beginning of the 'second wave' of the Covid-19 pandemic in September 2020 (2%). Most young people completed the survey online (65%), and just over a third on telephone (35%). It is possible that respondents may have been at a relatively optimistic point, and that the effects observed in this report would have been even greater had the survey taken place during one of the more stringent periods of lockdown.

Wave 9 ran from May-November 2021, using web, telephone, and face-to-face modes. Restrictions on social gatherings, re-opening of venues and travel began to ease in the period prior to fieldwork, and all legal limits on social contact were removed from 21st June 2021. Face-to-face interviews were conducted between September-November 2021 using a COVID-safe approach after a thorough risk assessment. As at wave 8, the majority of interviews were completed in the first two months (68% in May and June). Most interviews were completed by web (57%), with around a third on telephone (29%) and 14% face-to-face. Interview mode was controlled for in the regression analysis included in this chapter. Changes in mode are not expected to have contributed to differences in descriptive findings as similar proportions of young people completed the survey online and over telephone, and a small proportion of them took part face-to-face.

The analysis in this report primarily draws on data from waves 8 (2020) and 9 (2021), but also from previous waves where appropriate. At wave 8, 4,949 young people took part, and 4,645 responded at wave 9. The sample size in each analysis varies a small amount according to missing data patterns.

The impact of sample attrition is mitigated by the use of survey weights. These are accounted for in analyses along with other complex survey design features (clustering and stratification) using Stata's svyset command. Item-missing data (instances where a specific question was not answered, but the respondent did complete the questionnaire) was treated using casewise deletion. Technical reports are due to be published and can be made available on request.

All differences described in the text are statistically significant at the 95% confidence level unless otherwise stated.

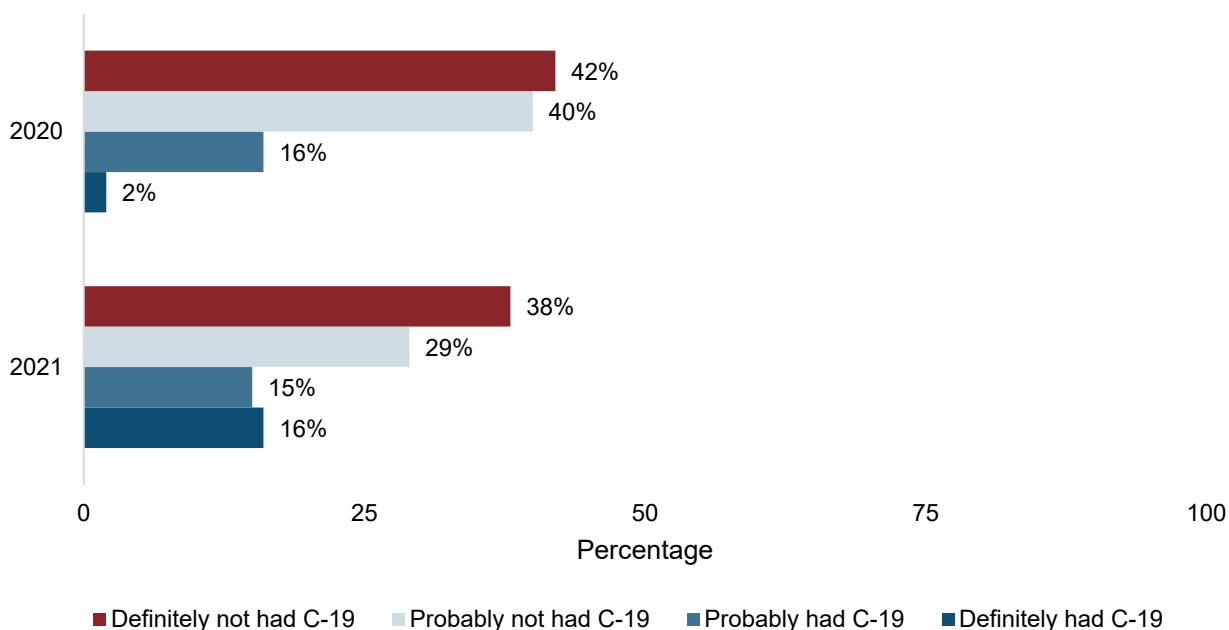
'Annex B. LSYPE2 methodology' includes further information on how GHQ-12 scores were calculated. Additionally, figures for the number of young people in each 'activity pattern' group used in the regression analysis are included for clarity on group sizes.

Findings

The cohort's experience of covid

In 2020, at a relatively early stage in the pandemic (during the first lockdown), just 2% of the cohort reported having 'definitely' had Covid-19, while a further 16% thought they had 'probably' had it. In 2021, a higher proportion of the cohort thought they had ever had Covid-19: 16% reported they had 'definitely' had Covid-19, while 15% reported they had 'probably' had it. However, at both waves, most young people said they 'probably' or 'definitely' did not have Covid-19. It should be noted that these figures represent young people's self-reported views only; data was not collected to confirm whether respondents were tested for Covid-19, nor have these responses been linked to medical data.

Figure 27. Whether young people thought they had ever had Covid-19

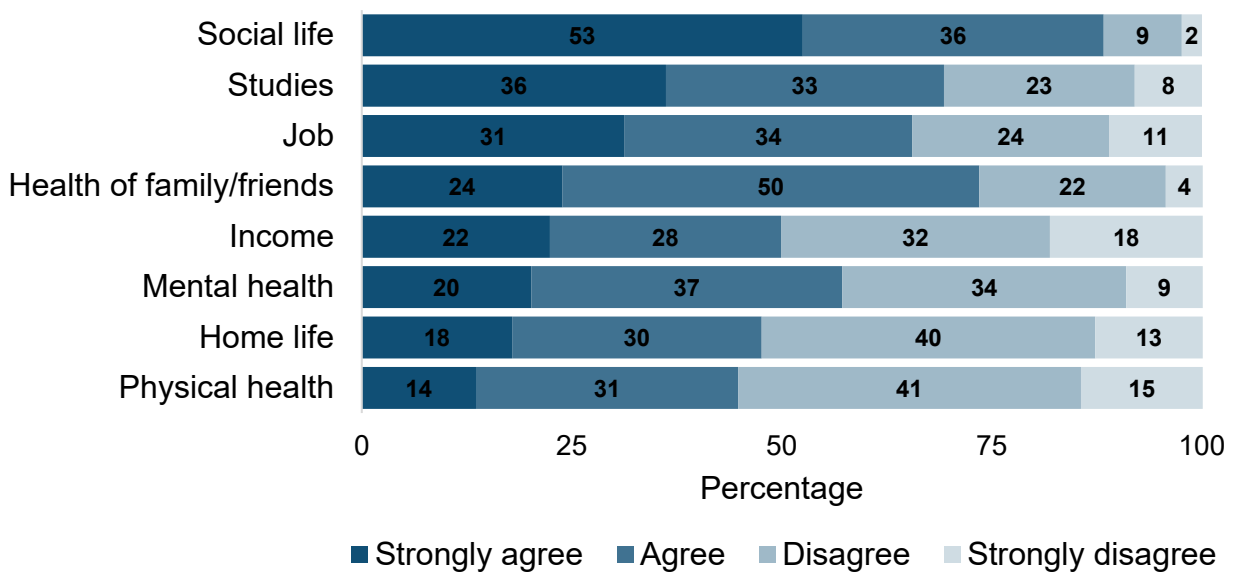


Wave 8 (2020, aged 20/21) unweighted base = 4,949. Wave 9 (2021, aged 21/22) unweighted base = 4,645

In 2020, the cohort were asked to consider to what extent they agreed with the statement that 'the coronavirus outbreak has had a negative impact on...' different areas of their lives.

The results from wave 8 (in Figure 28) show this age group perceived widespread effects of the pandemic in most domains of their lives. The vast majority of young people (88%) said that their social life had been negatively impacted. Over 60% of young people said that their studies, job, health of family/friends had been negatively impacted. Over half of young people (57%) said their mental health had been negatively impacted.

Figure 28. The extent to which young people agreed that ‘the coronavirus outbreak has had a negative impact on...’ (2020, aged 20/21)



Wave 8 (2020). Unweighted base sample = 4,843

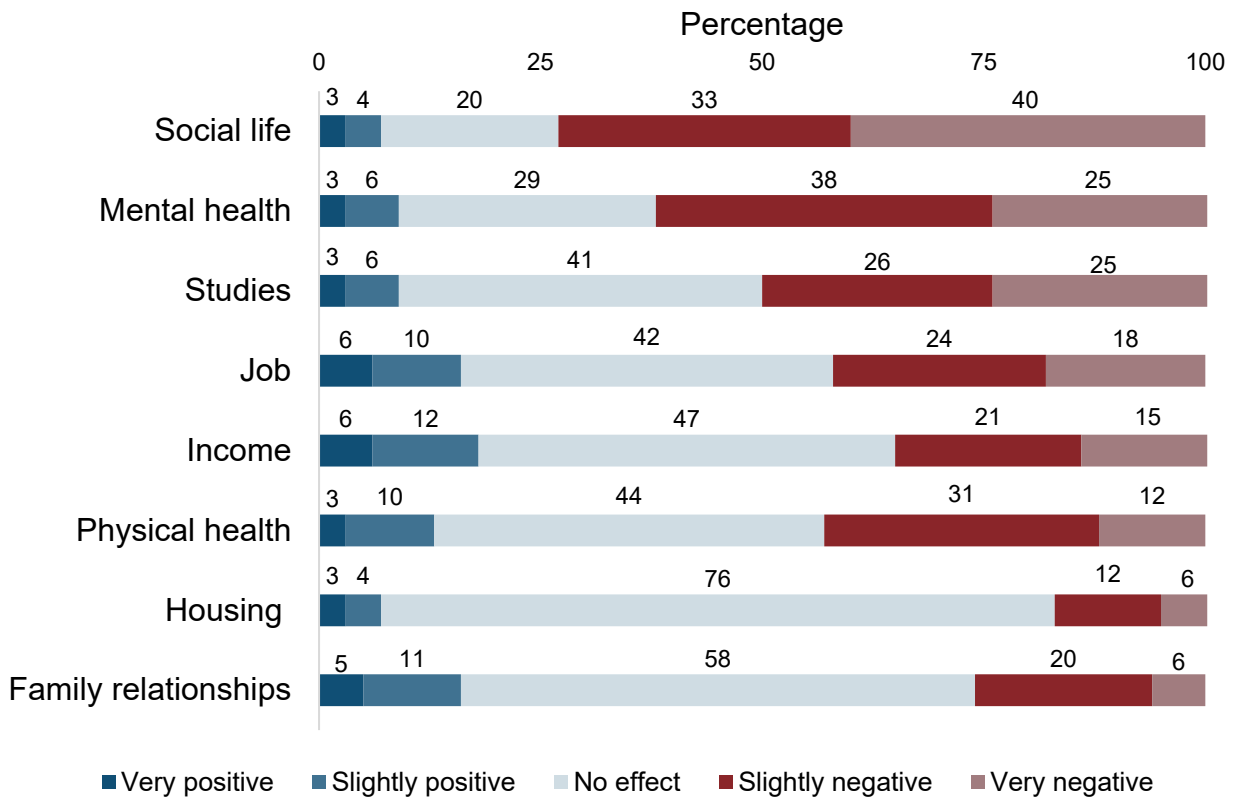
Given lockdown, it is unsurprising that in 2020 around 9 in 10 of the cohort agreed that the pandemic had a negative impact on their social life (including over half who ‘strongly agreed’). It is important to consider how such a largescale change to social support networks may impact young people’s mental health, especially as other research has found associations between loneliness and poor mental health (Bu et al., 2020).

Even at this relatively early stage of the pandemic in 2020, nearly three-quarters of the cohort reported that the pandemic had had a negative impact on the physical or mental health of their family and/or friends.

There was also widespread perception of negative effects on what young people were doing, for example on their education or employment. 7 in 10 who were studying agreed or strongly agreed that their studies had been negatively affected. Similarly, 7 in 10 of those in paid employment agreed or strongly agreed that their job had been negatively affected.

In 2021, young people were again asked what impact the pandemic had had on different life domains since March 2020, but this time they were able to choose from positive as well as negative response options. They continued reporting mostly negative impacts on their social life (73% report either a slightly or very negative impact), mental health (63% report either a slightly or very negative impact), studies (47% reported either a slightly or very negative impact) and physical health (45% reported either a slightly or very negative impact). With regard to the areas of life negatively impacted, young people did not report as great a negative impact on their jobs in 2021.

Figure 29. The effect of the pandemic on different domains of young people’s lives (2021, aged 21/22)

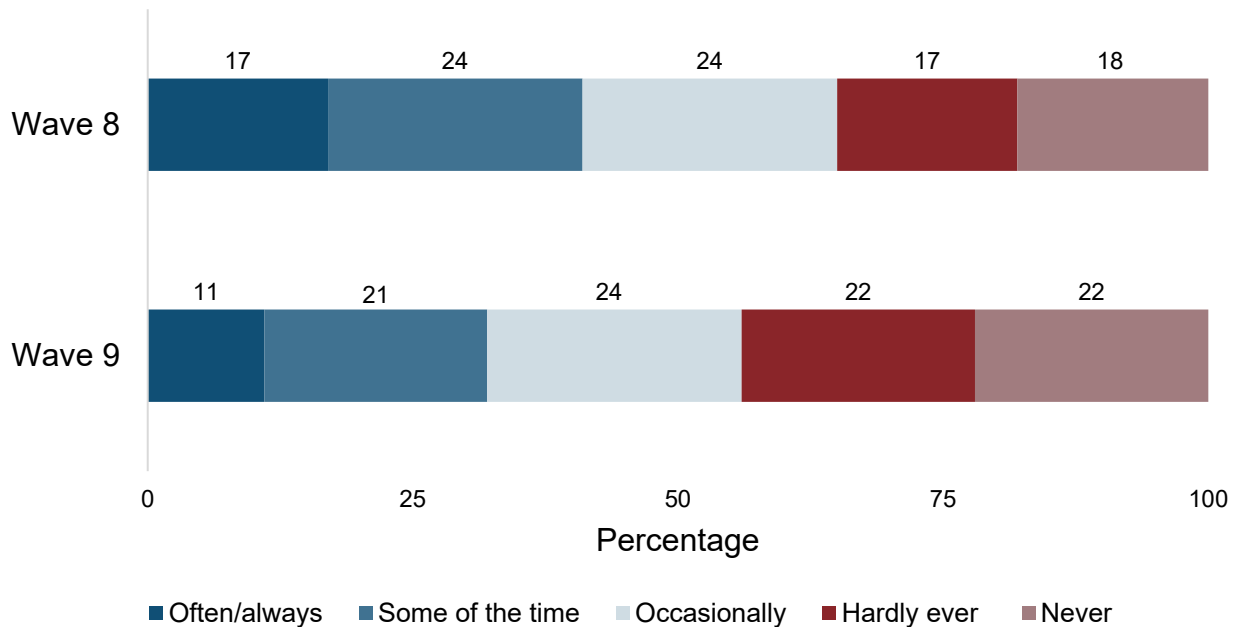


Wave 9 (2021). Unweighted base sample = 4,645

Psychological health during the pandemic

Covid-19 is a source of concern for the cohort’s mental health. In 2020, when asked directly if they ‘ever feel worried, anxious or depressed about things related to the coronavirus pandemic’, 65% of young people responded at least ‘occasionally’. Just over a third of young people (35%) responded ‘hardly ever’ or ‘never’. However, in 2021 fewer young people reported pandemic concerns, with just over half (56%) responding at least ‘occasionally’, and 44% who responded ‘hardly ever’ or ‘never’.

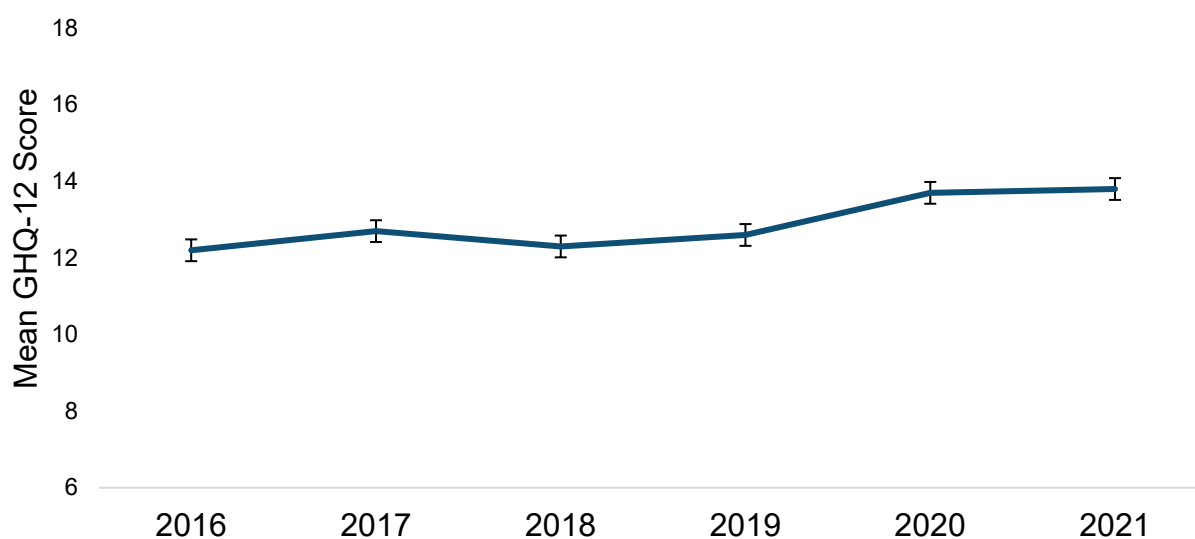
Figure 30. Percentage of young people who reported feeling worried, anxious or depressed about things related to the coronavirus pandemic (2020, aged 20/21; 2021, aged 21/22)



Wave 8 (2020) unweighted base sample = 4,949. Wave 9 (2021) unweighted base sample = 4,645

In 2020, there was a decline in the average level of psychological health observed in the cohort compared to 2019 (as measured by the GHQ-12, see Figure 31). This may have been due, at least in part, to this new source of concern as most young people reported feeling worried, anxious or depressed about things related to the pandemic at least ‘occasionally’ across both waves. Findings from 2021 indicate that though fewer young people were concerned about things related to the pandemic a year later, there was a sustained negative impact on average mental health between 2020 and 2021, in comparison to 2019.

Figure 31. Mean GHQ-12 score from 2016 (aged 16/17) to 2021 (aged 21/22)



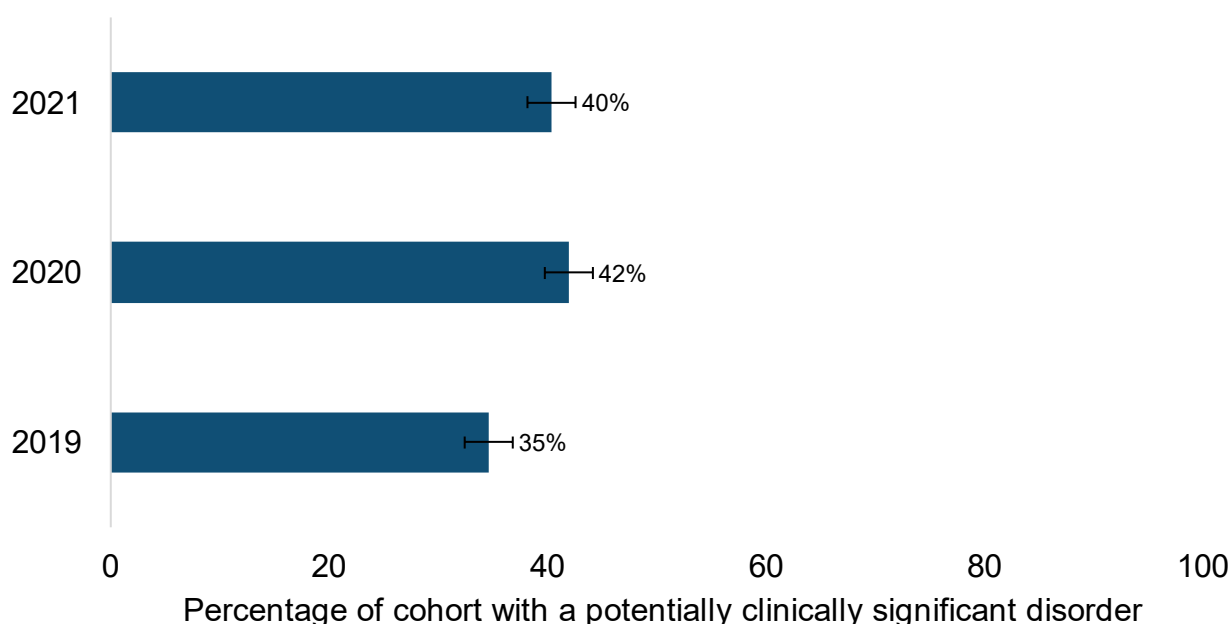
Vertical axis scale displayed is one standard deviation either side of the mean (full range 0-36). Un-weighted base sample = 4,949. Error bars represent 95% confidence interval.

Figure 31 above uses the GHQ measure of psychological health as a continuous measure, but it can also be scored as a threshold measure: a score over a certain threshold indicates that a person may have a potentially clinically significant disorder²⁶. For the analyses in this chapter, if young people had a GHQ-12 score of 3 or above out of 12, they were considered to meet the threshold indicating a potentially clinically significant disorder. If such respondents presented in general practice, they would be more likely to receive further attention – passing the threshold does not mean a mental health diagnosis would follow.

In 2020, 42% of the cohort met the threshold, an increase of 8 percentage points over the year from 2019 (see Figure 32); in 2021, 40% met the threshold, which is a statistically significant increase since 2019, but not from 2020. It is not clear what proportion of those people access support for their potentially clinically significant disorder; nonetheless, the analysis suggests a growing need for mental health services among this cohort, whether accessed or not.

²⁶ Screening tools like the GHQ-12 were designed for use in the general population. Cut-off scores are statistically valid, however, they will over-estimate the number of people with clinically significant conditions relative to a clinical interview (see Bell T., Watson M., Sharp D., Lyons I., Lewis G. (2005). Factors associated with being a false positive on the General Health Questionnaire. *Social Psychiatry and Psychiatric Epidemiology*. 40: 402–7).

Figure 32. The proportion of the cohort with a potentially clinically significant disorder in 2019 (aged 19/20) and 2020 (aged 20/21)



Unweighted base sample in 2019 = 5,996. Unweighted base sample in 2020 = 4,949. Unweighted base sample size in 2021 = 4,645. Error bars represent 95% confidence interval.

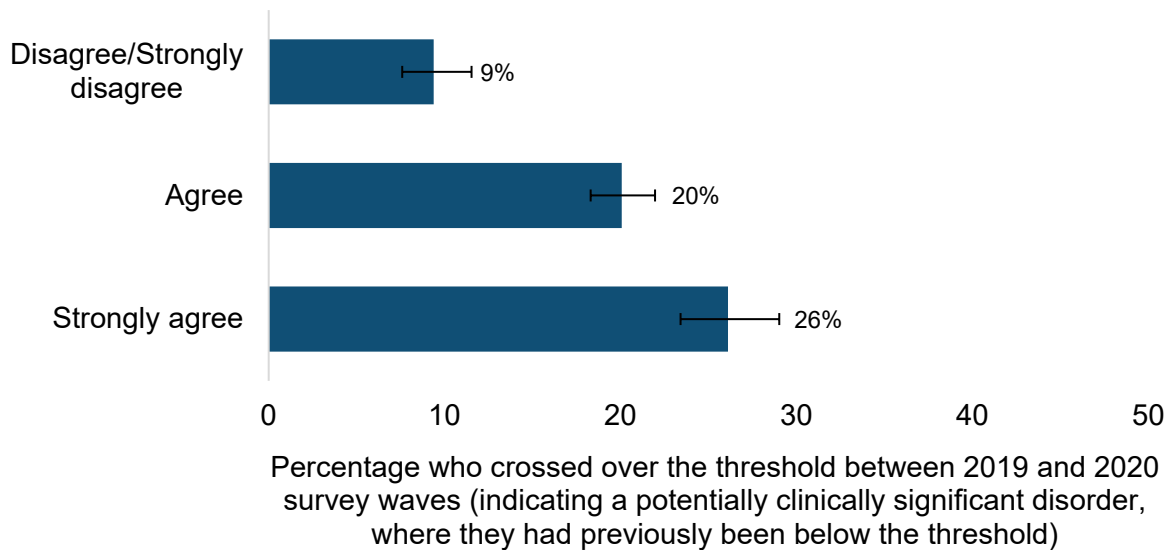
Psychological health and pandemic experience

In Wave 8 (2020), exposure to other impacts of the pandemic were associated with worsening psychological health. People who reported being negatively affected by the pandemic (as presented in Figure 28), across any of the 8 areas of life asked about, were more likely to have experienced a greater decline in their psychological health than those who did not report a negative impact. The areas of life most strongly associated with a decline in psychological health were when the pandemic negatively affected a person's home life, the physical or mental health of family/friends, their physical health, and social life.

For example, of the people who strongly agreed that Covid-19 had negatively affected the physical or mental health of family/friends, around 1 in 4 moved over the psychological health threshold (indicating a potentially clinically significant disorder, where they had previously been below the threshold), compared to just 1 in 10 of those who disagreed (see Figure 33).

Figure 33. Change in psychological health between 2019 (aged 19/20) and 2020 (aged 20/21) split by the impact of the pandemic on family and friends

'The coronavirus outbreak has had a negative impact on the mental or physical health of friends and/or family...'



Unweighted base sample = 4,789. Error bars represent 95% confidence interval.

In 2021, the areas of life most strongly associated with having a GHQ-12 score over the threshold were when the pandemic had negatively impacted their mental wellbeing, social life, physical health and studies,

When looking at whether young people's GHQ-12 status changed between waves, the largest group was those young people who did not meet the threshold indicating a potentially clinically significant disorder in either wave 8 or 9 (44%). Just over a quarter (27%) met the threshold at both waves, indicating a sustained negative impact on their mental health. 14% of young people who did not meet the threshold in 2020 met it in 2021, indicating worsened psychological health. However, 16% of young people who met the threshold in 2020 did not meet it in 2021, indicating improved psychological health.

Psychological health by what young people were doing in 2020

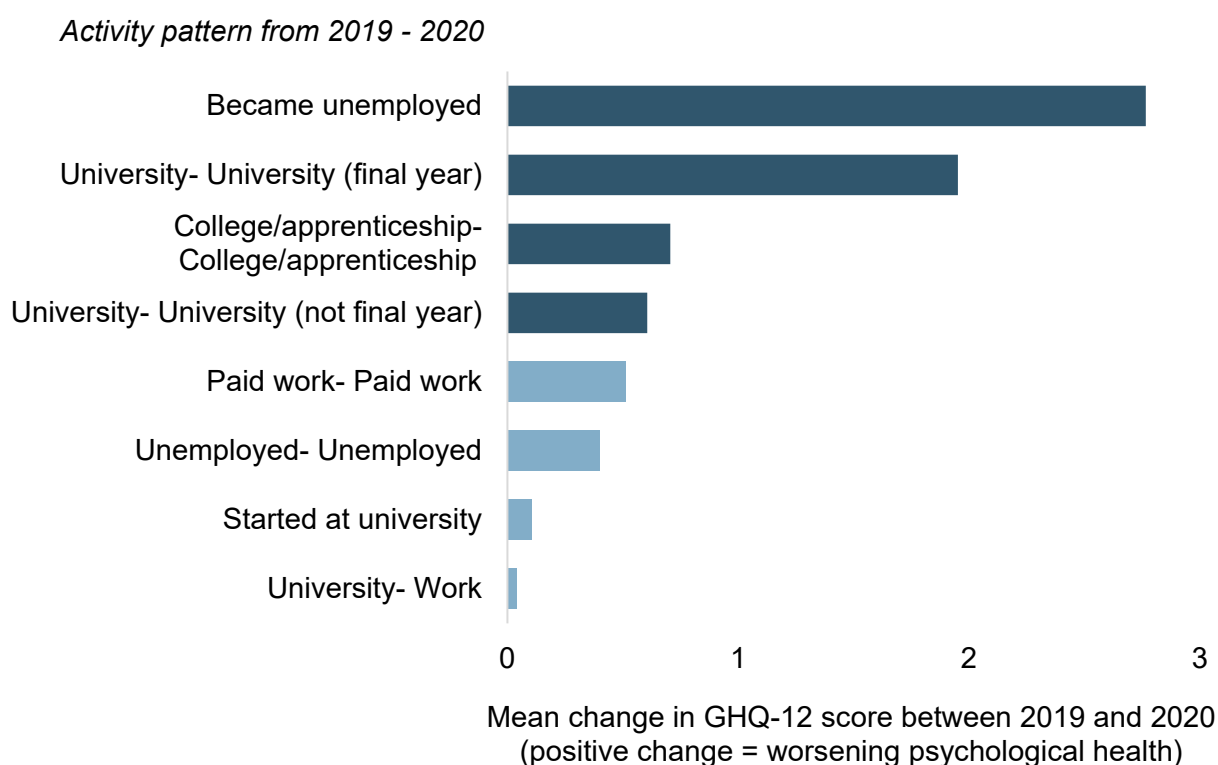
A young person's experience of the pandemic is likely to have differed depending what they were doing when the pandemic hit, for example, whether they were in education, employment or doing something else. Lockdown for a university student, for example, may be a very different experience to lockdown for a full-time employee living at home.

To explore how psychological health varied according to what young people were doing, the main educational or occupational activity of each respondent in 2019 and 2020 was recoded into a new variable describing the pattern of activity across the two survey

waves. For example, ‘university-university’ describes someone who was at university in 2019 and 2020, whereas ‘became unemployed’ describes someone who was not unemployed in 2019 but was in 2020.

For each activity pattern, the average of individual-level changes in psychological health between 2019 and 2020 was then estimated.

Figure 34. Average change in psychological health between 2019 (aged 19/20) and 2020 (aged 20/21), split by main activity pattern



Dark blue bars are statistically significantly different to zero at the 95% confidence level; light blue bars are not. Graph excludes some activity patterns for ease of presentation (no excluded patterns were significantly different to zero). Unweighted base sample = 4,933 (activity patterns shown in graph account for 3,953). See ‘Annex B. LSYPE2 methodology’ for category base sizes.

Figure 34 shows the largest decline in psychological health between 2019 and 2020 was for young people who became unemployed between waves. On average, young people in this group (who make up 5% of the cohort) experienced a decline in psychological health of nearly half a standard deviation on the GHQ-12 distribution, indicating their mental health was worse than the cohort average. In 2020, around half this group were over the threshold for a potentially clinically significant disorder.

It is understandable that becoming unemployed would be associated with a change in psychological health, irrespective of the pandemic. As a comparison, the same analysis

was reproduced for the previous year, i.e., for young people who became unemployed between 2018 (aged 18/19) and 2019 (aged 19/20, pre-pandemic). The result showed no significant reduction in psychological health (an average increase in GHQ-12 score of 0.8 for 2018-2019 (not significant) compared to a significant increase of 2.8 in 2019-2020. Certain factors cannot be controlled for, such as the conditions upon which the young person became unemployed, and the young people's age at these previous waves – and thus their stage in life – should be considered. However, the findings indicate that there was a strong association between the young person losing their job during the pandemic and a decline in their mental health.

The most prevalent activity pattern for the cohort over the 2019-2020 period was being in paid work across both years (making up 28% of the cohort). There is not strong evidence for a decline in psychological health for this group (the estimate was not significant at the 95% confidence level).

The second largest decline in psychological health was for young people who were in university in both 2019 and 2020 and who were in their final year (who make up 14% of the cohort). This group had an average decline of around one third of a standard deviation.

In comparison, those who had been in university in 2019 and 2020 but were not in their final year (who make up 19% of the cohort), had a decline in psychological health of around one third the magnitude. Possible explanations for this disparity may lie in the nature of the final year (e.g. the pressure of final exams), or in the imminent transition into the uncertain labour market during the Covid-19 pandemic (or possibly both).

For the small number (3% of the cohort) who had already made the transition from university to work between the 2019 and 2020 survey waves, there was no change in average psychological health.

Other activity patterns were associated with smaller declines in psychological health, or no significant decline at all. There was a small but significant decline for the 5% of the cohort studying in college or doing an apprenticeship in both 2019 and 2020.

In 2021, those young people who were unemployed or at university were most likely to meet the threshold indicating a potentially clinical disorder. Similar analysis to that reported above is planned to help understand how different sequences of activity between 2019 to 2021 seemed to influence young people's mental health. This will allow us to examine the results of those moving from Higher Education into further studies, the labour market or unemployment, and those who moved from a job to unemployment later in the pandemic.

Discussion and limitations

The series of analyses in this chapter provides strong evidence that the pandemic had a negative impact on the psychological health of this cohort of young adults aged 20-22. These results are not surprising given the context and the widespread impact illustrated in Figure 28 and Figure 29. Most young people reported that the pandemic had negative impacts on various areas of their lives in both 2020 and 2021. Across both waves, social life, studies, and mental health were areas where negative impacts were reported. In 2021, these were among the areas of life most strongly associated with having a GHQ-12 score above the threshold indicating a potentially clinically significant disorder.

The decline in average psychological health observed in 2020 (Figure 31) was steeper than seen in earlier waves. It should be considered that the cohort are at a dynamic period of their lives, and some of the observed change in psychological health could be due to other age-related factors, such as exam pressures. However, the change in average psychological health observed between 2019 and 2020 was more pronounced than in previous waves, which were observed during similar periods of change and exam pressure.

Finally, a sustained negative impact on psychological health was observed in 2021, which is in line with findings from other studies such as the MHCYP. Though the largest group was those young people who did not meet the threshold (indicating a potentially clinically significant disorder) in either wave 8 or 9, over a quarter did so at both waves. When taking into consideration the widespread negative impacts reported on different areas of their lives, and young people reporting feeling worried, anxious, or depressed about things related to the pandemic, we can conclude that the pandemic likely contributed significantly to this decline in mental health.

While the aim of the analysis was to explore how the Covid-19 pandemic had impacted upon the psychological health of the cohort, a causal analysis was not possible. This is because the pandemic was a universally experienced event, leaving no comparator group. The earlier LSYPE study did not conduct waves at this age group so did not measure psychological health at comparable points in time; it does not offer a useful comparison.

The analysis of change in psychological health by young people's educational or occupational status was hindered to some extent by the small sample size for some of the groups, and some confounding factors which were not asked about in the survey and could not be controlled for. The small sample sizes for some groups also limit the generalisability of the findings for these groups. This was unavoidable, as the prevalence in the population is low (e.g., being longer-term unemployed at age 20/21). The sample sizes for each group are presented in Annex B. LSYPE2 methodology.

It should be noted that, as stated in the Methodology section, the analyses treated instances where a specific question was not answered (but the respondent completed the wider questionnaire) as item-missing data, and these were treated using casewise deletion. It was necessary to base the analyses on a sub-sample of young people for whom all data was available – the primary effect of this is that we are likely to have understated the number of young people with high GHQ-12 scores (indicating poor mental health) and its relationship to young people's experiences during the pandemic. An alternative approach which could have been used and would have retained a larger sample size involves multiple imputation of missing data, but this was not possible given the time and resource available for this project.

Domain 3: Education and Skills

Summary

It is important to understand the impact of the pandemic on education and the development of skills, as these are likely to have long term consequences for children and young people's future life, their future wellbeing, and economic circumstances.

In non-pandemic times, children and young people spend a significant proportion of their time in education settings. However, throughout the pandemic, particularly during periods of school and college closures, most children and young people moved to remote education and spent considerably less time in their schools. We know that time away from education settings can have an impact on engagement with education and happiness with school, as well as removing many protective factors for children and young people's wellbeing. There is emerging evidence for a range of ways in which education settings can influence children and young people's wellbeing, such as through exacerbating or mitigating worry, stress, or pressure about schoolwork (OECD, 2017; Scottish Government, 2020), facilitating teacher-pupil relationships (Roffey, 2012; The Children's Society, 2010), and developing a sense of belonging or connectedness to a school or college community (ONS, 2020; Patalay & Fitzsimons, 2016).

This chapter presents:

- Annual trends in children's overall happiness with school
- How happy secondary pupils felt about their return to school in September 2020 following a period of remote learning, as well as concentration levels, and worries about catching up on their learning
- How connected children feel with school and adults in school settings
- Attendance, including wellbeing by attendance patterns
- Importance of and worries about education for the future

Key findings

- Feelings of happiness with school, as measured by the Children's Society, were similar in April-June 2021 compared to previous recent years, with average scores consistently around 7 out of 10.
- Unhappiness with school, measured by the Children's Commissioner, appeared to be more frequent among older children in 2021, in particular older secondary children. There was little consistent evidence for differences for other subgroups.

- In October 2020, most (84%) secondary pupils reported that they could concentrate well in lessons in their classroom. 39% of pupils were either very or fairly worried about catching up on their learning. Most pupils (81%) said they were very or fairly happy to be back at school.
- Female respondents (45%) were more likely to be worried about catching up than males (33%), as were BAME (46%) compared to white pupils (36%), SEN (45%) compared to non-SEN (38%) pupils, and FSM (47%) compared to non-FSM (37%) pupils.
- Those with higher school connection scores were more likely to report better wellbeing.
- Secondary-age pupils who attended school every day were more likely to have better wellbeing scores throughout the 2020/21 academic year.
- Children who reported difficulties coping with coronavirus changes and those whose parents reported three or more coronavirus impacts on the family were also more likely to report worrying about getting good grades or (59% and 37% respectively) going to university (45% and 27% respectively).
- 52% of children and young people aged 9-17, as well as 39% of 6- to 8-year-olds, said that having a good education was one of the top 5 things they felt was most important for them to have a good life when they grow up.

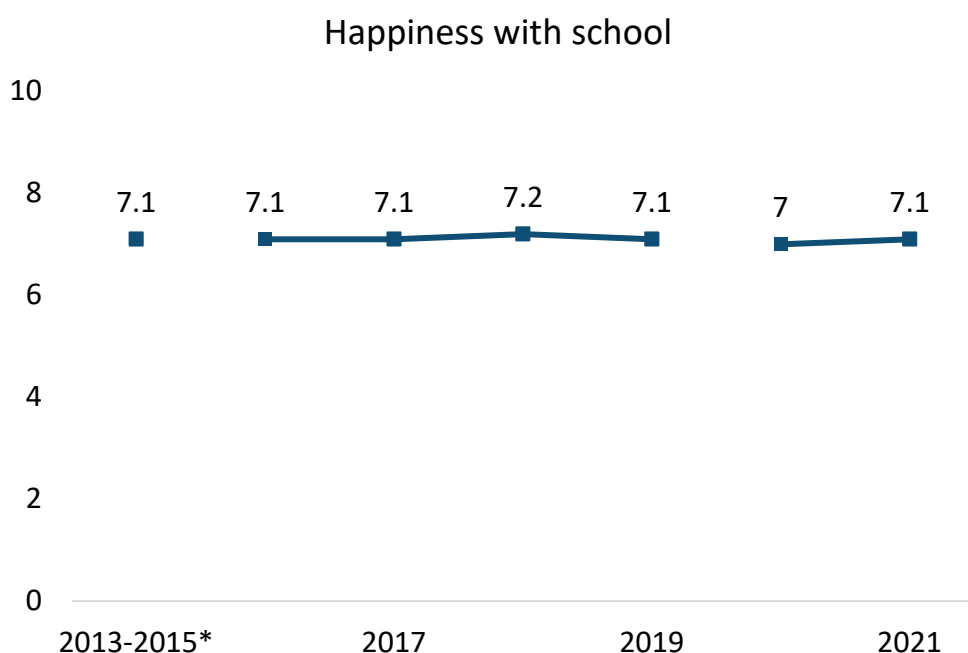
Happiness with school

The Good Childhood Index has collected regular data on children and young people's happiness with school since 2013. Figure 35 presents this data as a time series of average annual happiness scores (on a scale of 0-10) of children and young people aged 10 to 17 from 2013-2015 to 2021 (The Children's Society, 2015, 2016, 2017, 2018, 2018, 2019, 2020b, 2021). Data from the 2016 survey onwards were collected between April-June each year.

The results presented here suggest that children and young people's happiness with school has remained consistent over time, with averages around 7 since 2013-2015, and showing no evidence of large changes in any one year. However, a substantial proportion of survey participants indicated low happiness with school. In 2021, 12.2% of respondents scored below the midpoint (5) on this measure, the highest proportion of low scores on any measure of the Good Childhood Index, which ranged from 5.9% of respondents giving a low happiness rating for happiness with home, to 12.2% for happiness with school.

The proportion of those with low happiness with school in 2021 was similar to recent years, with 12.5% in 2020, 12% in 2019, and 11.7% in 2018 giving scores below 5. These findings suggest an enduring minority of children and young people who indicate not feeling very happy with school, and that school is one aspect of life where there is a sustained large variation in feelings towards it.

Figure 35. Average ratings of children and young people aged 10 to 17’s happiness with school



Coverage: 2020-2021 UK, 2013-2019 Great Britain, Note: Discontinuity in time series, see ‘Data sources and methods’ annex for further information. *The reported response for ‘2013 to 2015’ is a pooled average based on four half-annual surveys of children and young people reported in the 2015 Good Childhood Report. n = 2000. Source: Children’s Society.

The Children’s Commissioner’s Big Ask Survey in April and May 2021 asked children and young people aged 6-17 about how happy they felt about different aspects of their lives, including education (Children’s Commissioner, 2021). 4% of 6- to 8-year-olds said they were unhappy with their education while 16% of 9- to 17-year-olds said they were unhappy with their life in school or college and 10% were unhappy with their progress in education.

For the 9 to 17 age group, levels of unhappiness appear to increase with age for both measures with 10.1% of 9- to 11-year-olds, 17.5% of 12- to 15-year-olds and 20% of 16- to 17-year-olds saying they are unhappy with life at school or college. In regard to their

progress with education 5.3% of 9- to 11-year-olds, 10.9% of 12- to 15-year-olds and 15.4% of 16- to 17-year-olds were unhappy with this.

Females in the 9-17 group are more likely than males to be unhappy with their progress in education (10.9% unhappy vs 7.7% of males). The difference for life at school or college is very small. For 6- to 8-year-olds the difference is reversed with males (5.2%) more likely to be unhappy with their education than females (3.4%). There were only very small differences seen by SEN status and ethnicity.

Experiences of school and education

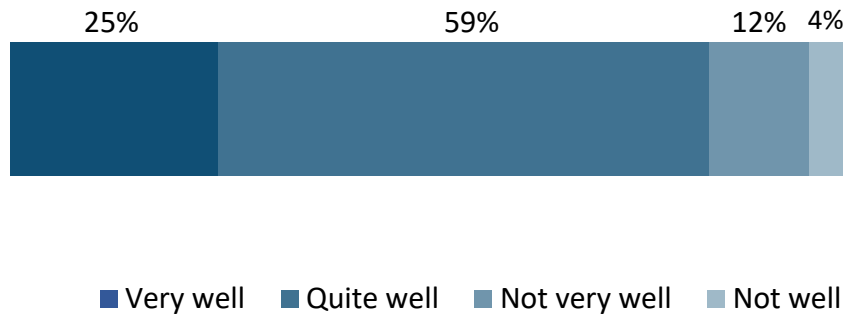
To understand how secondary pupils felt about their return to school in September 2020 following a period of remote learning, we investigated pupil's responses to questions related to their concentration, worries about catching up on their learning, and how happy they were to have returned school, in the October 2020 Pupil and Parent Panel (DfE, 2021a).

The results shown in Figure 36, Figure 37, and Figure 38 show that most pupils said they could concentrate very (25%) or quite (59%) well in lessons in their classroom (84% very/quite well), whilst 16% said they could not concentrate very or well at all. Further, 39% of pupils were either very or fairly worried about catching up on their learning. Most pupils (81%) said they were very or fairly happy to be back at school, whilst just under a fifth saying they were not very or not at all happy.

Analysis of subgroups suggested that male (87%) and non-SEN (86%) respondents were significantly more likely to indicate being able to concentrate quite or very well at school in October 2020 compared to female (81%) and SEN (75%) respondents, respectively. Differences in reported concentration were not found by ethnicity or FSM-status. On concerns about catching up, female respondents (45%) were more likely to be worried about catching up than males (33%), as were BAME (46%) compared to White pupils (36%), SEN (45%) compared to non-SEN (38%) pupils, and FSM (47%) compared to non-FSM (37%) pupils. Finally, male pupils (85%) were more likely to indicate being happy to be back at school in October 2020 than female pupils (77%). No differences were seen for other subgroups on this measure.

Figure 36. How well children and young people aged 11-18 felt they had managed to concentrate in class in October 2020

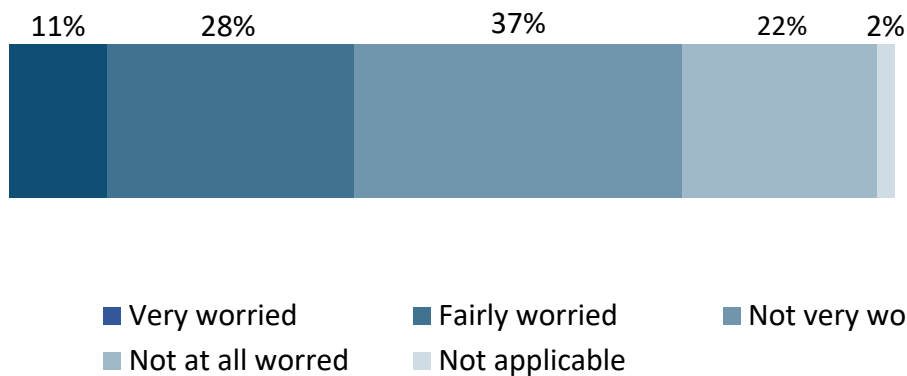
How well, if at all, are you managing to concentrate in lessons in the classroom?



Coverage: England. Note: Secondary pupils (n = 1,733), data includes pupils who had reported attending school at all in the past two weeks. Source: DfE

Figure 37. How worried children and young people aged 11-18 were about catching up on their learning in October 2020

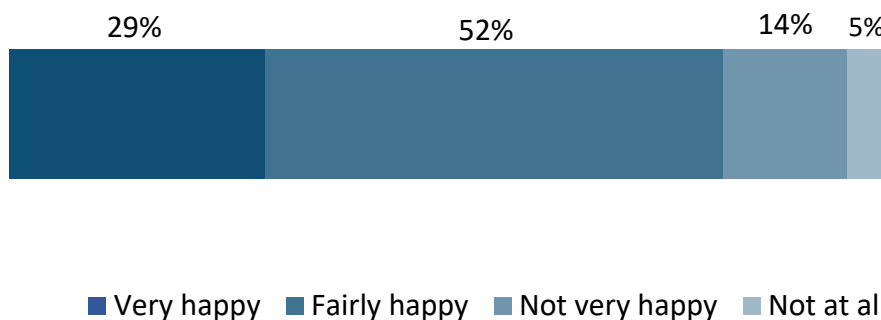
How worried, if at all, are you about catching up on your learning?



Coverage: England. Note: Secondary pupils (n = 1,733), data includes pupils who had reported attending school at all in the past two weeks. Source: DfE

Figure 38. How happy children and young people aged 11-18 were to be back in school in October 2020

How happy, if at all, have you been to be back at school or college?



Coverage: England. Note: Secondary pupils (n = 1,733), data includes pupils who had reported attending school at all in the past two weeks. Source: DfE

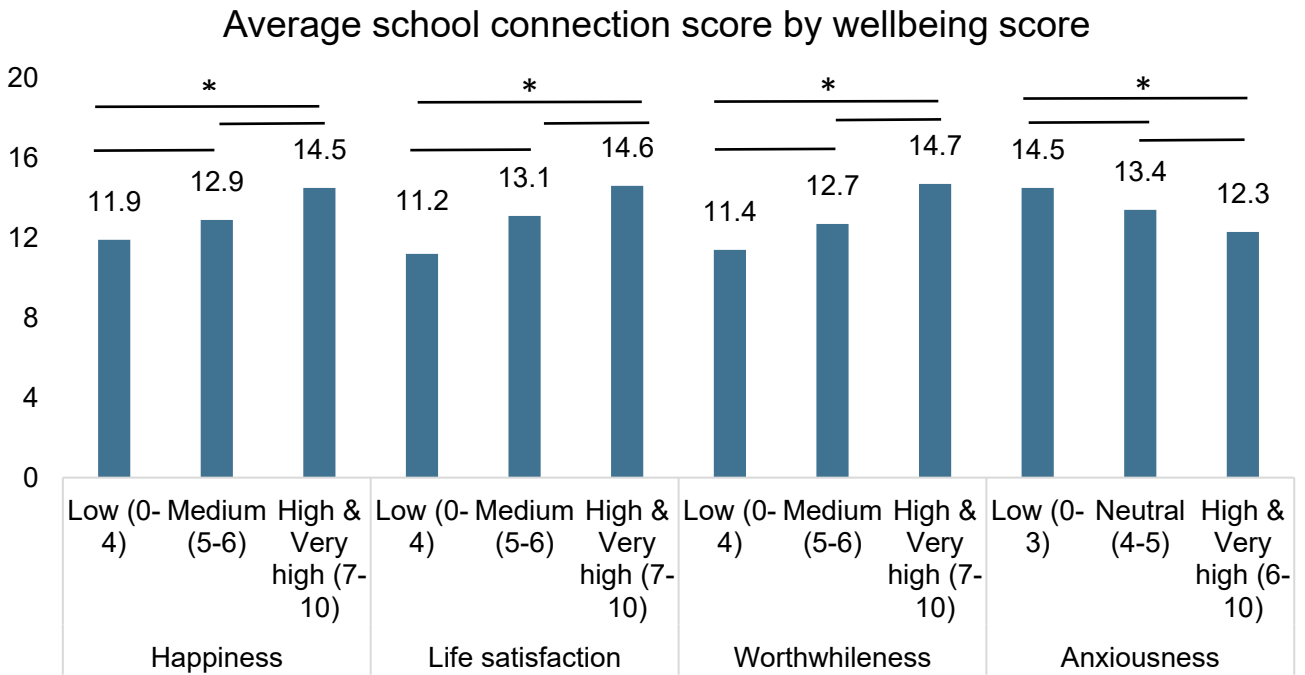
School connection

In May 2021, children and young people aged 11 to 18 who were recruited to the DfE’s Pupil and Parent Panel survey were asked the four questions in the school connection subscale from the Student Resilience Survey²⁷. The questions asked children to think about how often, at school, there is an adult who ‘...really cares about me’, ‘...tells me when I do a good job’, ‘...listens to me when I have something to say’, and ‘...believes that I will be a success’. Questions were scored on a 5-point scale from *never* to *always*; scores on all four measures were summed to create a single composite measure of *school connection*.

Figure 39 presents average school connection scores by subjective wellbeing ratings. The results show a consistently positive correlation between total school connection score and wellbeing, across all four measures of subjective wellbeing. Average school connection scores were higher in those who had high or very high (7-10) scores in happiness (mean = 14.5), life satisfaction (mean = 14.6), and life being worthwhile (mean = 14.7), compared to those with medium (5-6) or low wellbeing (0-4) on these measures. Similarly, those who had low scores in anxiousness (0-3) had higher total school connection scores, on average (mean = 14.5), than those with neutral (4-5) or high/very high (6-10) anxiousness.

²⁷ See <https://www.corc.uk.net/outcome-experience-measures/student-resilience-survey-srs/> for more information on the Student Resilience Survey

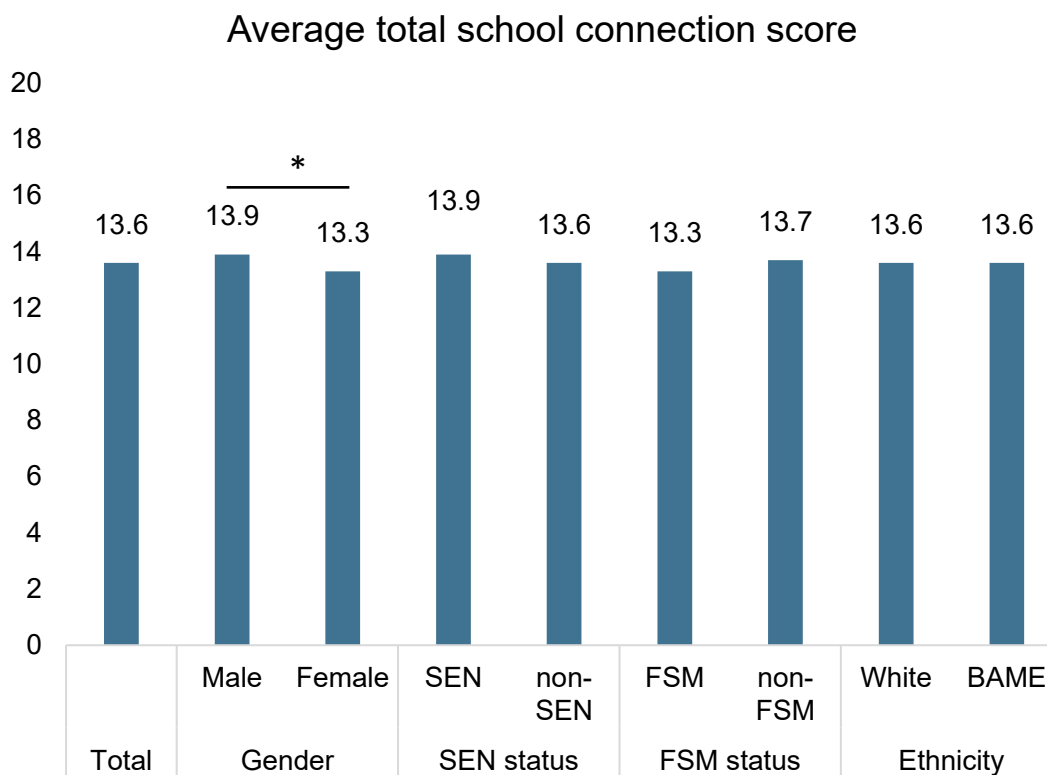
Figure 39. Average school connection ratings of children and young people aged 11 to 18 by subjective wellbeing



Coverage: England. Note: Secondary pupils (n = 1,531), *indicates a significant difference between groups joined by each horizontal line. Source: DfE

Figure 40 presents average school connection scores for the total sample, as well as by relevant pupil characteristics. These data suggest a mean school connection score of 13.6 out of 20. Nonetheless, there was significant variation around the mean; while 12% of survey respondents reported the top score possible for school connection, 18% scored below 10 out of 20. Analysing average scores among different subgroups, male respondents indicated greater school connection ratings on average (13.9) than females (13.3). There was no indication of any other differences among our core subgroups on average.

Figure 40. Average school connection ratings of children and young people aged 11 to 18



Coverage: England. Note: Secondary pupils (n = 1,531), *indicates a significant difference between groups. Source: DfE

School attendance

Here we present state school attendance trends over the 2020/21 academic year, reproduced from DfE’s [‘Attendance in education and early years settings during the coronavirus \(COVID-19\) pandemic’](#) data publication. Attendance is also shown by school phase, FSM-status, and whether the pupil has an Education and Health Care Plan (EHCP). As subgroup data by FSM-status and those with an EHCP did not include data for the obverse group (i.e. non-FSM and those without an EHCP), comparisons are made between each group with total attendance. Attendance trends have been adjusted to account for absence of pupils in Year 11-13 due to expected study leave in the summer term.

We also present survey responses from the PPP (DfE, 2021b) to show correlations between patterns in attendance and wellbeing.

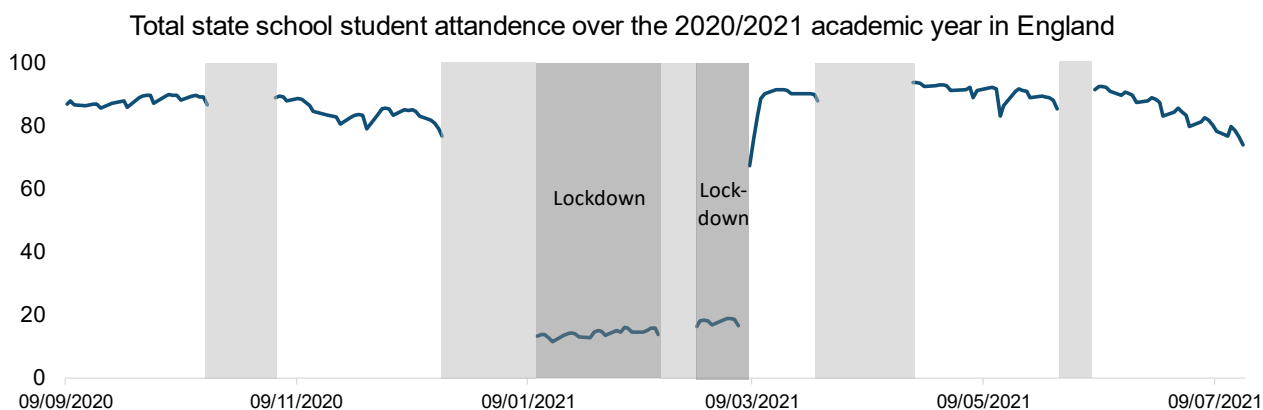
Official attendance trends

Figure 41 presents the total daily attendance of all students attending state schools in the 2020/21 academic year (Years 1-13); data after the Summer half-term is adjusted for Year 11-13 absence due to an earlier end to the school year for these pupils.

The trends presented here suggest that attendance remained high and stable at around 90% during the first half of the Autumn Term, before reducing to around 80% from the middle of the second half of the Autumn term. Similar trends of reducing attendance towards the end of term can be observed before summer half-term holiday, and the end of the summer term. It is unclear whether these represent declines in attendance due to pandemic-related absence.

As schools were closed to the majority of pupils in early 2021 (4th January - 8th March 2021), attendance dropped substantially. Attendance during this time may reflect groups of students who were still permitted to go to school (vulnerable children and children of critical workers). Over the period of lockdown, attendance gradually increases and peaks at 19.1% on the 3rd of March. Attendance sharply rose over the first returning school week (week commencing 8th March) after the lockdown, which is likely due to the staggered return of secondary schools during this period.

Figure 41. Total daily attendance of students in all state-funded schools in England over the 2020/21 academic year

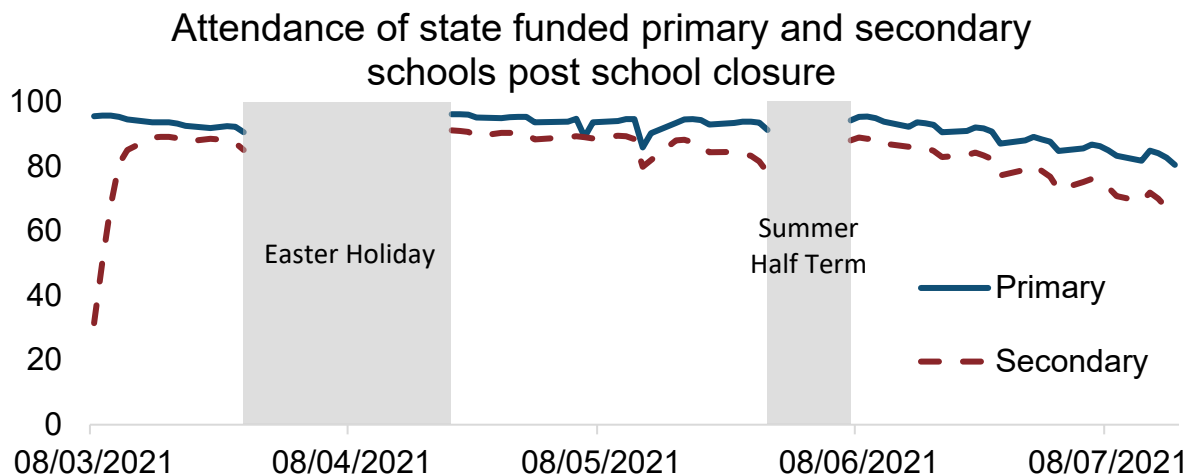


Coverage: England. Light grey bars indicate holidays and half-terms. Source: DfE

Figure 42 presents the daily attendance of students separately for state-funded primary and secondary schools. Data by school phase was only available for the period covering 8th March 2021 to the end of the school year. All pupils in primary education in England returned to school on the 8th of March, rather than the staggered return as was the case in secondary schools.

The data below shows that secondary attendance was consistently lower than primary attendance and this gap widened towards the end of the school year.

Figure 42. Total daily attendance of all students at state funded primary and secondary schools in England following school reopening in March 2021

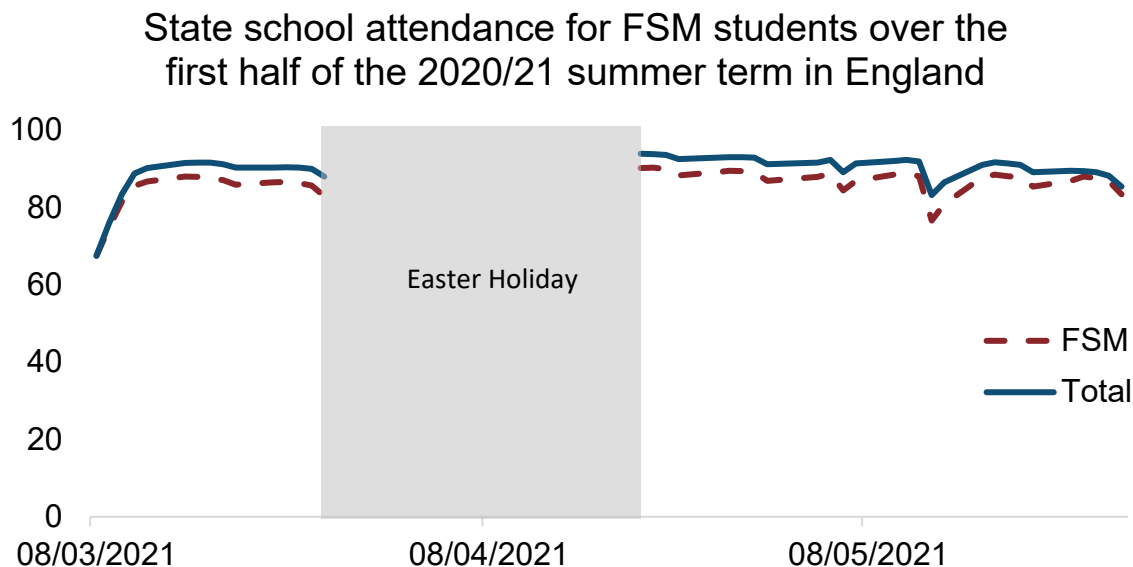


Coverage: England. Source: DfE

Figure 43 presents the daily attendance of pupils eligible for FSM in all state-schools, compared to total school attendance. Data by FSM status was only available for the first half of the 2020/21 summer term.

Throughout, attendance for FSM students and the total population of students was similar, although consistently slightly lower for FSM attendees.

Figure 43. Total daily attendance of all students eligible for FSM at state-funded schools compared to total attendance of all students in England following school reopening in March 2021



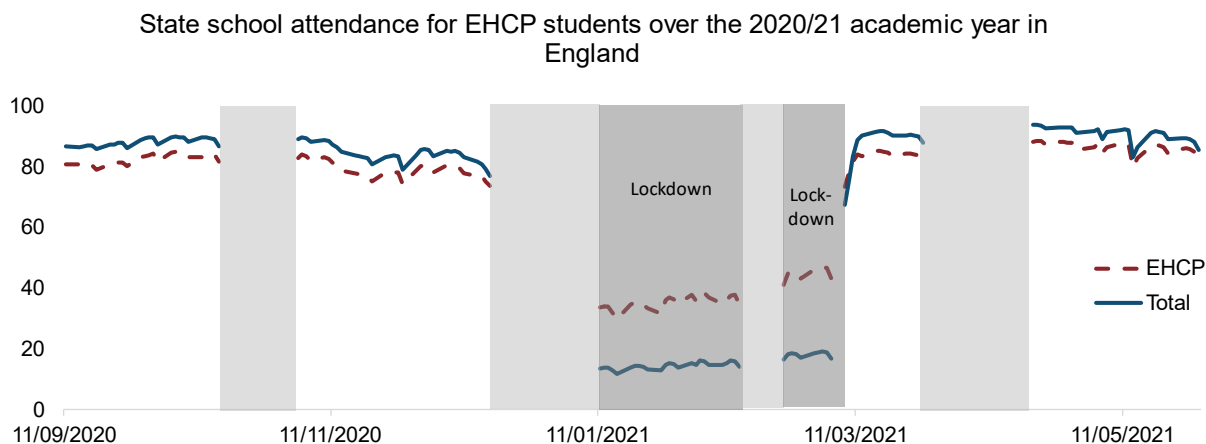
Coverage: England. Source: DfE

Figure 44 shows daily attendance of pupils with an Education Health and Care Plan (EHCP) in all state-schools up to the summer half-term holiday, compared to total attendance.

When schools were open to all pupils, attendance of students with an EHCP followed a similar trend to the wider population but was consistently lower than the total pupil population.

When schools were closed to the majority of pupils, general attendance inevitably dropped. While attendance of those with an EHCP also dropped, this occurred at a lower rate than in the wider pupil population. Further, attendance of those with an EHCP rose to near 50% by the time schools reopened to all pupils on 8th March 2021.

Figure 44. Total daily attendance of all students with an EHCP at state-funded schools compared to total attendance of all students in England following school reopening in March 2021



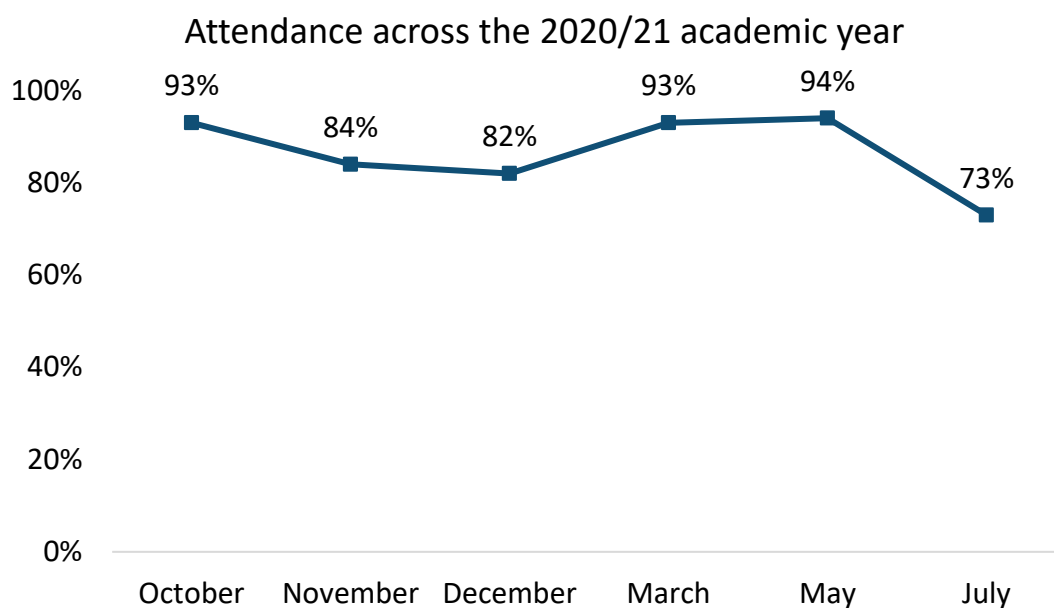
Coverage: England. Light grey bars indicate holidays and half-terms. Source: DfE

Attendance - trends in survey data

The DfE’s Pupil and Parent Panel survey asked children and young people aged 11 to 18 about their attendance patterns at school throughout the 2020/2021 academic year (DfE, 2021c, 2021b).

Figure 45 shows that reported pupil attendance was highest in October 2020, March 2021, and May 2021 and fell to the lowest levels in July 2021 – though this was likely driven by older pupils in exam years having already finished school/college for the year.

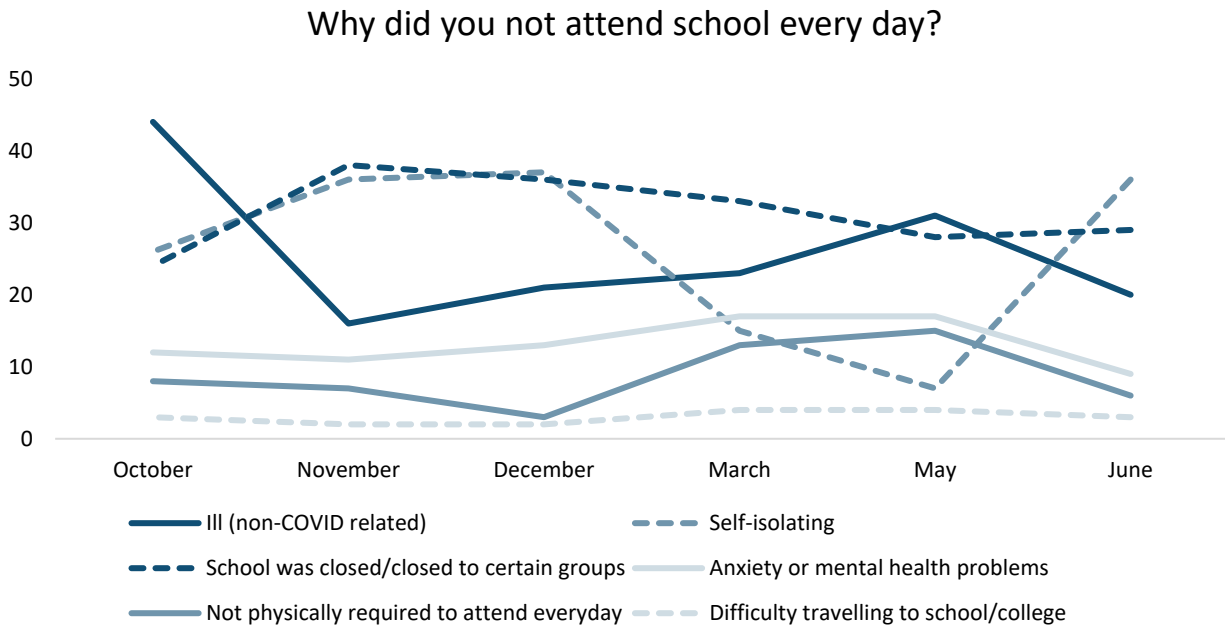
Figure 45. Proportion of secondary-age pupils (11 to 18) reporting attending school every or most days across the 2020/21 academic year



Coverage: England. Source: DfE

Figure 46 shows that the main reasons given for not attending school every day varied throughout the year. The most common reasons for non-attendance were generally illness (non-COVID related), pupils self-isolating because of symptoms or possible contact with someone with symptoms, or because their school was closed/closed to certain groups. The percentage of pupils not attending everyday due to self-isolation fell in March and May 2021, before rising to become the most frequently reported reason why pupils had not attended every day in June 2021. It is unclear how these trends over the year for non-Covid reasons may compare to a non-pandemic year.

Figure 46. The main reasons secondary-age pupils gave for why they had not attended school every day in previous 2 weeks



Coverage: England. Source: DfE

Attendance and wellbeing trends

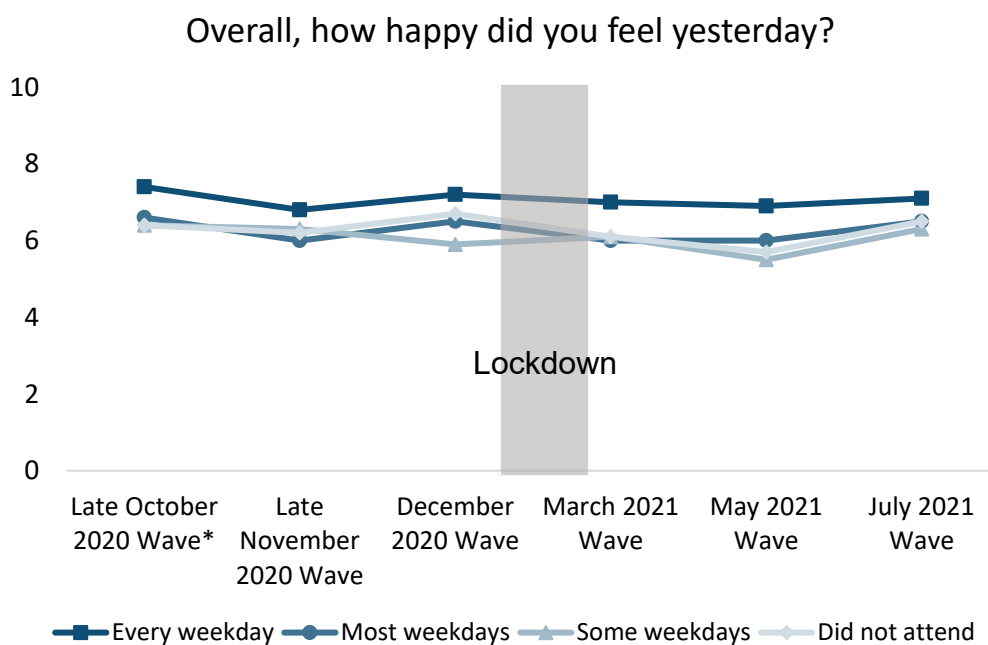
Domain 1: Personal Wellbeing provides an overview of how pupils’ wellbeing ratings fluctuated throughout the year. Figure 47 presents the average subjective wellbeing ratings of children and young people for each wave, by physical school attendance²⁸. Trends across the school year indicate that average wellbeing of children and young people who attended school every weekday was higher than those who attended less frequently on all four measures of wellbeing. This finding was particularly consistent for happiness and life satisfaction. There also appeared to be no clear or consistent differences in average wellbeing between children who were attending most weekdays, some weekdays, or who did not attend at all in the previous two weeks.

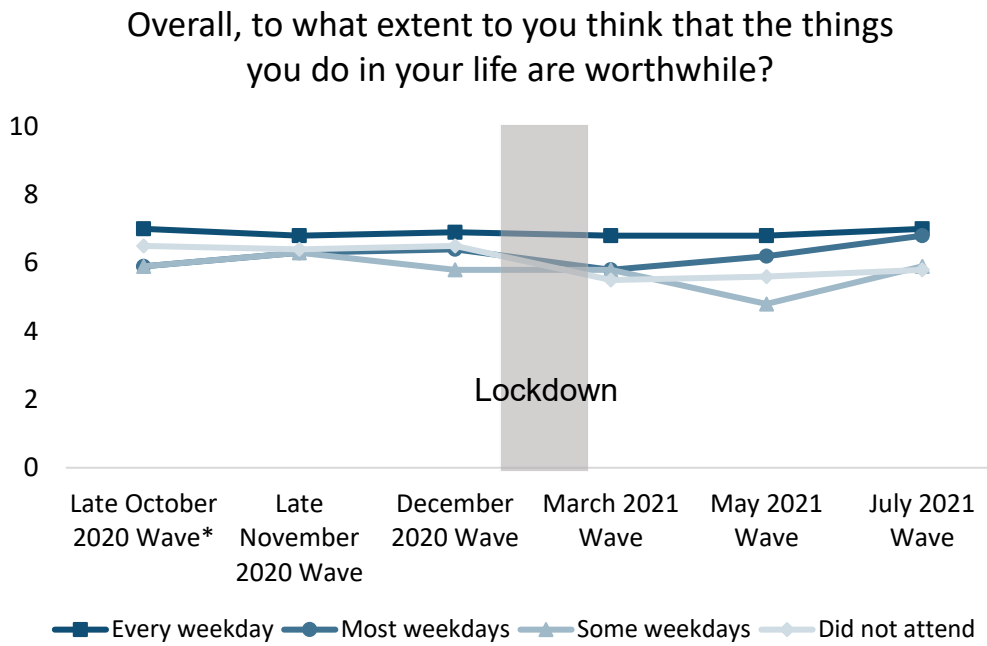
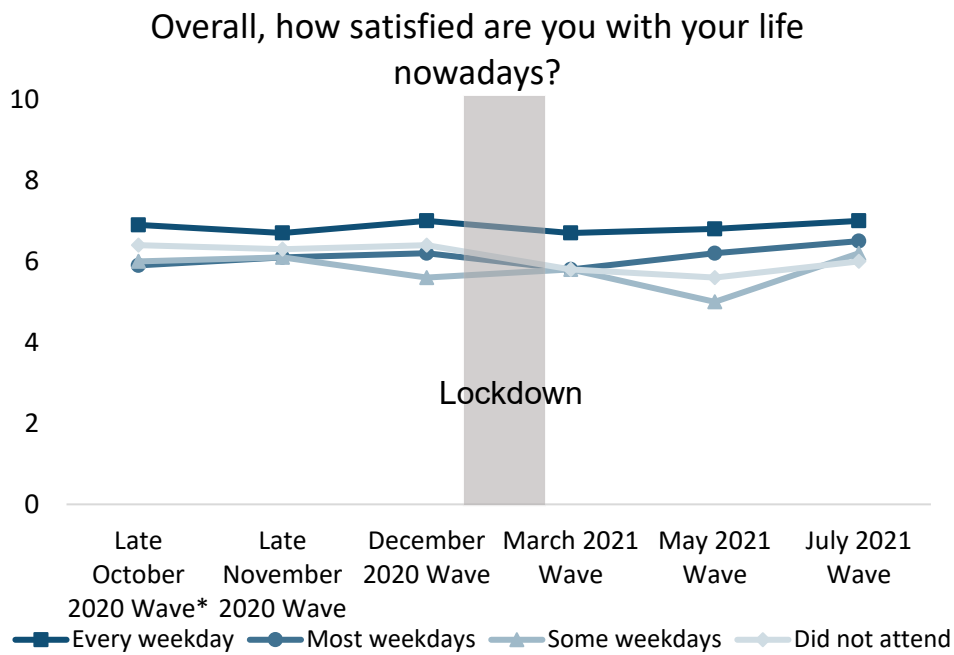
As the data was not in a form that enabled easy pooling of responses across different patterns of attendance, we do not provide results from significance tests. Therefore, any differences in wellbeing by attendance patterns should be interpreted with caution.

²⁸ We do not include data from February 2021 wave, when school was closed to the majority of pupils. This is because those minority of pupils who were expected to attend school in person during this time (particularly vulnerable children) were likely to exhibit poorer existing mental health and wellbeing than the wider population (McAuley & Davis, 2009; Vallejo-Slocker et al., 2020), thus negatively skewing the results.

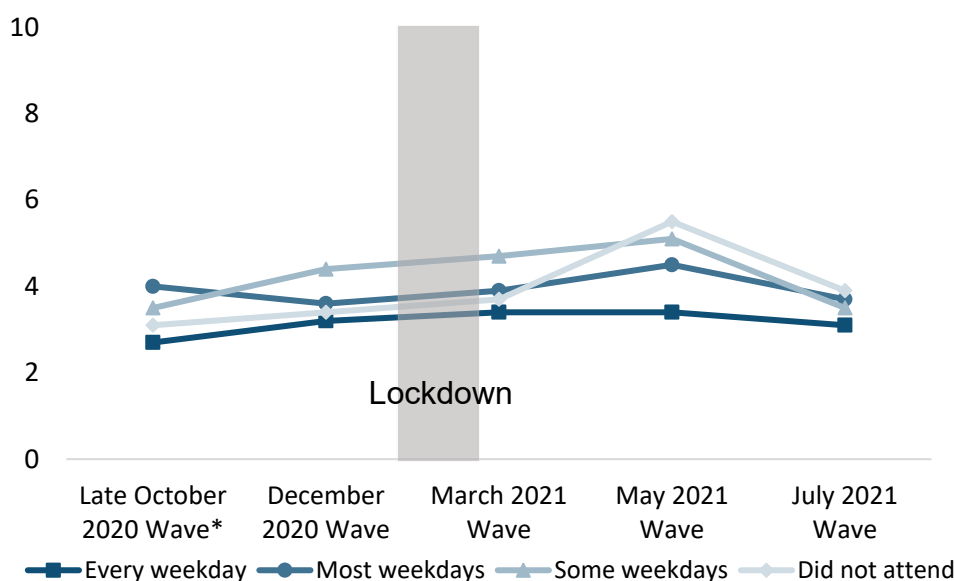
It is also important to note that we are unable to establish the causal relationships between attendance patterns and wellbeing. Therefore, it is not possible to claim from these data whether greater attendance at school increases wellbeing. Further research with more appropriate methods is required to understand the relationships between school attendance and wellbeing, including to identify which groups may suffer reduced wellbeing from physical attendance. The new analysis in the following chapter seeks to address some of these limitations by testing whether the relationship between wellbeing and attendance holds when controlling for a range of demographic factors, such as gender, year group, FSM eligibility, and ethnicity.

Figure 47. Average ONS4 wellbeing ratings of children and young people aged 11-18, by attendance in the last two weeks





Overall, how anxious did you feel yesterday?



Coverage: England. Note: Secondary pupils (Highest n = August 2020; 5,327, Lowest n = May 2021; 1,531); % of survey respondents attending every day by wave (79%; 71%; 66%; 83%; 59%); February 2021 wave is not shown as most participants (92%) were not attending school at all during the fieldwork for this survey. September 2020 wave is not shown due to use of different attendance scale. *in this wave, respondents were asked about attendance in the two weeks before half-term. Source: DfE

Importance of and worries about education for the future

In their 2019 and 2021 surveys of children’s wellbeing, The Children’s Society asked children and young people about the importance of getting good grades and going to university (if they want to) for their own future, as well as their worries about them for their future (The Children’s Society, 2019, 2021).

In 2021, 52% of children reported that getting good grades was very important for their future, while 40% reported that it was quite important (92% quite/very important). These trends were similar to those in 2019, when 52% of children reported that getting good grades was very important for their future, while 39% reported that it was quite important (91% quite/very important). Further, in 2021 37% of children reported that going to university was very important for their future, while 38% reported that it was quite important (75% quite/very important), trends which appear higher than those in 2019 when 30% of children reported that going to university was very important for their future, while 36% reported that it was quite important to them (66% quite/very important).

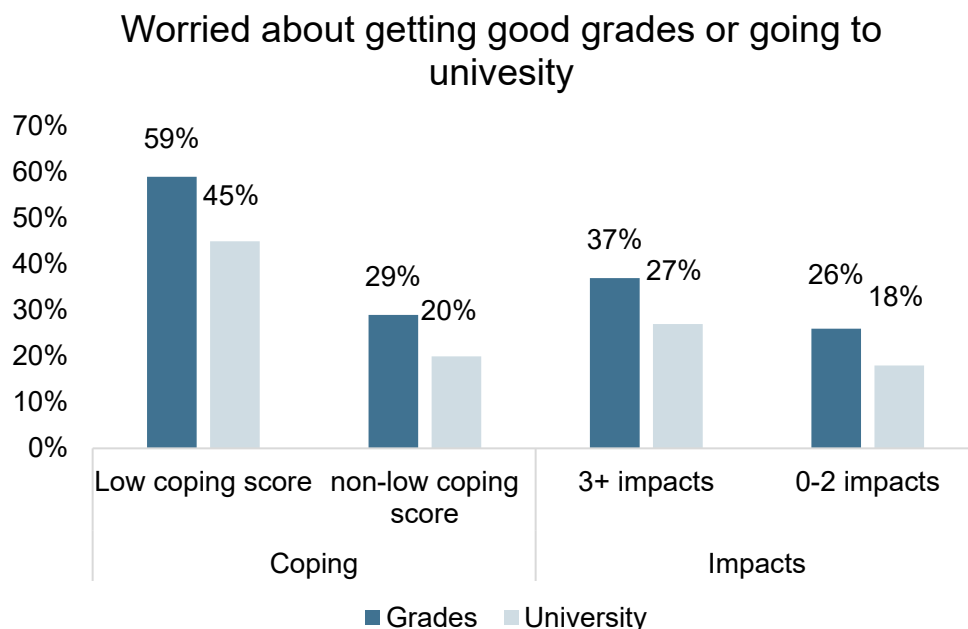
In 2021, 11% of children reported that they were very worried about getting good grades, while 19% were quite worried (30% quite/very worried). These trends were similar in 2019 when 9% of children reported that they were very worried about getting good grades, while 19% reported that they were quite worried (29% quite/very worried). Considering worries about university, 8% of children reported that they were very worried about going to university (if they wanted to), while 19% were quite worried (31% quite/very worried). These trends were also similar to those in 2019 when 5% of children reported that they were very worried about going to university, while 13% reported that they were quite worried (18% quite/very worried).

Figure 48 presents the percentage of children aged 10 to 17 in 2021 who indicated feeling either quite or very worried about getting good grades and going to university, grouped by their subjective assessment of how well they coped with coronavirus changes in their lives, as well as by the number of different impacts their family experienced as a result of the pandemic. As previously noted, the proportion of children who reported low coping scores comprised a relatively small group (8% of sample). It is therefore important to exercise caution when attempting to make inferences about wider effects from small subgroups.

These results suggest that those with a low coping score were nearly twice as likely to report that they were either quite or very worried about getting good grades (59%) than those who coped better (29%). A similarly large effect was shown for university, where those with a low coping score were two and a quarter times more likely to report that they were either quite or very worried about going to university (45%) than those who coped better (20%).

Further, children from families who experienced three or more coronavirus impacts were more likely to report that they were either quite or very worried about getting good grades (37%) than those between zero and two impacts (26%). Children from families who experienced three or more coronavirus impacts were also more likely to report that they were either quite or very worried about their going to university (27%) than those between zero and two impacts (18%). However, as we are unable to establish whether these differences were statistically significant, they should be treated as indicative only.

Figure 48. Percentage of children aged 10-17 indicating feeling quite/very worried about getting good grades and about going to university, in 2021, by subjective coping of coronavirus changes and parent-reported impacts on the family



Coverage: UK. Note: A low coping score is any score below the midpoint on a subjective 10-point scale of how children think they have coped with coronavirus changes overall; number of impacts was measured from a range of 0 to 9, all impacts reported by parents from a predetermined list, n = 2000. Source: Children’s Society

The Children’s Commissioner’s Big Ask Survey also asked children and young people about things that are important for their own future (Children’s Commissioner, 2021). 52% of children and young people aged 9-17 surveyed said that having a good education was one of the top 5 things²⁹ they felt was most important for them to have a good life when they grow up. 39% of 6- to 8-year-olds said this³⁰.

The proportion saying a good education was important reduced with age among the 9 to 17 group from 62.6% of 9- to 11-year-olds, 51.2% of 12- to 15-year-olds down to 35.6% of 16- to 17-year-olds. There were also differences seen when comparing the responses of white and minority ethnic group respondents with 36.1% of white 6- to 8-year-olds saying a good education was important, compared to 50.7% of minority ethnic group respondents in that age range. 49.2% of White 9- to 17-year-old respondents said a good

²⁹ Children and young people aged 9-17 were asked to pick up to 5 items from a list of 13 items covering a wide range of aspects of their lives.

³⁰ 6-8 year olds were asked about a slightly different list of 10 items. Because of this different list it is not possible to compare responses for 6-8 year olds with the 9-17 year old responses

education was important compared to 59.7% of the minority ethnic group. There were only very small differences by gender and SEN status.

9- to 17-year-olds were also asked which of the list of aspects of their lives they were worried they wouldn't have when they grow up. 18% of this age group said they were worried they would not have a good education. The worry about this reduced with age, from 22.1% of 9- to 11-year-olds, 17.2% of 12- to 15-year-olds and 12.2% of 16- to 17-year-olds saying this. There were only very small differences seen by gender, ethnicity and SEN status.

Discussion of trends in education and skills

The data presented in this chapter indicate that, on average, children and young people reported feeling content with their school experience, indicating generally high happiness with their life at school and positive relationships with adults at school which comprises the school connection measure (DfE, 2021b; The Children's Society, 2021). Nonetheless, happiness with school was the lowest scored item on average on the Children Society's aspects of life children were asked about. Further, there was also evidence for substantial variation on these measures. A consistent minority of children and young people reported below-midpoint scores in happiness with school, which also represents the highest proportion of low scores among a list of things children were asked about by the Children's Society. Unhappiness with school, as measured by the Office for the Children's Commissioner, appeared to be more frequent among older children – in particular, older secondary children (Children's Commissioner, 2021).

Considering the return to school in September 2020 following a period of home learning, most secondary-aged pupils indicated being happy to be back and were able to concentrate in class. However, nearly 4 in 10 were worried about catching up on their learning.

The results also provide evidence for a link between school experiences and self-reported wellbeing. Analysis of PPP data (2021a) suggested that those who attended school every day, and those with higher school connection scores were significantly more likely to report higher wellbeing. Importantly, however, it is unclear from these data whether, or how, these outcomes are causally related. For example, while school attendance might lead to greater wellbeing, the reverse relationship could also occur where wellbeing leads to greater school attendance (ONS, 2020; Scottish Government, 2020; The Children's Society, 2010). While the data presented here provides intriguing evidence for a link between school connection and self-reported wellbeing, better-controlled studies with multiple data collections, multiple measures of school belonging or

connection, and over multiple years can help us to better understand the link between positive adult relationships at school and wellbeing of children and young people.

Considering results by subgroup, there were few consistent trends. The data suggested that boys had higher school connection scores than girls on average, and that younger and minority ethnic respondents were more likely to say that a good education was important, compared to younger or white respondents (DfE, 2021b). Further, girls were more likely to be worried about catching up with schoolwork in October 2020 than were boys, as well as being more likely to report struggling with concentration, and being less likely to be happy with returning to school.

Together, the results presented here highlight that school and education continue to be a positive experience and are seen as highly important for children's and young people's futures. However, they also reveal that school can be challenging for many children, with a consistent and significant minority who indicate low happiness with school in annual surveys.

New analysis - Pupil wellbeing, attendance, and experiences in school

Evidence tells us that low or disrupted school attendance can have both short-term and long-term negative consequences for children's lives, including for their mental health and wellbeing. Research has found that non-attendance can lead to poorer educational attainment (Hancock et al., 2017) as well as psychiatric distress and conduct problems (Vaughn et al., 2011). A recent study of 7- to 16-year-olds in Wales found that those with neurodevelopmental or mental disorder before the age of 24 years were more likely to miss school, suggesting that exclusion or persistent absence could be potential indicators of current or future poor mental health (John et al., 2022). Results from a recent meta-analysis also indicates an association between anxiety and unexcused absences/truancy, and school refusal (Finning et al., 2019).

The pandemic has disrupted children's education in many ways, including by reducing opportunities for face-to-face learning (See Domain 3: Education and Skills). However, as most of the research linking attendance to mental health and wellbeing outcomes was conducted before the pandemic, it is unclear whether these trends are similar in such an uncertain environment where education was disrupted for significant numbers of children and young people. It is, therefore, important that we understand the groups most at risk for non-attendance, as well as whether the relationship between attendance and wellbeing holds when controlling for a range of demographic factors.

In this chapter we report new analysis using the DfE's Pupil and Parent Panel to further examine the relationship between pupils' attendance, experiences of school during the COVID-19 pandemic in the 2020/21 academic year, and their wellbeing.

Key findings

- Across the 2020/21 academic year, pupils with higher happiness scores were more likely than pupils with lower scores to have attended school every or most days, controlling for demographic factors, such as gender, year group, free school meal eligibility and ethnicity. The size of this relationship was similar at different points throughout the year. Other measures of wellbeing were not considered in this specific statistical model.
- Other factors that were to be predictive of being less likely to have attended school 'all or most of the time' at multiple time-points were if pupils had a special educational need or disability and if they were eligible for free school meals.
- Pupils who reported that there was no disruptive behaviour in their classes were also more likely to have higher happiness ratings and lower anxiousness ratings,

controlling for a range of demographic factors. Pupils were more likely to have higher happiness ratings if they said they attended school regularly in the past two weeks. The relationship between pupils' anxiousness ratings and attendance was less clear.

- Pupils' wellbeing was also linked to their experiences at school: In October 2020, pupils with higher happiness ratings and lower anxiousness ratings were more likely to have found it easier to concentrate in class, were less concerned about catching-up on their learning, and were happier to be back at school than those with lower happiness and higher anxiousness scores.

Method

We examined the association between pupil attendance and experiences at school and wellbeing by using data from DfE's Parent and Pupil Panel surveys (See Annex A- Data Sources and Methods).

The data we use for this analysis was primarily based on survey waves where data was collected in October 2020, December 2020, May 2021, and July 2021. These waves were chosen to provide a range of snapshots of data across different points of the year during the periods when schools were open to most pupils. As longitudinal survey weights were not available for this data, it was not possible to conduct analysis across waves. This analysis only looks at the survey responses completed by secondary pupils themselves.

Pupil attendance was measured by asking pupils at each survey wave how frequently they had attended school during the previous two weeks. Pupils could report they had attended school on all, most days, some days, or not at all. Pupils who had not attended school every day were asked to pick from pre-determined response options to indicate why they had not attended school. Options included: Because their school was closed or not open every day, they were self-isolating, or because of their mental health or anxiety.

We also consider the role of disruption in class because of other pupils' behaviour. This was measured by asking pupils how much disruptive behaviour there was from other students in the most recent class they were in; options were: Lots, some, or no disruptive behaviour.

In October 2020, pupils were asked to reflect on their experiences of returning to school, following a period of school closures prior to the summer holidays. The questions selected for analysis in this chapter were: how happy they were to have returned to school/college, how concerned they were about catching up on their learning, and how well they were able to concentrate in class.

For the measurement of pupil wellbeing, we used a series of ONS-validated questions about personal wellbeing, including how happy pupils felt yesterday, their life satisfaction, the extent to which they feel the things they do in life were worthwhile, and their anxiousness³¹. The questions use a scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely'. In this chapter, we focused specifically on the measures of happiness and anxiousness as these measures focus on pupils' positive and negative emotional experiences on a day-to-day basis, which we might expect to be closely related to behaviours such as attendance and be more responsive to short-term changes in attendance rates which are the focus of this analysis.

This analysis uses Ordinary Least Squares (OLS) regression and logistic regression to test whether wellbeing was associated with attendance and pupil's experiences whilst in school. These models additionally included demographic characteristics potentially relevant to both pupil wellbeing and attendance, including ethnicity, whether pupils had a special educational need or disability, whether they lived in an urban or rural location, year group, gender, and whether they were eligible for free school meals.

For models related to pupil attendance and wellbeing, pupils who did not attend school for reasons outside of their control³² which were related to COVID, or because their school was closed, were removed from the analysis. This was done because the focus here was to understand the factors which made pupils more or less likely to attend school frequently, when attendance was not outside pupils' control. For models related to the wellbeing, attendance and behaviour, the focus of this analysis is on the factors which relate to pupil wellbeing, and for this purpose we are interested in the link between non-attendance, for any reason, at school and wellbeing. This is to better understand the potential impacts of children and young people being kept out of school by the pandemic. In this section we therefore include pupils who did not attend school for any reason; the only exception to this was for the July 2021 wave where pupils not attending school because their school/college had finished for the academic year were removed from the final analysis.

See Annex C for further information on the methodology of this chapter and the regression tables underlying this analysis.

³¹ This uses the same data source as the PPP analysis in 'Domain 1: Personal Wellbeing'

³² This covered pupils who said their school was closed to all/most pupils; pupils who had finished school/college; pupils who had had a positive COVID test; pupils who were self-isolating; pupils who had received medical advice not to attend school; pupils whose school was not open every day; and pupils who were not required to attend school every day. Pupils who said they were now home schooled were also removed from the analysis.

Pupil attendance and wellbeing

For this section of the analysis, pupils not attending school for reasons beyond their control which were related to COVID-19, such as schools being closed, or because pupils were self-isolating, were removed from the analysis. Pupils who said they were not attending because they were not required to attend every day or because they had finished school/college were also excluded. This is so that we could look at factors related to non-attendance which were not directly COVID-related, and which were not because pupils did not need to be in school (e.g. because their school was not open every day). Pupils who said they were now permanently home schooled were also not included.

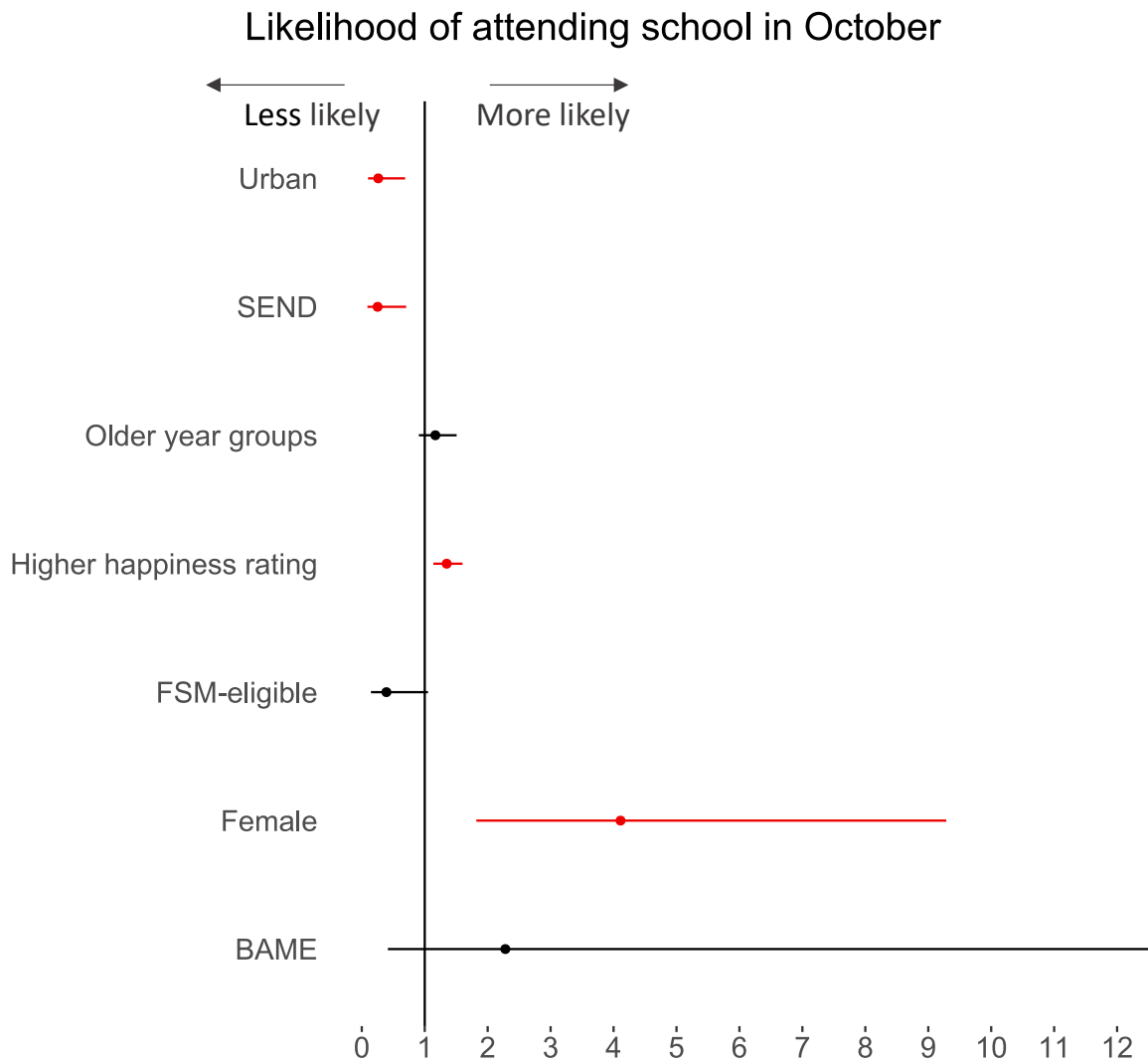
Across all the waves analysed, pupils' happiness scores were consistently positively related to school attendance (See Figure 49, Figure 50, Figure 51, & Figure 52). In October 2020, the odds that pupils attending school regularly (most or all days in the past two weeks) increased by 35% for each point increase in pupils' self-reported happiness ratings. In December 2020, each additional point increased the odds of pupils' attending regularly by 28%, in May 2021 each point increased it by 24% and in July 2021 one point increased the odds by 30%.

While pupil happiness was the only factor included in the analysis which was significantly related to attendance at school at every wave analysed, other variables were related to attendance in some waves. Across all but the October 2020 wave, FSM eligible pupils were significantly less likely to have attended school frequently in the past two weeks than pupils not eligible for free school meals. In both the October 2020 and July 2021 waves, pupils with SEN were significantly less likely to have attended school regularly in the past two weeks than pupils without SEN. In May and July 2021, BAME pupils were significantly more likely to attend school regularly than white pupils; however, the confidence intervals for these findings are very wide so there should be some caution when interpreting these results.

The findings for gender were less consistent – whilst in October 2020 female pupils were significantly more likely to attend school on all or most days than male pupils (their odds of attending regularly were four times higher than male pupils), they were less likely to attend regularly in July 2021.

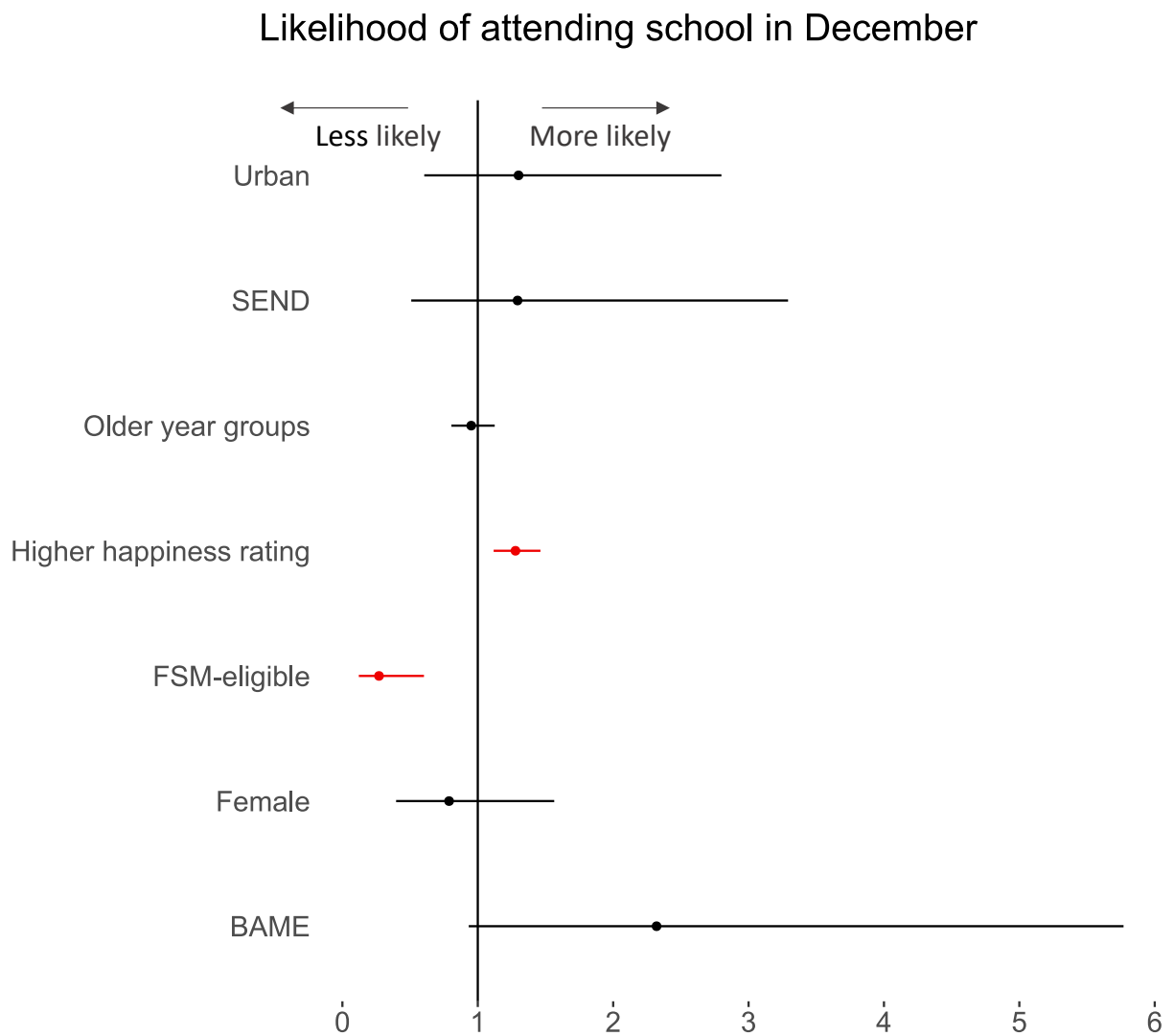
Pupil year group and whether they lived in an urban or rural location were only significantly related to pupil attendance for one of the four waves analysed. In October 2020 whether the odds of pupils in urban locations of attending school regularly in the past two weeks was lower than for pupils in rural locations. In July 2021, pupils in older year groups were significantly less likely to have attended school than pupils in younger year groups.

Figure 49. Overview of factors related to pupils' likelihood of attending school regularly in October 2020



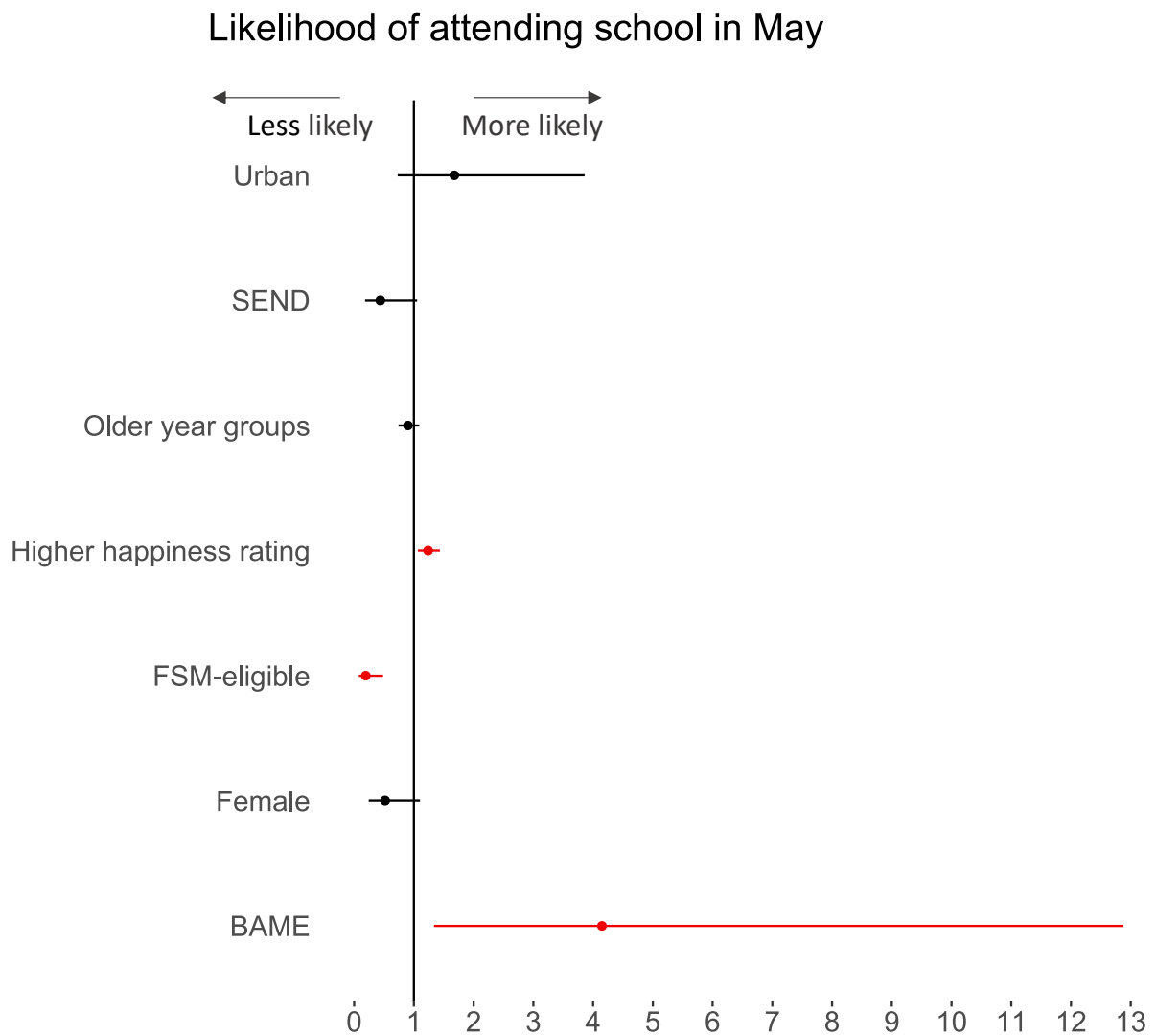
Coverage: England. Note: Bars show 95% confidence intervals. Red bars indicate a statistically significant result. The x-axis shows the odds ratio; n = 1,507. Source: DfE

Figure 50. Overview of factors related to pupils' likelihood of attending school regularly in December 2020



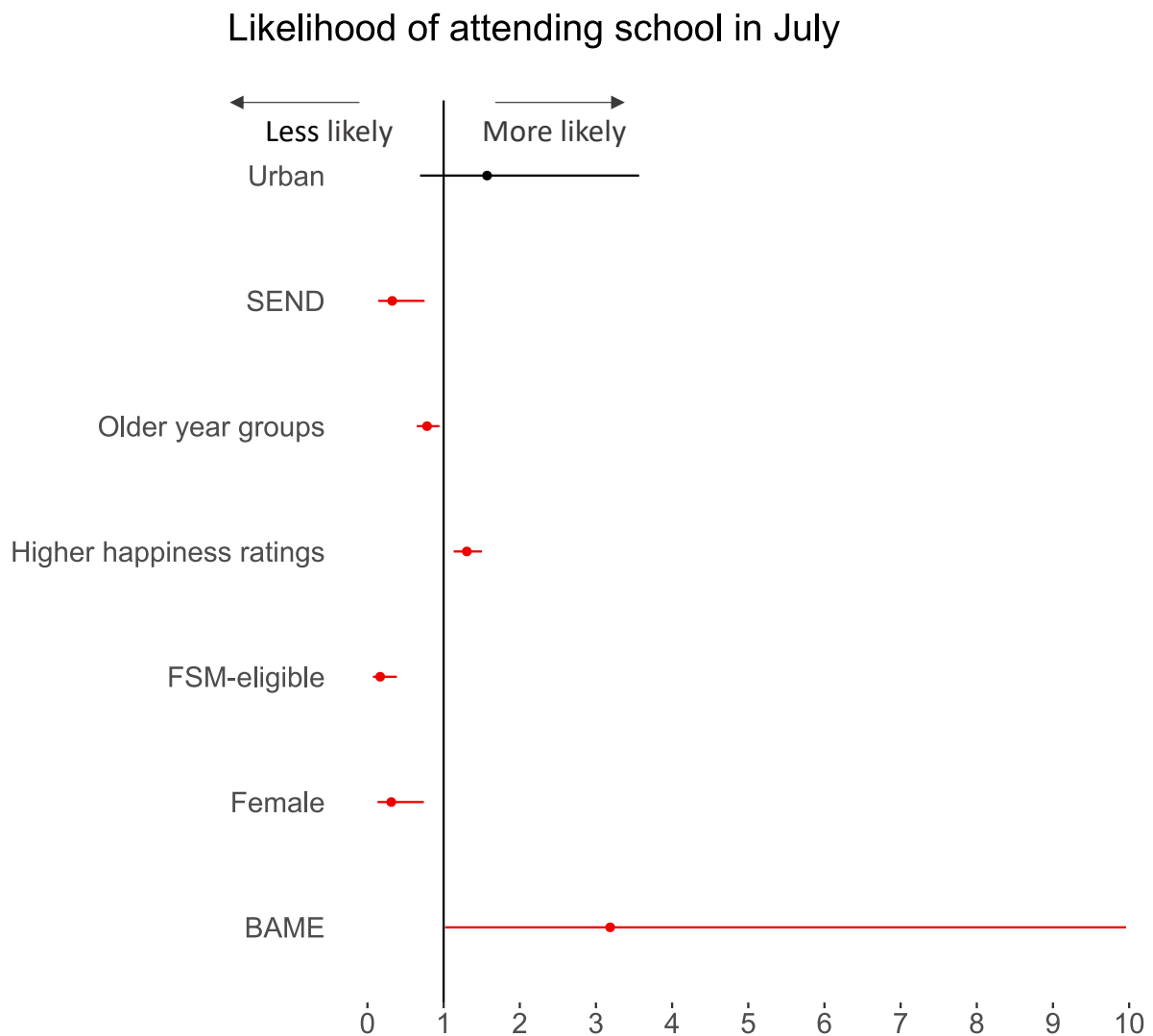
Coverage: England. Note: Bars show 95% confidence intervals. Red bars indicate a statistically significant result. The x-axis shows the odds ratio; n = 1,134. Source: DfE

Figure 51. Overview of factors related to pupils' likelihood of attending school regularly in May 2021



Coverage: England. Note: Bars show 95% confidence intervals. Red bars indicate a statistically significant result. The x-axis shows the odds ratio; n = 1,367. Source: DfE

Figure 52. Overview of factors related to pupils' likelihood of attending school regularly in July 2021



Coverage: England. Note: Bars show 95% confidence intervals. Red bars indicate a statistically significant result. The x-axis shows the odds ratio; n = 860. Source: DfE

Wellbeing, attendance, and behaviour

We also investigated whether attendance and the behaviour of pupils at school predicted wellbeing scores using OLS regression models. For this section of the analysis, pupils' happiness and anxiousness ratings were used. To account for other factors that might influence these ratings, the analysis additionally included pupils' year group, gender, FSM-eligibility, ethnicity, and whether pupils had a special education need or disability, and whether pupils lived in an urban or rural location. While we considered the addition of

Children in Need (CIN) status as a control variable, the prevalence of those with CIN in the sample was too small to include this measure.

This part of the analysis used the October 2020, July 2021 and May 2021 waves. These were selected as it was possible in these waves to look at both how behaviour and attendance were related to pupils' wellbeing (the question on pupil behaviour was not asked at every wave) whilst allowing us to see how these factors related to wellbeing at different points during the 2020/21 academic year. We also include the question on pupils' experience of disruptive behaviour in their class.

In October 2020, 93% of pupils attended school on all or most days. When asked about the behaviour of other pupils, 66% reported some or lots of disruptive behaviour, with 33% reporting no disruptive behaviour. In May 2021, 94% of pupils said they had attended school every or most days. In this wave, 68% reported disruptive behaviour while 32% of pupils reported no disruptive behaviour. In July 2021, 73% of pupils had attended school every or most weekdays. In this wave, 69% of pupils reported some or lots of disruptive behaviour, whilst 31% said reported no disruptive behaviour.

Controlling for the demographic factors listed above, attendance and behaviour were both significantly related to pupils' happiness ratings in all waves analysed.

In October 2021 whether pupils had attended school on all or most days in the two weeks before the survey was associated with a 0.9 higher happiness rating. In May 2021, frequent school attendance was associated with a 0.8 higher happiness rating. For the July 2021 wave, pupil attendance was significantly related to happiness scores once pupils who had finished school/college were removed from this analysis, with frequent attendance at school associated with a 0.8 higher happiness score.

Pupils reported that there was some or lots of disruptive behaviour in class was associated to a 1.0 lower rating in October 2020, a 0.7 lower rating in May 2021 and a 0.9 lower happiness score in July 2021.

The other factors that significantly influenced happiness ratings at all waves analysed were pupils' year groups and gender. Each additional year group older, was associated with a 0.4 lower happiness rating in October 2020, a 0.3 lower happiness rating in May 2021 and 0.4 lower rating in July 2021. Female pupils on average had a 0.8 lower rating in October 2020, a 1.0 lower rating in May 2021 and a 0.9 lower rating in July 2021.

For anxiousness, the link between attendance and anxiousness ratings was less consistent across waves. In May 2021 when controlling for other demographic factors, pupils attending school regularly had significantly lower anxiousness ratings than those who did not attend regularly – regular attendance was associated with a 1.0 lower (more

positive) anxiousness rating on average. However, attendance was not significantly associated with anxiousness ratings in the July 2021 and October 2020 waves.

Behaviour was consistently associated with anxiousness ratings across all the waves analysed. In October 2020, pupils reporting disruptive behaviour was associated with a 0.6 higher rating (meaning pupils were more anxious), in May 2021 it was associated with a 0.8 higher rating and in July 2021 it was associated with a 0.7 higher rating.

The only other demographic factors that significantly influenced anxiety ratings across all waves analysed were pupils' year groups and gender. Each additional year group older led to an average 0.4 higher anxiousness rating in October 2020, a 0.5 higher rating in May 2021 and a 0.3 higher rating in July 2021. Female pupils on average had a 1.1 higher anxiousness rating in October 2020, a 1.3 higher rating in May 2021 and a 1.5 higher rating in July 2021.

These regression models explained between 11-16% variance in happiness and anxiousness ratings, suggesting most of what influences pupil wellbeing is not explained by the factors included in these models. However, this is to be expected as many factors influence wellbeing, including peer relationships and home life which are not quantified by this survey data.

Wellbeing and experiences at school

To understand whether wellbeing was related to pupil's experiences at school, we considered pupils' responses to questions in October 2020 about their experience of being back at school, including how well they were able to concentrate in their class, how happy they were to be back in school and how concerned they were about catching up on their learning. Logistic regression models were used to see whether pupils' responses to these questions were related to their wellbeing, controlling for relevant demographic factors.

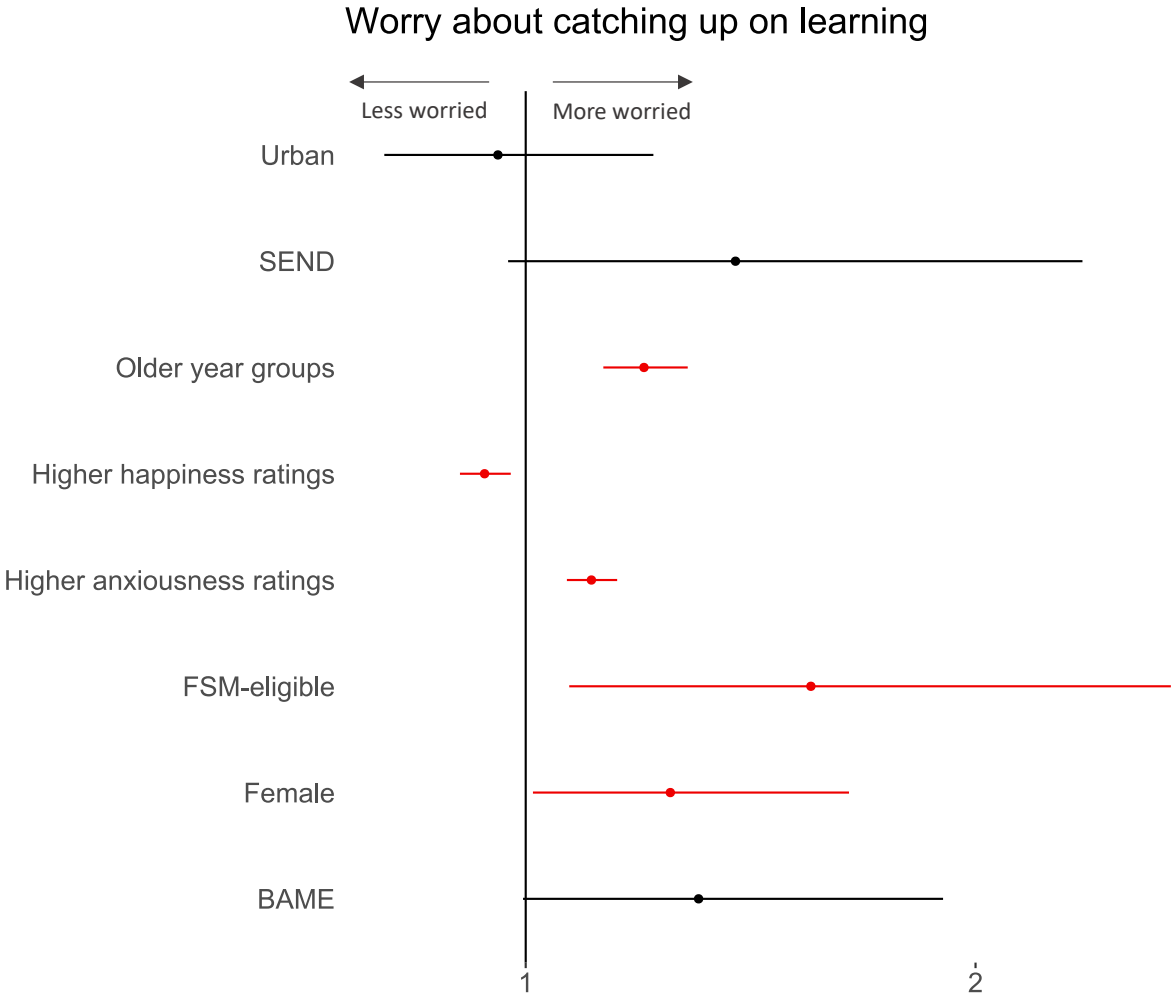
For the question on how well pupils were managing to concentrate in lessons, pupils were given four response options: very well, quite well, not very well and not well at all. For the purpose of this analysis, these responses were combined to create a binary split between pupils who could concentrate well (very or quite well) and not well (not very well and not well at all). Similarly for the question on how worried pupils were about catching up on their learning, responses were combined to give a binary split between those who were worried (very worried or quite worried) and not worried (not very worried and not at all worried). Responses to the question on how happy pupils were to be back in school was combined into happy (very happy and fairly happy) and not happy (not very happy and not at all happy).

The results presented in Figure 53, Figure 54, & Figure 55 show that pupils with higher anxiousness ratings were significantly more likely to be worried about catching up on their learning, more likely to say they could not concentrate well in class, and were significantly less likely to say they were happy to be back at school. Each additional point on the anxiousness rating increased their odds of being concerned about catching up on learning by 15%, increased their odds of not being able to concentrate well by 13% and reduced the odds that they would be happy to return to school by 9%.

Pupil's happiness ratings had a similarly significant relationship with all three experiences. For each additional point on the happiness scale, pupils' odds of being happy to have returned to school increased by 65%. Meanwhile it reduced their odds of saying they could not concentrate well in class by 27% and that they were concerned about catching up on learning by 9%.

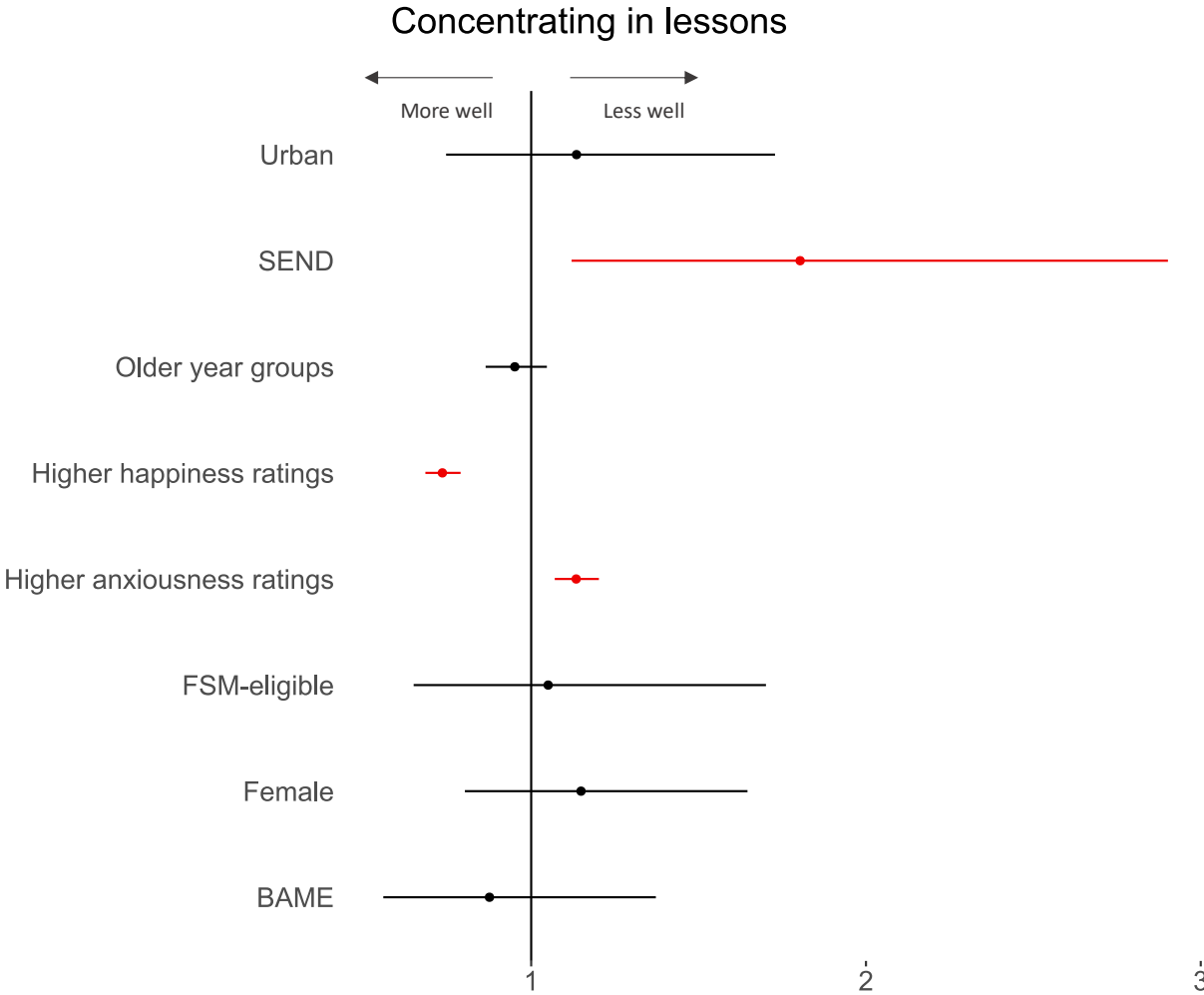
Considering the effects of sociodemographic variables, those who were older, FSM-eligible and female, were more likely to be worried about catching up on learning than those who were younger, not eligible for FSM, and males. Pupils with SEN were also more likely to have reported problems with concentration with school. No other groups showed a significant relationship with the measures in this section.

Figure 53. Overview of factors related to pupils' concerns about catching up on learning



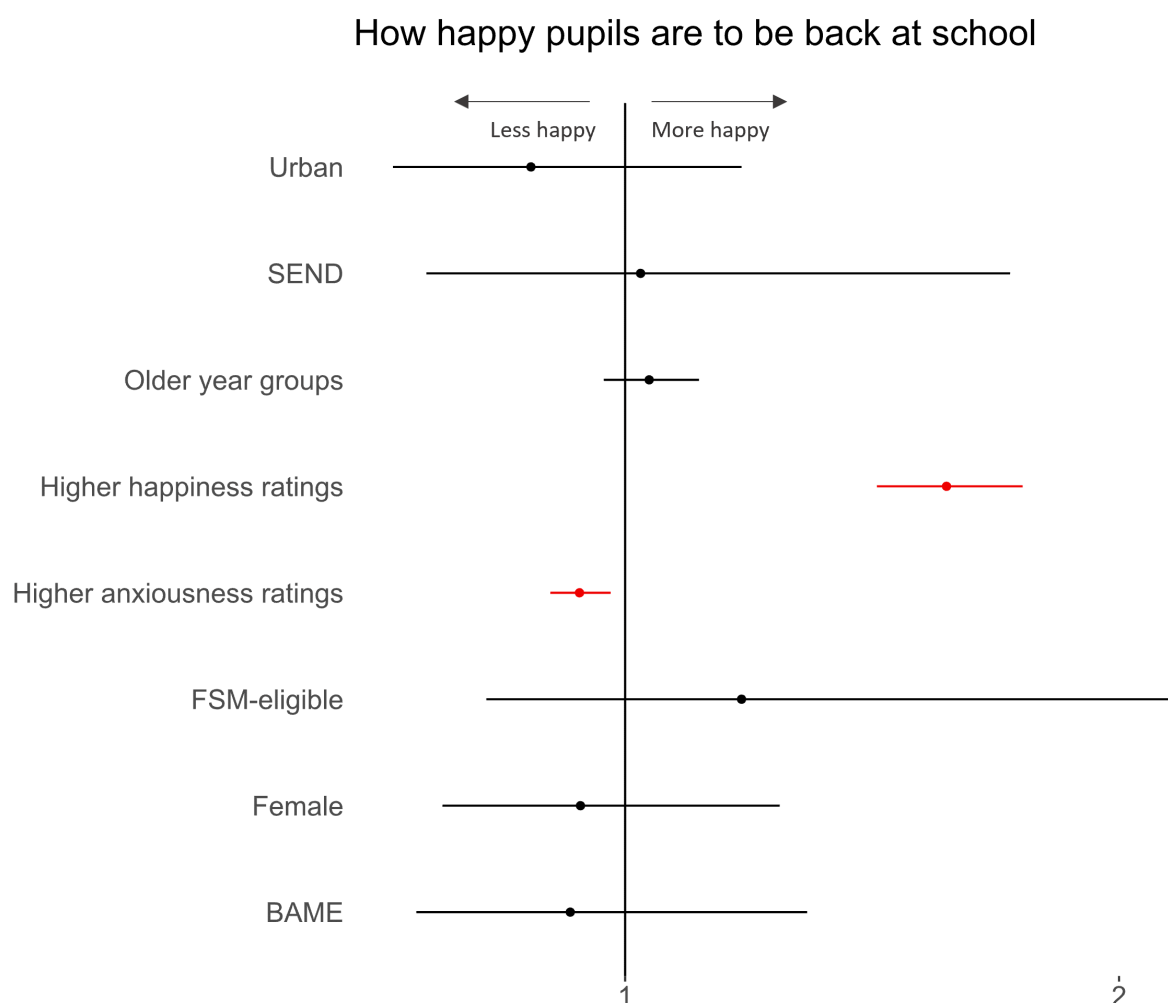
Coverage: England. Note: Bars show 95% confidence intervals. Red bars indicate a statistically significant result. The x-axis shows the odds ratio. Source: DfE

Figure 54. Overview of factors related to how well pupils were able to concentrate in lessons



Coverage: England. Note: Bars show 95% confidence intervals. Red bars indicate a statistically significant result. The x-axis shows the odds ratio. Source: DfE

Figure 55. Overview of factors related to how happy pupils were to be back at school



Coverage: England. Note: Bars show 95% confidence intervals. Red bars indicate a statistically significant result. The x-axis shows the odds ratio. Source: DfE

Discussion

Across the 2020/21 academic year, pupil’s wellbeing was consistently and positively related to how frequently they attended school in the waves considered in this analysis; this was the case even when controlling other demographic factors. The size of the relationship between attendance and wellbeing was fairly consistent across waves, with a one point score increase in pupil’s happiness ratings equating to between a 26-30% increase in the odds pupils would attend across waves. Equally, when looking at what factors influence pupils’ happiness ratings, attendance was shown to relate to how happy

pupils are, with frequent attendance at school associated with a 0.8-0.9 higher happiness rating.

While these findings suggest a link between attendance at school and pupils' wellbeing, they cannot uncover causal relationships between these variables. It is not clear whether attending school has a positive impact on pupil's wellbeing or whether pupils who are less happy are less likely to attend school, or even a combination of both. Additionally, there may be some other factor which is related to both attendance and wellbeing which explains some of the relationship such as parental care which could affect both wellbeing and the likelihood of pupils going to school.

A relationship was also found between wellbeing and pupils' experiences of disruptive behaviour whilst at school. In October 2020, May 2021, and July 2021 how much disruptive behaviour pupils said was in their classrooms predicted poorer happiness and anxiousness ratings, controlling for other demographic factors. As with the attendance analysis, the causal relationships between these variables are unclear.

Finally, we looked at pupil's experiences at school when they had returned to school in October 2020 after lockdown. These results again point to a relationship between pupils' experiences at school and their wellbeing ratings. Pupils with higher happiness ratings reported feeling happier about returning to school, being better able to concentrate in class, and being less concerned about catching up on their learning. Equally, pupils with higher anxiousness scores found it harder to concentrate, were more worried about catching up on their learning and were less likely to say they were happy to have returned to school.

As with the results above, the analysis cannot reveal the causal direction of this relationship. However, other questions asked in the parent and pupil panel suggest that pupil's experiences at school might affect their wellbeing. In March and May 2021, pupils with high anxiousness ratings (a score of 6-10) were asked why they felt anxious. The most common reasons given over these two waves were 'uncertainty over grades' (61% in May and 68% in March), 'keeping up with my work at school' (63% in May and 60% in March), and 'uncertainty over the future' (62% in May and 59% in March). This again suggests that experiences and attitudes towards their school is linked to their wellbeing, though it is important to note that pupils with high anxiousness could be more likely to worry about these things than those with lower anxiousness.

Overall, this analysis provides an initial exploration about the range of ways pupil wellbeing relates to pupils' experiences and attendance in school, which could prompt questions for future work to further examine the nature and direction of this relationship.

Domain 4: Relationships

Summary

The quality of social relationships, both with peers and with family, are important for the mental health and wellbeing of children and young people. A range of evidence indicates the importance of supportive peer relationships and inclusion for good wellbeing, and conversely, the risk of bullying, discrimination, poorly developed friendships or peers who are not supportive for poor wellbeing (Moore et al., 2017; Patalay & Fitzsimons, 2016; Scottish Government, 2020). Further, having positive relationships with trusted adults and supportive friends has been shown to be associated with reduced risk of mental illness (Hughes et al., 2018). One systematic review has linked periods of social isolation and loneliness with depression and anxiety among children and adolescents (Loades et al., 2020).

We know that the pandemic has had a profoundly disruptive effect on the relationships of many people of all ages, due to the need to reduce social contact with those outside the household. The 2020 State of the Nation reported that between a quarter and just under a half of older young people (those aged 16 and over) felt that the pandemic had affected their relationships, either positively or negatively over this time (DfE, 2020)

This section brings together data on a range of different measures related to the quality of peer and family relationships, to identify which groups were most affected throughout the pandemic, as well as help to build understanding of how the quality of these relationships have changed throughout 2021, particularly as restrictions were eased in spring and summer.

This chapter presents:

- Happiness with friends and family
- Family connectedness and functioning
- Bullying
- Loneliness
- Importance of family and friends for the future

Key findings

- Overall, children and young people's happiness with their relationships with their family and friends has remained consistently high between 2013-2015 and 2021 on average, as measured by the Children's Society. While there was evidence for

a small reduction in average happiness with friends comparing data collected between 2019 (7.9) and 2020 (7.4) following a period of stable scores, scores on this measure recovered to around pre-2020 levels in 2021 (7.8).

- A small minority of children in the Big Ask survey said they were unhappy with their friendships (3% of 6- to 8-year-olds; 5% of 9- to 17-year-olds) and family life (3% of 6- to 8-year-olds; 6% of 9- to 17-year-olds) in 2021.
- Children and young people who were more likely to have had a mental disorder in 2021 were also more likely to have a lower family connectedness score and a higher likelihood of reporting problems with family functioning.
- Bullying was more likely to be reported as being experienced by SEN versus non-SEN pupils (at both primary (SEN, 29%; Non-SEN, 16%) and secondary age (SEN, 21%; Non-SEN, 14%), FSM than non-FSM (at primary age (FSM, 26%; Non-FSM, 17%) but not secondary age), and white pupils than those of an ethnic minority (at secondary age (white, 17%; ethnic minority 8%) but not primary age).
- Loneliness in 2020 and 2021
 - Young people 17- to 22-years-old (2020, 13.8; 2021, 12.8) versus 11- to 16-years-old (2020, 5.4; 2021, 4.9) and females were more likely to report being 'often or always' lonely in 2020 (11 to 16, 7.7; 17 to 22, 18.8) and 2021 (11 to 16, 18.8; 17 to 22, 16.7).
 - Those with a probable disorder were more likely to have indicated feeling often or always lonely in 2020 and 2021 than those unlikely to have a disorder. This was the case for both 17- to 22-year-olds (2020, 25.5; 2021, 17.4) and 11 to 16-year-olds (2020, 21.4; 2021, 17.1).
 - White British survey respondents were more likely to report feeling often or always lonely than black/black British respondents.
- Within the 2020/21 academic year
 - Among secondary pupils, the proportion of those who indicated often feeling lonely ranged from a low of 12% in August 2020 (the first data collected) to a high of 20% in February 2021, which coincided with schools being closed to the majority of pupils.
 - Girls were consistently more likely than boys to report often feeling lonely, with significant gender differences evident in all time periods covered by one repeated survey. This loneliness gender gap may have widened in the middle of year before closing towards the end.

Happiness with family and friends

The Good Childhood Index has collected regular data on children and young people's happiness with their family and their friends (The Children's Society, 2015, 2017, 2018, 2019, 2019). Figure 56 presents this data as a time series of average annual happiness scores (on a scale of 0-10) of children and young people aged between 10 and 17 from 2013-2015 to 2021. Data from the 2016 survey onwards were collected between April-June each year

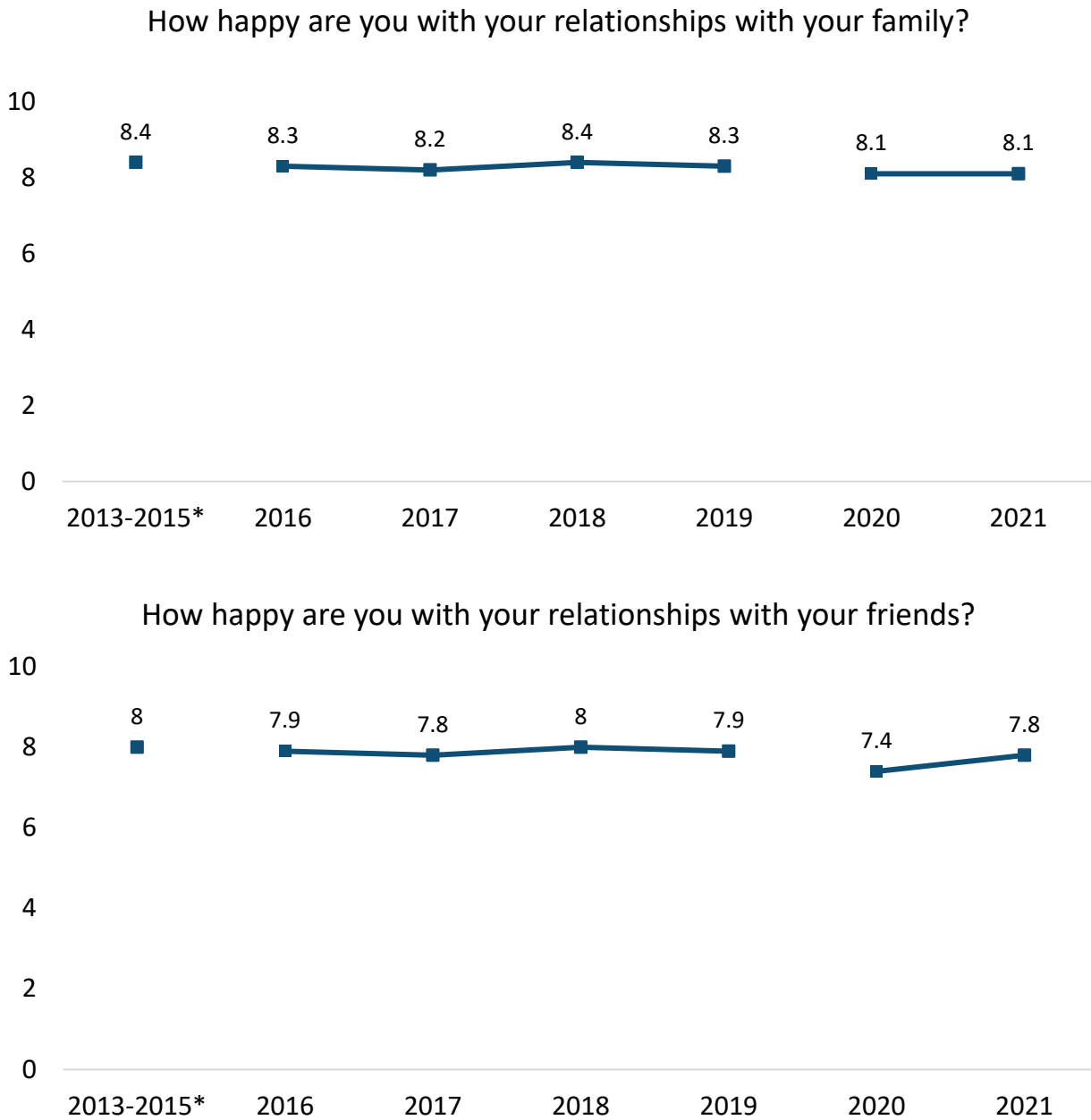
The results presented here suggest that children and young people's happiness with their relationships with their family has remained consistently high across time, on average, showing no evidence of large changes in any one year. However, there was some evidence of a small increase in low scores since 2019. In 2021, 6% of respondents scored below the midpoint (5) on this measure, compared to 6.7% in 2020, 3.7% in 2019, and 3.3% in 2018.

When considering trends in average happiness with friends over time, the results suggest a small reduction between 2019 and 2020 following a period of stable scores.

Nonetheless, this reduction in average happiness with friends appears to have recovered to pre-2020 levels in 2021. As with happiness with family relationships, there is evidence of variation in low happiness with relationships with friends over time, with a particularly high proportion of low scores in 2020. In 2021, 6.9% of respondents scored below the midpoint (5) on this measure, compared to 11.5% in 2020, 5.7% in 2019, and 4.1% in 2018.

Together, these results suggest that there was an increase in the proportion of low scores for happiness with friends and family between 2018 and 2020, as well as reduction in average happiness with friends between these waves. Further, these downward trends appear to have mostly recovered by 2021. It was not possible to test whether these differences over time were statistically significant, so any trends are indicative, only.

Figure 56. Average ratings of children and young people aged 10 to 17's happiness with family and friends



Coverage: 2020-2021 UK, 2013-2019 Great Britain, Note: Discontinuity in time series, see 'Data sources and methods' annex for further information. *The reported response for '2013 to 2015' is a pooled average based on four half-annual surveys of children and young people reported in the 2015 Good Childhood Report. n = 2000. Source: Children's Society.

The Children's Commissioner's Big Ask Survey in April and May 2021 asked children and young people aged between 6 and 17 about how happy they felt about different aspects

of their lives, including friendships and family life. 3% of 6- to 8-year-olds said they were unhappy with their friendships and 3% said they were unhappy with their family life. 5% of 9- to 17-year-olds said they were unhappy with their friendships and 6% were unhappy with their family life.

Among 9- to 17-year-olds there is an increase in levels of unhappiness with both friendships and family life with age, with 4.3% of 9- to 11-year-olds, 5.1% 12- to 15-year-olds and 7.8% of 16- to 17-year-olds saying they are unhappy with their friendships. 3.7% percent of 9- to 11-year-olds, 6.3% 12- to 15-year-olds and 10.4% 16- to 17-year-olds said they were unhappy with their family life.

Females aged between 9 and 17 were more likely (7%) than males (4.4%) to say they are unhappy with their family life. Outside of this there were only very small differences for both friendships and family by gender, age, ethnicity, and SEN status for both age groups.

Family connectedness and functioning

NHS Digital's 2021 MHCYP survey included questions related to children and young people's family connectedness³³ and family functioning (NHS Digital, 2021a). The following section presents average scores for family connectedness in 2021 by age, gender, and by whether the participant is unlikely to have a mental disorder, has a possible mental disorder, or has a probable mental disorder. This section also presents the proportion of children and young people reporting any problems with family functioning³⁴ in 2020 and 2021, by age, gender, and by whether the participant is unlikely to have a mental disorder, has a possible mental disorder, or has a probable mental disorder.

Family connectedness

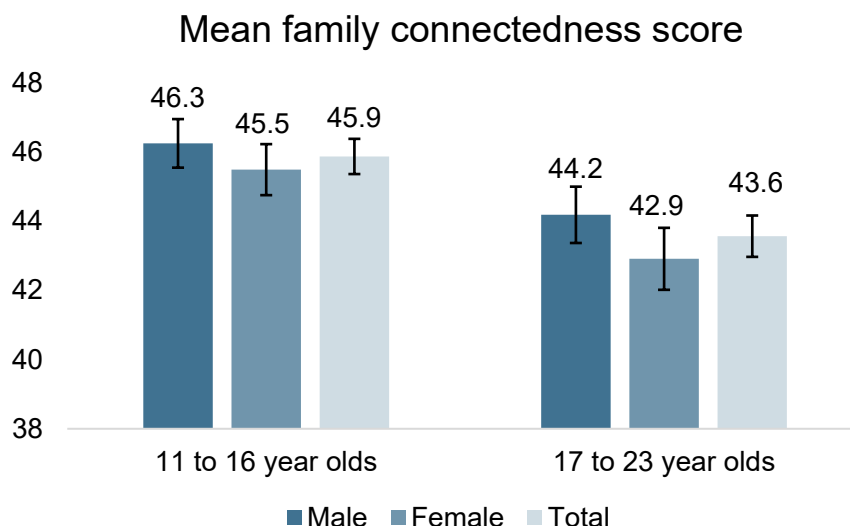
Figure 57 presents the average family connectedness scores of children and young people in 2021, by age and gender. Overall, the data shows that 11- to 16-year-olds had a higher average family connectedness score (45.9) than 17- to 23-year-olds (43.6); this

³³ Six questions were asked from the family connectedness scale (Eisenberg & Resnick, 2006) and used to calculate composite scores. The following questions were asked, with participants answering on a 10-point scale of 'not at all;' to 'very much': 1. Your parents/carers care about you? 2. Your family cares about your feelings? 3. Your family understands you? 4. Your family has lots of fun together? 5. Your family respects your privacy?

³⁴ Items from the General Functioning Scale of the McMaster Family Assessment Device (Epstein et al., 1983). The following questions were asked, with participants answering on a four-point scale of 'strongly disagree' to 'strongly agree': 1. We avoid discussing our fears and concerns 2. There is lots of bad feeling in the family 3. We feel accepted for what we are 4. We confide in each other.

difference was evident in both males and females. There was no indication that males and females differed in average family connectedness in either age group.

Figure 57. Average family connectedness score of children and young people aged 11 to 23 years old in 2021, by age and gender

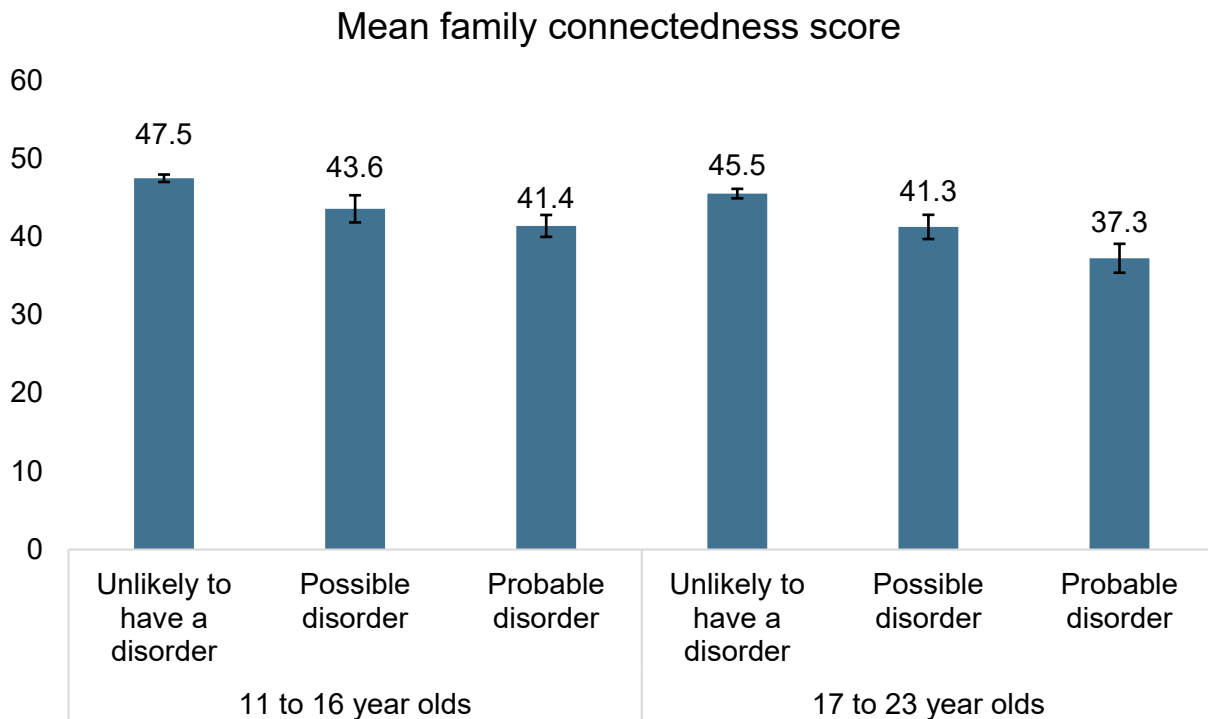


Coverage: England. Note: error bars represent 95% confidence intervals. Source: NHS Digital

The data presented in Figure 58 suggests that, in 2021, the likelihood a child or young person had a mental disorder was negatively related to their average family connectedness score, in both 11- to 16-year-olds, and 17- to 23-year-olds. Among 11- to 16-year-olds, average family connectedness scores of children and young people were higher in those who were unlikely to have a mental disorder (47.5) than either those who had a possible (43.6) or a probable disorder (41.4). Among 17- to 23-year-olds, there was evidence that mean family connectedness was higher in those who were unlikely to have a disorder (45.5) than those with a possible disorder (41.3). Further, those with a possible disorder had higher family connectedness, on average, than those with a probable disorder (37.3).

While these data do suggest a negative relationship between average family connectedness and likelihood of having a mental disorder, it is not possible to tell in this data whether or how these measures might be causally related.

Figure 58. Average family connectedness score of children and young people aged 11 to 23 years old in 2021, by likelihood of mental disorder

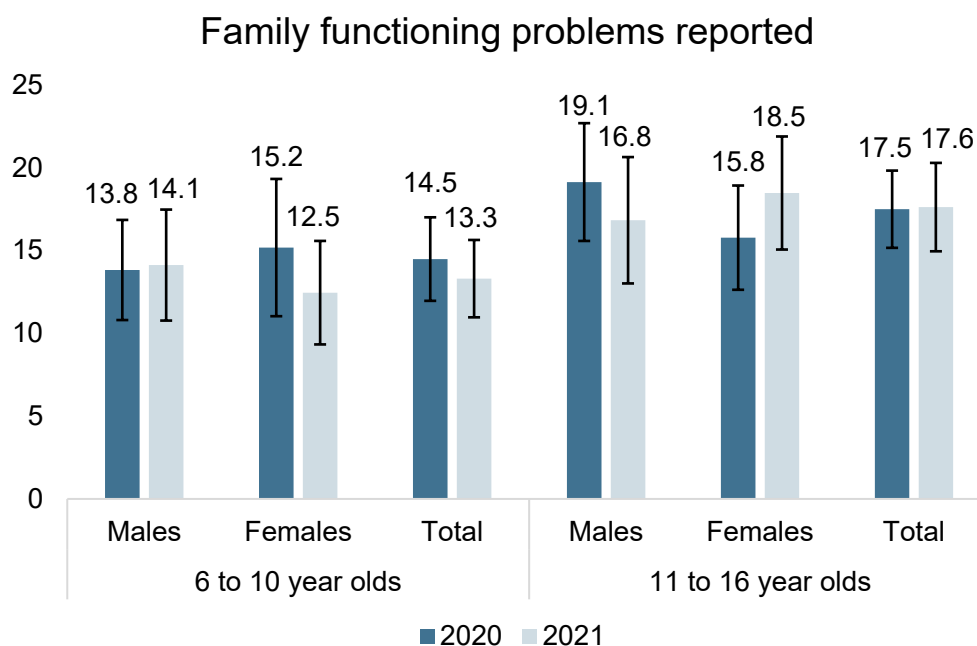


Coverage: England. Note: error bars represent 95% confidence intervals. Source: NHS Digital

Family functioning

The data in Figure 59 present the percentage of children and young people indicating one or more family functioning problems in 2020 and 2021, by age and gender. While the data appear to suggest that family problems were reported at higher rate in 11- to 16-year-olds than 6- to 10-year-olds in 2020 and 2021, the confidence intervals overlap and so any differences are unlikely to be statistically significant. Further, there was no evidence that there was a gender difference in the likelihood of indicating a family functioning problem in either age group, in 2020 or 2021.

Figure 59. Percentage of children and young people aged 6 to 16 years old indicating family functioning problems in 2020 and 2021, by age and gender

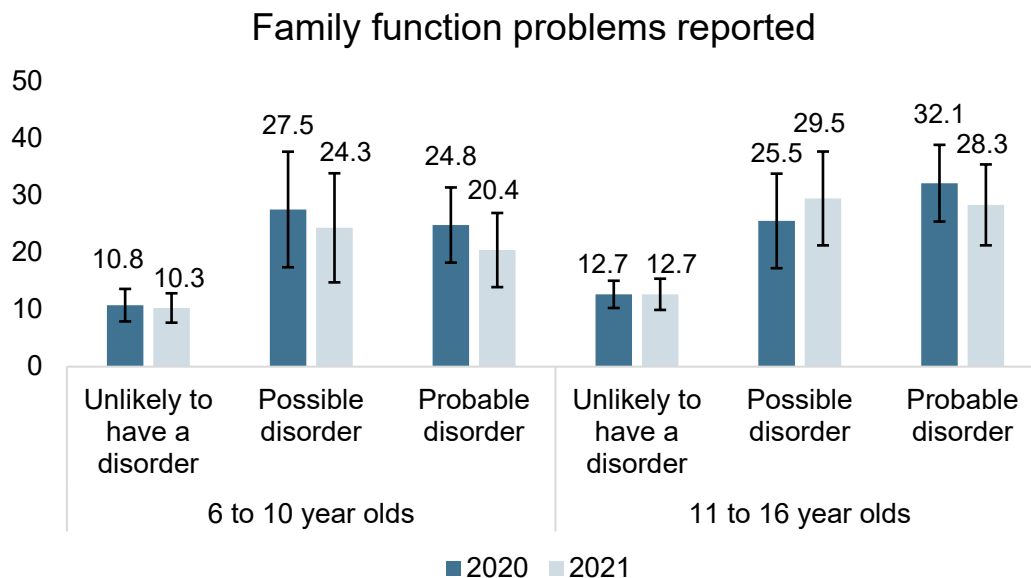


Coverage: England. Note: error bars represent 95% confidence intervals. Source: NHS Digital

The data presented in Figure 60 provide evidence for a relationship between likelihood of a mental disorder and reporting at least one family functioning problem. For both 6- to 10-year-olds and 11-to 16-year-olds, a higher percentage of those with a possible or a probable disorder indicated having at least one family functioning problem compared to those unlikely to have a mental disorder. This finding was the same in both the 2020 and 2021 wave. However, there was no evidence for a difference between those with a possible or those with a probable mental disorder in terms of the percentage indicating at least one family functioning problem, in either wave.

As with the related trends for family connectedness, while these data do suggest a positive relationship between indicating family problems and likelihood of having a mental disorder, the causal relationships between these variables are unclear.

Figure 60. Percentage of children and young people aged 6 to 16 years old indicating family functioning problems in 2020 and 2021, by age-group and likelihood of mental disorder



Coverage: England. Note: error bars represent 95% confidence intervals. Source: NHS Digital

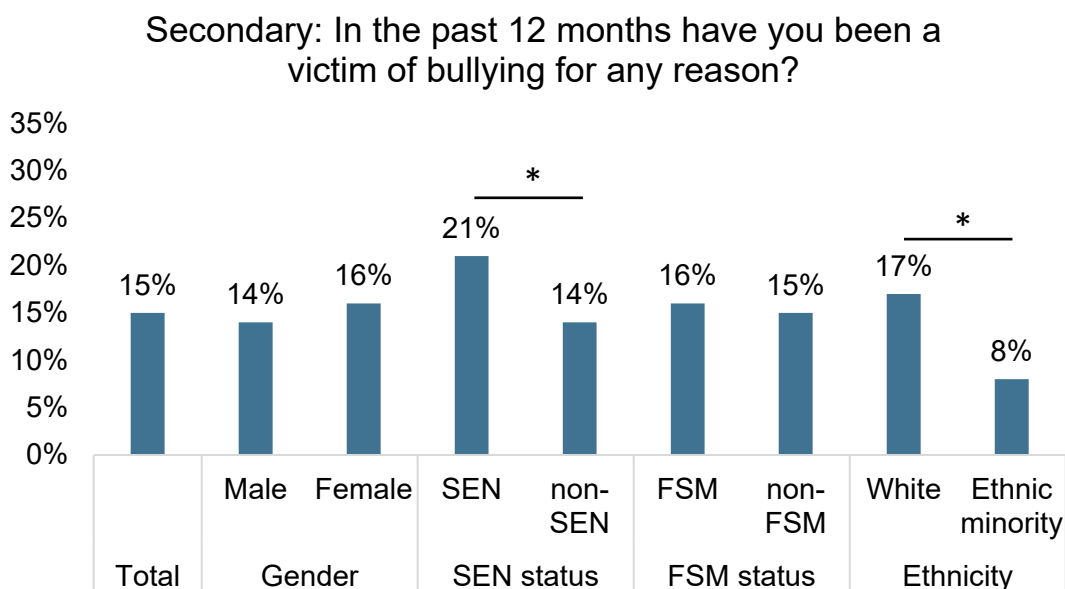
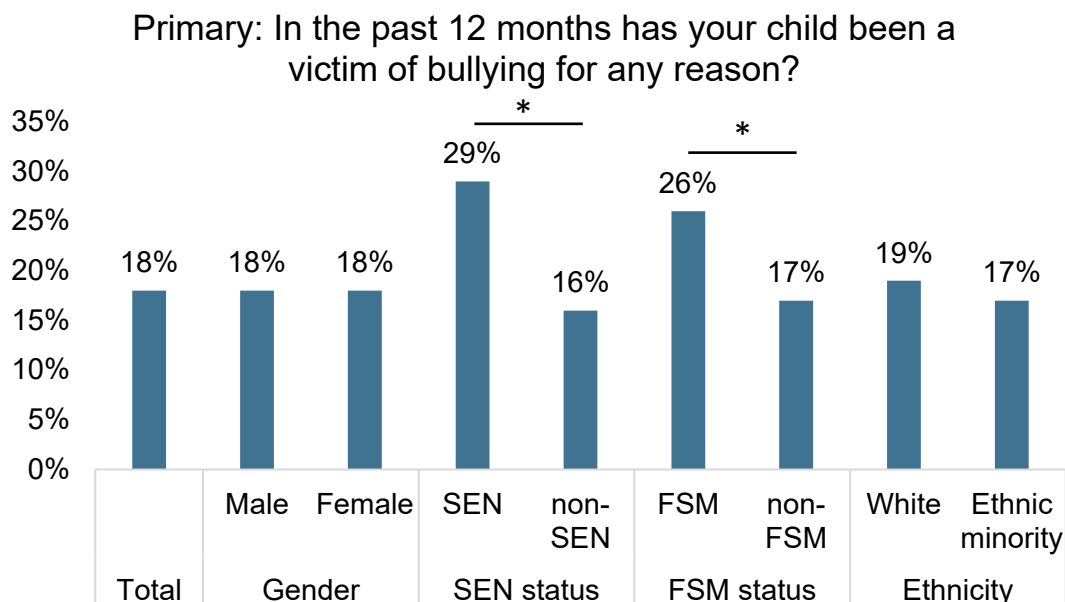
Bullying

In July 2021, in the final wave of DfE’s PPP survey, parents (of primary-aged and secondary-aged children), and secondary-aged pupils themselves, were asked whether they or their child had been a victim of bullying in the last year (DfE, 2021b). While for primary school children (aged between 5 and 11) we present parent responses to these questions, we present secondary school children and young people’s (aged between 11 and 18) own responses.

The results presented in Figure 61 show that 18% of parents of primary pupils, and 15% of secondary pupils reported that they or their child had been bullied in the previous year. Rates of bullying appear higher in SEN versus non-SEN pupils for both primary (SEN, 29%; non-SEN, 16%) and secondary (SEN, 21%; non-SEN, 14%). Among the primary age group, bullying was more likely to be reported in FSM (26%) than non-FSM (17%) but this was not seen at secondary age. Bullying was more likely to be reported in white (17%) pupils than those of an ethnic minority (8%) at secondary age, but not primary age. There were no other clear differences in rates of bullying by other socio-demographic groups. It was not possible to test whether there were significant differences in rates of reported bullying between primary and secondary pupils. Further, as the data was taken

as a snapshot of current experiences, it is not possible to infer whether these trends are consistent with previous years.

Figure 61. Percentage of children and young people aged 5 to 18 reporting/reported as being bullied in the last year, by primary or secondary



Coverage: England. Note: Primary pupils; July 2021 (n=1,537), Secondary pupils; July 2021 (n=1,511), *indicates a significant difference between groups. Source: DfE

Loneliness

NHS Digital's 2020 and 2021 MHCYP surveys asked children and young people how often they felt lonely, with scores recorded for 'hardly ever or never', 'occasionally or sometimes', and 'often or always' (NHS Digital, 2020, 2021a)³⁵. In this section we report the proportion of survey respondents who indicated they often or always felt lonely. We present these results by age group (11- to 16-years-old and 17- to 22-years-old), by gender, by the likelihood the child or young person had a mental disorder, and by ethnicity (in 2021 only).

The DfE's pupil and parent panel asked secondary-aged children how often they felt lonely at regular intervals across the 2020/21 AY, with scores recorded for 'hardly ever or never', 'some of the time', and 'often' (DfE, 2021b, 2021c). To enable more effective comparison with the MHCYP, in this section we present the proportion of PPP survey respondents who indicated feeling lonely often. We present these trends by gender, SEN status, FSM status, and ethnicity.

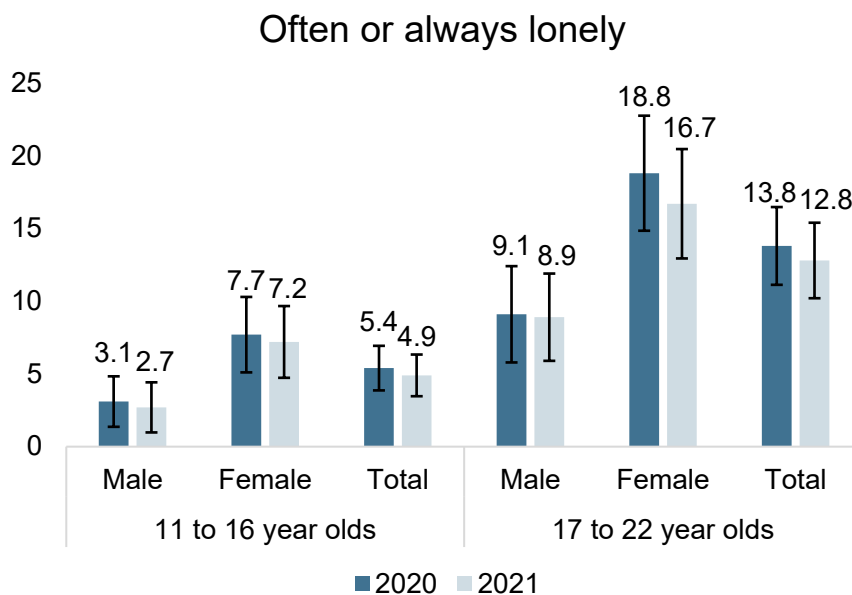
Annual trends in loneliness

The data presented in Figure 62 show that the percentage of those indicating feeling often or always lonely was higher in 17- to 22-year-olds than 11- to 16-year-olds in the 2020 (17 to 22 year olds, 13.8%; 11 to 16 year olds, 5.4%) and 2021 (17 to 22 year olds, 12.8%, 11 to 16 year olds, 4.9%) waves of the MHCYP (NHS Digital, 2021a). There was no indication that loneliness had increased in either age group between 2020 and 2021.

The data also show that female survey participants were more likely to indicate feeling often or always lonely than male participants in both age groups covered; this gender difference was found in both waves. The data suggest that rates of loneliness were similar among both both male and female participants in 2020 and 2021.

³⁵ [The ONS recommended direct measure of loneliness](#)

Figure 62. Percentage of children and young people aged 11 to 22 who indicated often or always feeling lonely in 2020 and 2021, by age-group and gender



Coverage: England. Note: error bars represent 95% confidence intervals. Source: NHS Digital

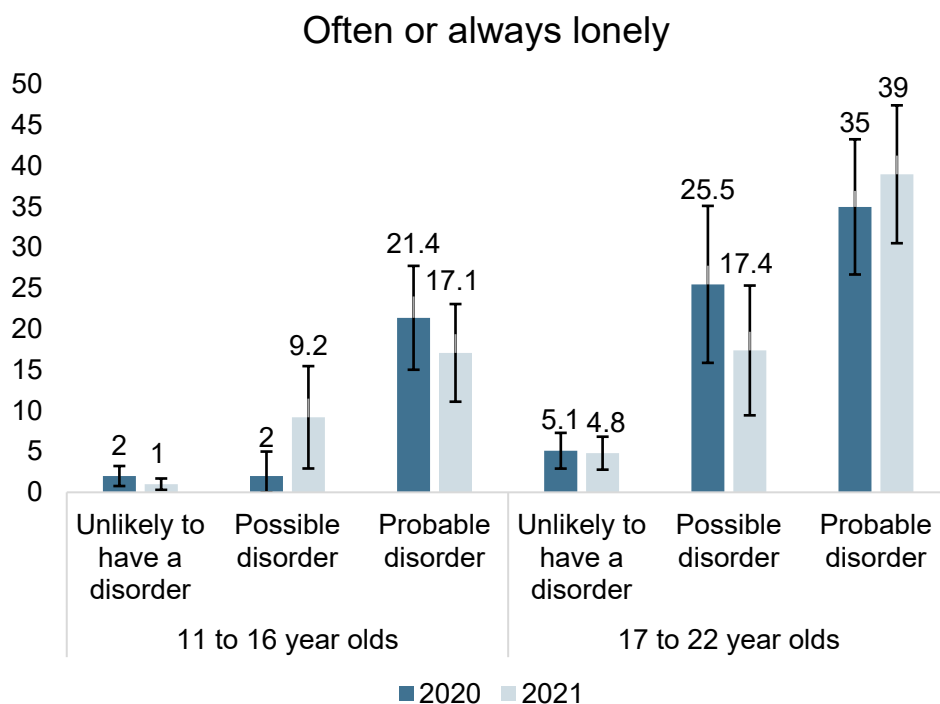
When considering the potential relationship between loneliness and likelihood of having a mental disorder, Figure 63 provides some evidence that those with a probable disorder were more likely to have indicated feeling often or always lonely in 2020 and 2021 than those unlikely to have a disorder. This was the case for both 17- to 22-year-olds (2020, 35% often or always lonely; 2021, 39%) and 11- to 16-year-olds (2020, 21.4%; 2021, 17.1%).

However, there was a potentially more complex relationship when considering those with possible disorders. In 17- to 22-year-olds, those with either a possible disorder or a probable disorder in 2020 (25.5% and 35% respectively) and 2021 (17.4% and 39% respectively) were more likely to indicate feeling often or always lonely than those who were unlikely to have a disorder (5.1% and 4.8% respectively). This pattern holds for 11–16-year-olds for 2021, where those with a possible and probable disorder were both more likely to report often or always feeling lonely compared to those unlikely to have a disorder. However, in 2020, those with a possible disorder reported similar rates of loneliness to those unlikely to have a disorder. This might suggest that the relationship between poorer mental health and loneliness was stronger for this younger age group in 2021 than in 2020, though it is unclear from the data why this might be the case.

As with the trends for family connectedness and family functioning problems, these data do suggest a positive relationship between often or always feeling lonely and likelihood of

having a mental disorder, though it is unclear whether or how these measures are causally related.

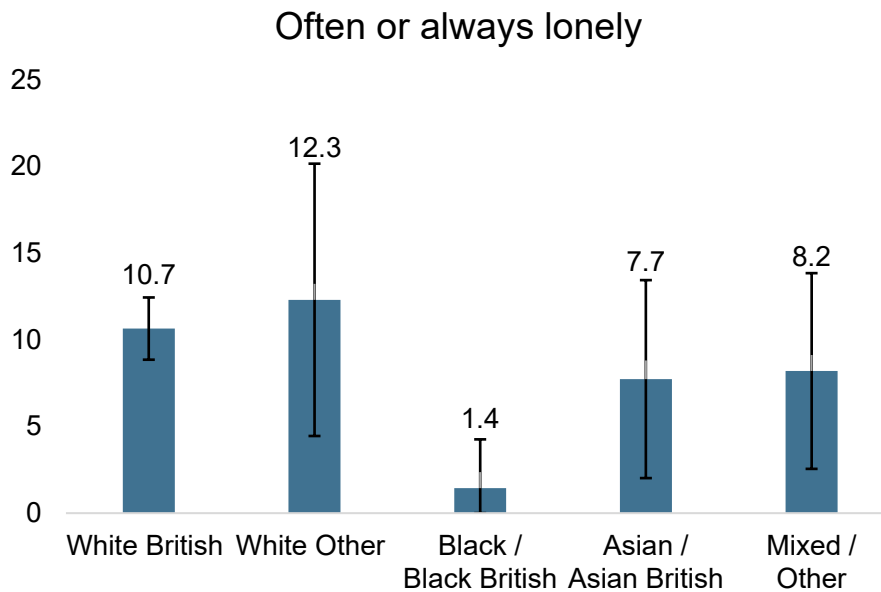
Figure 63. Percentage of children and young people aged 11 to 22 who indicated often or always feeling lonely in 2020 and 2021, by age-group and likelihood of mental disorder



Coverage: England. Note: error bars represent 95% confidence intervals. Source: NHS Digital

The data presented in Figure 64 suggest that, among children and young people aged 11 to 23 in 2021, white British survey respondents were more likely to report feeling often or always lonely (10.7%) than black/black British (1.4%) respondents. While there was some indication that white other respondents were also more likely to indicate being often or always lonely than black/black British respondents, the wide confidence intervals for white other participants suggest significant uncertainty around the estimate of the proportion of those who were often or always lonely (12.3%), and so this finding should be treated with caution.

Figure 64. Percentage of children and young people aged 11 to 23 who indicated often or always feeling lonely in 2021, by ethnicity

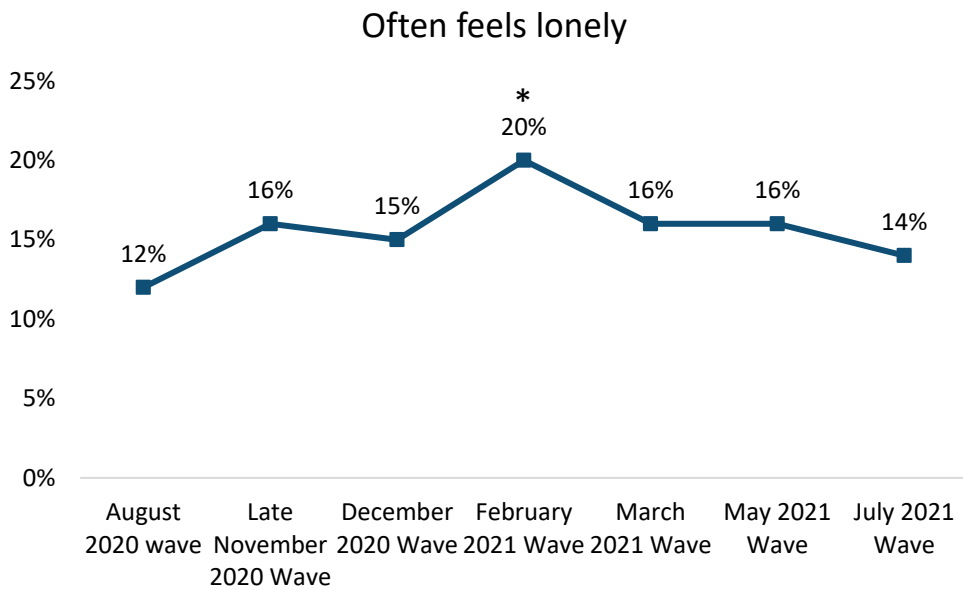


Coverage: England. Note: error bars represent 95% confidence intervals. Source: NHS Digital

Trends in loneliness in the 2020/21 academic year

Figure 65 shows a timeseries of the percentage of secondary-aged children and young people (11- to 18-years-old) who indicated often feeling lonely. Data was collected at seven time points throughout the 2020/21 academic year by the DfE (2021b, 2021a). The results show that the proportion of those indicating often feeling lonely ranged from a low of 12% in the first wave (August 2020) to a high of 20% in February 2021, which coincided with schools being closed to the majority of pupils. Statistical testing suggested that rates of those often feeling lonely was significantly higher in the February 2021 Wave (20%) compared to the July 2021 Wave (14%). No other waves were found to differ statistically from July 2021.

Figure 65. Percentage of children and young people aged 11 to 18 indicating often feeling lonely in the 2020/21 academic year



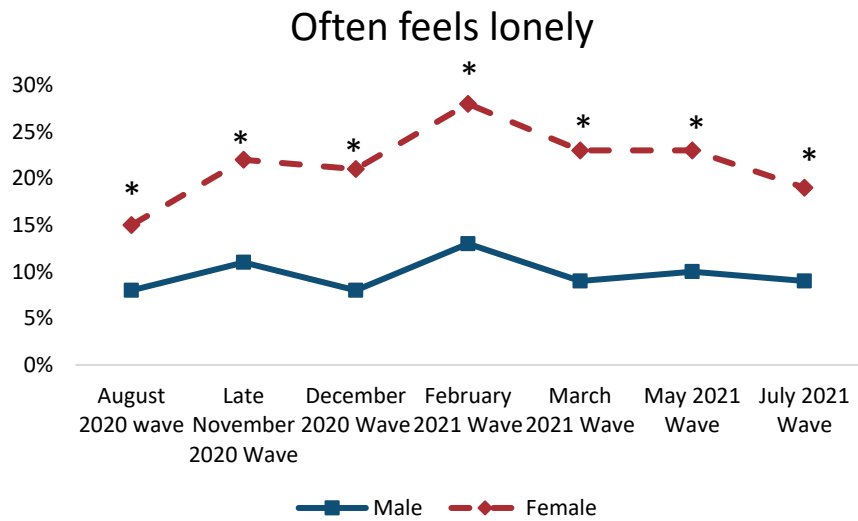
Coverage: England. Note: (Highest n = August 2020; 5,327, Lowest n = May 2021; 1,531), *indicates a significant difference between highlighted wave and July 2021.

Source: DfE

Trends in loneliness by gender

The trends in loneliness by gender, presented in Figure 66, show that girls were consistently more likely than boys to report often feeling lonely, with significant gender differences evident in every wave. The general pattern of loneliness across the academic year appears to be similar for both genders, with a peak in the February 2021 wave; however, there is some indication that the gender gap in loneliness could have increased between August 2020 and February 2021, before narrowing towards the end of the academic year in July 2021. Further analysis is required to establish whether this gender gap in loneliness has indeed changed through the year.

Figure 66. Percentage of children and young people aged 11 to 18 indicating often feeling lonely in the 2020/21 academic year, by gender.

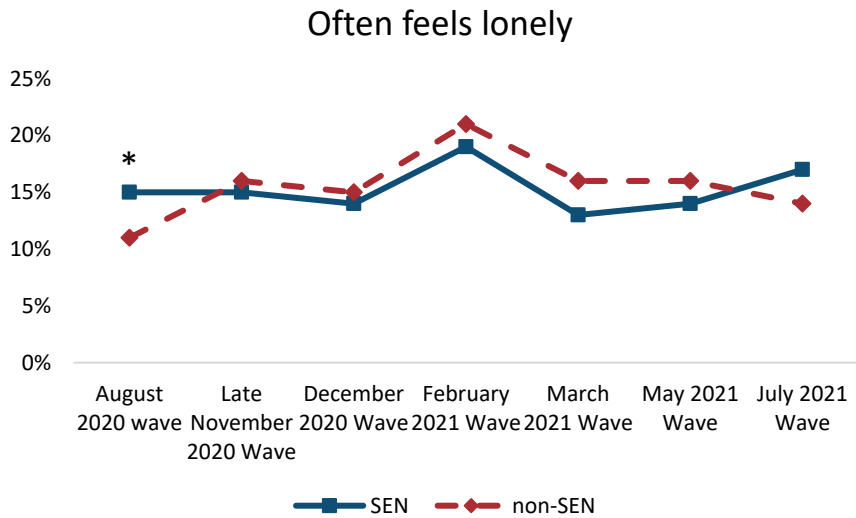


Coverage: England. Note: (Highest n = August 2020; 5,327 [Male = 2,362, Female = 2,899], Lowest n = May 2021; 1,531 [Male = 599, Female = 938]), *indicates a significant difference between groups in highlighted wave. Source: DfE

Trends in loneliness by SEN status

The trends in loneliness by SEN-status, presented in Figure 67 show that SEN pupils were more likely than non-SEN pupils to indicate often feeling lonely in the August 2020 wave. However, there were no consistent differences between SEN and non-SEN children and young people in following waves on this measure.

Figure 67. Percentage of children and young people aged 11 to 18 indicating often feeling lonely in the 2020/21 academic year, by SEN status

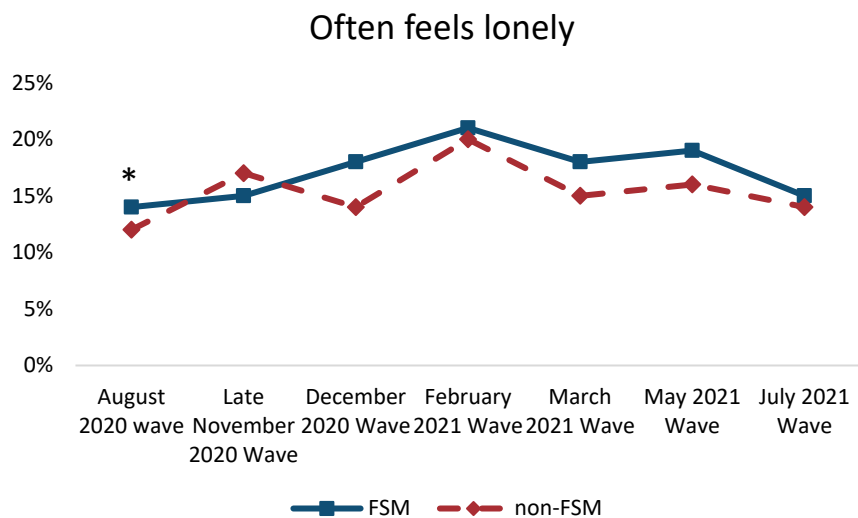


Coverage: England. Note: (Highest n = August 2020; 5,327 [SEN = 783, non-SEN = 4,544], Lowest n = May 2021; 1,531 [SEN = 197, non-SEN = 1,340]), *indicates a significant difference between groups in highlighted wave. Source: DfE

Trends in loneliness by FSM status

The trends in loneliness by FSM-status, presented in Figure 68 show that pupils eligible for FSM were more likely than those who were not eligible to indicate often feeling lonely in the August 2020 wave. However, there were no consistent differences between FSM and non-FSM children and young people in following waves on this measure.

Figure 68. Percentage of children and young people aged 11-18 indicating often feeling lonely in the 2020/21 academic year, by FSM status

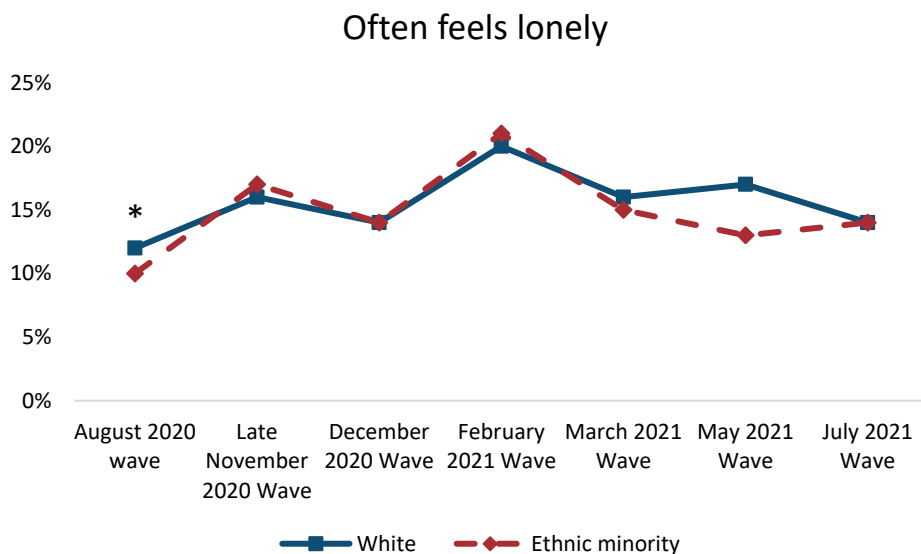


Coverage: England. Note: (Highest n = August 2020; 5,327 [FSM = 1,231, non-FSM = 4,096], Lowest n = May 2021; 1,531 [FSM = 293, non-FSM = 1,244]), *indicates a significant difference between groups in highlighted wave. Source: DfE

Trends in loneliness by ethnicity

The trends in loneliness by ethnicity, presented in Figure 69 show that white pupils were more likely than those from an ethnic minority group to indicate often feeling lonely in the August 2020 wave. However, there were no consistent differences between white and ethnic minority children and young people in following waves on this measure.

Figure 69. Percentage of children and young people aged 11 to 18 indicating often feeling lonely in the 2020/21 academic year, by ethnicity



Coverage: England. Note: (Highest n = August 2020; 5,327 [White = 3,853, Ethnic minority = 1,382], Lowest n = May 2021; 1,531 [White = 1,154, Ethnic minority = 349]), *indicates a significant difference between groups in highlighted wave. Source: DfE

Importance of relationships for the future

57% of children and young people aged between 9 and 17 surveyed in the Children’s Commissioner’s Big Ask survey said that having good friends was one of the top 5 things³⁶ they felt was most important for them to have a good life when they grow up (Children’s Commissioner, 2021); 74% of 6- to 8-year-olds said this³⁷. Family relationships were less important for both ages with 29% of 9- to 17-year-olds and 56% of 6- to 8-year-olds saying that getting on well with their current family was important for their future. There were only very small differences by age, gender, SEN status and ethnicity.

9 to 17- year-olds were also asked which of a list of aspects of their lives they were worried they wouldn’t have when they grow up. 25% of this age group said they were worried they would not have good friends, and 14% said they were worried they would

³⁶ Children and young people aged 9- to 17- years- old were asked to pick up to 5 items from a list of 13 items covering a wide range of aspects of their lives.

³⁷ 6- to 8- year- olds were asked about a slightly different list of 10 items. Because of this different list it is not possible to compare responses for 6- to 8- year- olds with the 9- to 17- year- old responses

not get on well with their current family. There were only very small differences by age, gender, SEN status and ethnicity.

Discussion of trends in relationships

The data presented in this chapter describe a range of feelings, perceptions, and experiences related to the relationships that children and young people have with their family, friends, and peers. They cover topics such as general happiness with relationships with family and friends, problems with family functioning, bullying, and loneliness, which while addressing very different kinds of social relationship, can help to give an overall impression for how the social lives of children and young people may have changed in recent years, as well as throughout 2020/21.

Overall, children and young people's happiness with their relationships with their family and friends has remained consistent in recent years on average. Nonetheless, there was evidence for a small reduction in average happiness with friends between 2019 and 2020 before scores recovered in 2021 (The Children's Society, 2019, 2020b, 2021). A small minority of children said they were unhappy with their friendships and family life in 2021 (Children's Commissioner, 2021), and when comparing across years, the proportion of children and young people with low happiness with friends and family had increased between 2018 and 2020, but also showed signs of having recovered by 2021 (The Children's Society, 2021). Together, these findings suggest that while most children and young people have experienced positive relationships with family and friends, a larger minority may have experienced poorer quality relationships with family and peers in 2020.

Evidence for variation in the quality of social relationships, as well as change over time, is also reflected in other measures, particularly for loneliness. Evidence from the PPP (DfE, 2021b) shows that, among secondary pupils at least, rates of loneliness were highest in February 2021, when schools were closed to the majority of pupils. Data from the MHCYP (NHS Digital, 2021a) suggests that levels of loneliness remained consistent between 2020 and 2021; though the data in the 2021 survey was collected in February/March, which covered a period where schools were closed to the majority of pupils. While there was evidence that mental health problems may be related to loneliness, poorer family connectedness and experiencing problems with family functioning, it is not possible to establish causality between these experiences. Further, the lack of a pre-pandemic baseline makes it difficult to establish whether these trends have worsened over time. Nonetheless, recent evidence from the DfE's SEED study has shown that parents of 8-10 year olds who reported living in a household with high levels of disruption during the pandemic (but not when the child was 4 years old) indicated lower levels of parent-child closeness in September-October 2020 (DfE, 2021d).

Looking at trends by age, children and young people gave similar responses on most of the measures of relationship quality that can be compared, including connectedness with family, problems with family functioning, and rates of bullying. However, there were also some important differences between younger and older children and young people. For example, older young people (17- to 22-year-olds versus 11- to 16-year-olds) were more likely to indicate feeling lonely often, both in 2020 and 2021 (NHS Digital, 2021a). Further, while responses to the Big Ask suggested that the vast majority of respondents were happy with their relationships with their family and friends, a greater proportion of 9- to 17-year-olds than 6- to 8-year-olds indicated that they were unhappy with these relationships (Children's Commissioner, 2021). Relatedly, responses to the Big Ask also suggested that a greater proportion of 6- to 8-year-olds than 9- to 17-year-olds felt that having good friends and family relationships was important for their future.

Considering different subgroups, the strongest difference was found for loneliness, where girls were more likely to report often feeling lonely in two waves of the MHCYP in 2020 and 2021 (NHS Digital, 2020, 2021a) as well as across the 2020/21 academic year in the PPP (DfE, 2021b). There was some indication that gender differences in loneliness may have widened between August 2020 and February 2021, when schools were closed to the majority of pupils, before narrowing again towards the end of the academic year. However, it is unclear whether either greater female loneliness or fluctuation in the size of this loneliness gender gap reflect pre-pandemic trends.

There was little evidence that the quality of social relationships varied consistently across other subgroups. Nonetheless, bullying was more likely to be reported as being experienced by SEN versus non-SEN pupils (at both primary and secondary age), FSM than non-FSM (at primary age but not secondary age), and white pupils than those of an ethnic minority (at secondary age but not primary age). Further, tentative evidence suggested that white British children were more likely to feel lonely (NHS Digital, 2021a), but this was not consistently found in the PPP (DfE, 2021b).

Together, the results presented in this chapter show the complex relationships between different measures of social relationship both within groups and over time. What they do appear to show, however, is that quality social relationships are important to children and young people and are central to their views about their future.

Domain 5: 'What we do' – Activities and time use

Summary

Throughout the pandemic, restrictions on behaviour have affected a range of areas of children and young people's lives, including constraints on the places children and young people could go, and the activities they could do – these, in turn, were likely to have had impacts on social relationships and engagement with school. Having the opportunity to take part in physical activity, spend time in nature and participate in activities such as arts, cultural activities, or volunteering can all promote positive wellbeing (Ahn et al., 2018; Rafferty et al., 2016; The Children's Society, 2010). Usual sources of these activities, such as those offered in schools, were likely impacted by pandemic restrictions.

From very early on in the pandemic, exercise was encouraged for all which highlighted the government's view that remaining active is crucial for our physical and mental health and wellbeing. There have also been various initiatives aimed at increasing participation in wider activities, such as the 'Summer of Fun' campaign.

It is important to understand how children and young people use their time, and whether they were able to access activities that are likely to support their wellbeing.

This chapter presents:

- Annual trends in children and young people's happiness with their time use
- Engagement with physical activity
- Participation in extracurricular activities
- Time spent in green and natural spaces

Key findings

- Children and young people's happiness with their time use appears to have reduced between 2019 and 2020 from a mean of 7.6 to 7.2 out of 10, but this had recovered to 7.5 in 2021.
- In academic year 2020/21, infant children (school years 1 and 2) were more likely to be engaged in 60 minutes of activity per day (51.8%), than those in years 3-6 (42.3%) or those in secondary years 7-11 (43.6%). Compared to 2019/20, rates of physical activity were lower in secondary-aged children but higher in infant children in 2020-21; these differences were statistically significant.

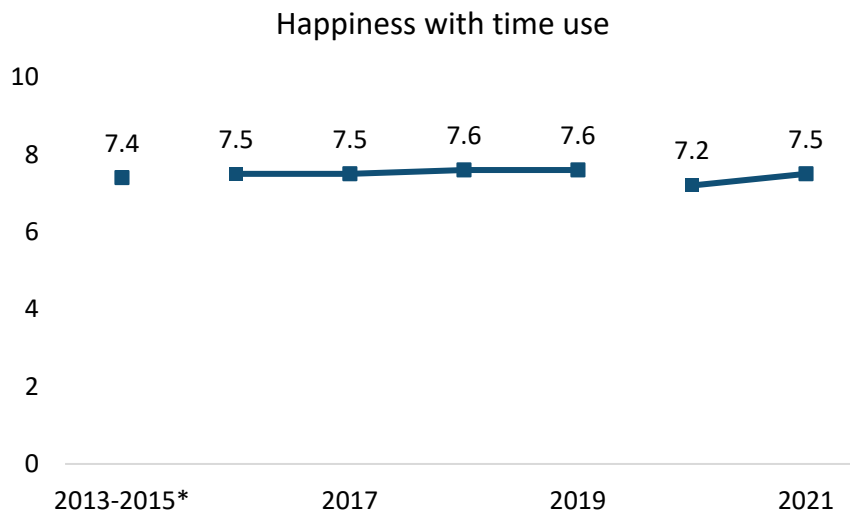
- There were similar rates of activity among male and female respondents in 2021. However, the proportion of respondents indicating having been engaged in at least 60 minutes of activity per week was lower for males and higher for females in 2020-21 compared to 2017-18, which suggests a narrowing of gender differences in activity over this time.
- White (47.7%) and mixed ethnicity (45.4%) children were more likely to have engaged in 60 or more minutes of activity per day than those with Black (35.7%) or Asian (38.7%) ethnicity in 2020-21. Comparing across years suggested that rates of activity had increased among White respondents between 2017-18 and 2020-21. There were no significant changes among other ethnic groups.
- 60% of 16- to 24-year-olds reported having visited a green and natural space in the last 14 days in September 2021; these trends were in line with previous months, including June (65%), July (62%), and August (65%) of the same year.

Happiness with activities and time use

The Good Childhood Index has collected regular data on children and young people's happiness with their use of time (The Children's Society, 2015, 2016, 2017, 2018, 2019, 2019, 2020b, 2021). Figure 70 presents this data as a time series of average annual happiness scores (on a scale of 0-10) of children and young people aged 10 to 17 from 2013-2015 to 2021. Data from the 2016 survey onwards were collected between April-June each year

The results presented here suggest that, prior to 2020, children and young people's happiness with their use of time has remained consistent, with averages around 7.5 since 2013-2015. There was evidence of a small reduction in average happiness with time use between 2019 and 2020 from 7.6 to 7.2, however, this had recovered to 7.5 in 2021. In 2021, a small proportion (6.1%) of survey participants indicated low happiness with their time use, which was a smaller proportion than in 2020 (9.1%), but still higher than in 2019 (4.9%). Together, these findings suggest that, on average, children and young people's happiness with time use had reduced in 2020, at the beginning of the coronavirus pandemic on average, but this had mostly recovered by 2021.

Figure 70. Average ratings of children and young people aged 10 to 17's happiness with their time use



Coverage: 2020-2021 UK, 2013-2019 Great Britain, Note: Discontinuity in time series, see 'Data sources and methods' annex for further information. *The reported response for '2013 to 2015' is a pooled average based on four half-annual surveys of children and young people reported in the 2015 Good Childhood Report. n = 2000. Source: Children's Society.

The Children's Commissioner's Big Ask Survey in April and May 2021 asked children aged 6-17 about how happy they felt about different aspects of their lives, including aspects of time use outside of school (Children's Commissioner, 2021).

Among 9- to 17-year-olds:

- 19% were unhappy with the choice of things to do in local area
- 10% with their access to somewhere outside to have fun
- 5% with their experiences online
- 4% about their personal safety

Among 6- to 8-year-olds, 6% were unhappy with the places they can go to have fun and 6% were also unhappy with how much they can play.

There were few sub-group differences among the 9-17 age group. Unhappiness with online experiences appeared to increase a little with age with 4.2% of 9- to 11-year-olds, and 4.3% 12- to 15-year-olds but 6.5% of 11- to 16-year-olds being unhappy with this. Unhappiness with personal safety followed a similar pattern with 3% of 9- to 11-year-olds, 4.4% of 12- to 15-year-olds and 6.8% of 16- to 17-year-olds unhappy with this.

Females were somewhat more likely (4.7%) than males (3.3%) to be unhappy with their personal safety, as were 9- to 17-year-olds with SEN (6.1%) compared to those without (4.3%). Ethnic minority groups (14%) were more likely than white respondents (8.9%) to indicate being unhappy with access to somewhere outside to have fun.

Engagement in physical activity

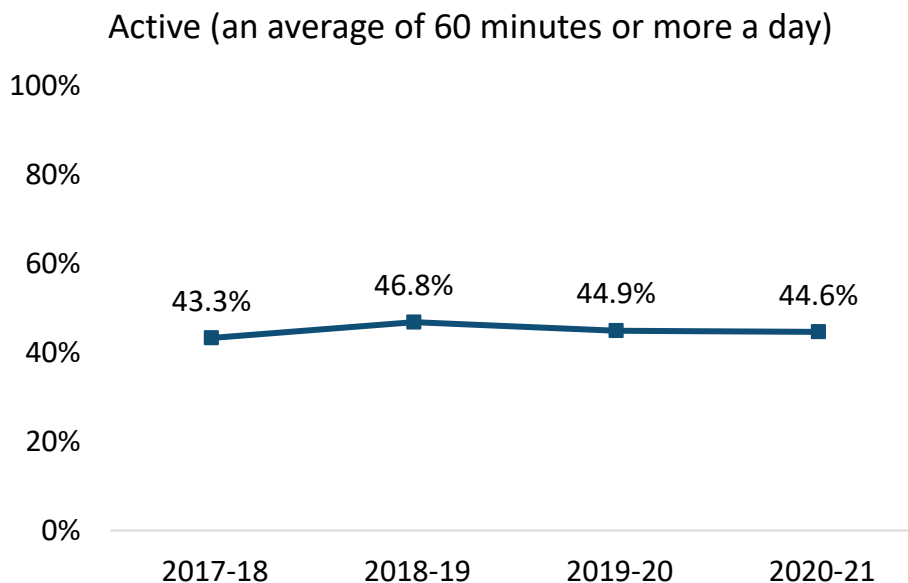
Activity levels by age

Sport England's Active Lives Children and Young People Survey for the academic year 2020-21 measured the activity levels of different children and young people in school years 1-11 (aged 5-16) across each school term (Sport England, 2021). Data on activity levels was collected systematically by asking pupils to identify from a list which activities they had done in the last 7 days and, on which days they had done each activity in the last 7 days, how long they spent doing the activity the last time they did it (outside school), and whether it made them breathe faster or made them hot or tired. Parents reported on this for children in years 1 and 2, and children reported themselves for those in years 3 to 11.

Figure 71 presents the annual trends in the percentage of children and young people aged 5-16 who engaged in an average of 60 or more minutes of at least moderate activity per day in the last week (the Chief Medical Officer's recommended amount of physical activity). The results show that 44.6% of respondents reported engaging in 60 or more minutes of activity per day in 2020-21. This figure remains similar to 2019-20 when 44.9% of respondents reported an average of 60 or more minutes of activity per day, though was statistically higher than 2017-18 when 43.3% of respondents reported an average of 60 or more minutes of activity per day.

The 2019-20 academic year report indicated a significant reduction in the proportion of children and young people meeting the Chief Medical Officer recommendation compared to 2017-18. Together with the 2020-21 data, this indicates that, while the pandemic restrictions in the summer term of 2020 may have had an impact on activity levels, levels have neither recovered, nor further worsened in the most recent academic year.

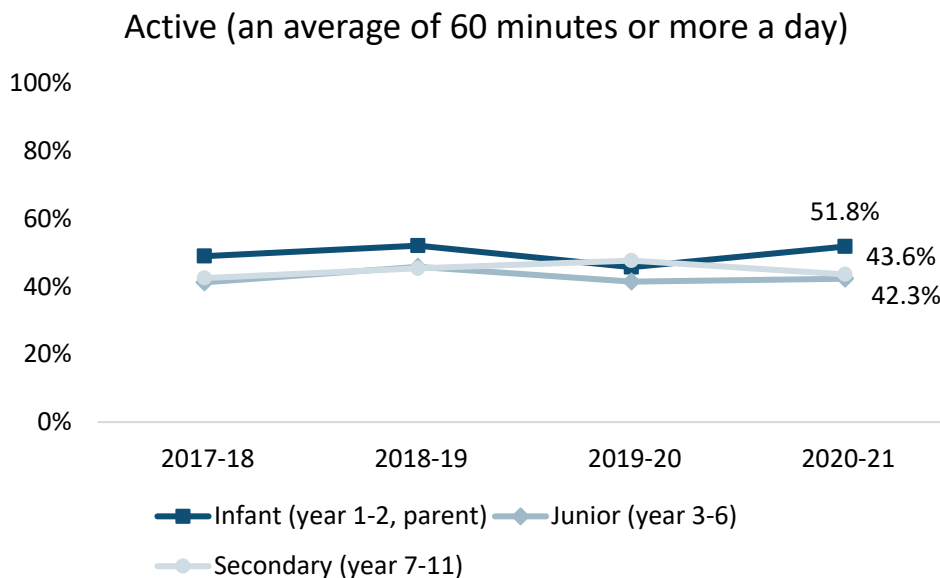
Figure 71. Annual trends in the percentage of children and young people aged 5-16 who engaged in 60 or more minutes of at least moderate activity per day in the last week



Coverage: England. Note: (Highest n = 2018/19; 113,728, Lowest n = 2020/21; 86,828), responses from those in year 1-2 was parent-report. Source: Sport England

Considering activity levels of children of different ages, the trends presented in Figure 72 show that, in 2020/21, the youngest age group (school years 1 and 2) appeared to be more likely to be engaged in 60 minutes of activity per day (51.8%), than those in years 3-6 (42.3%) or those in secondary years 7-11 (43.6%). Comparing across years, rates of activity were lower in secondary-aged children and higher in infant children in 2020-21, compared to 2019-20; these differences were statistically significant.

Figure 72. Annual trends in the percentage of children and young people aged 5-16 who engaged in 60 or more minutes of at least moderate activity per day in the last week, by age



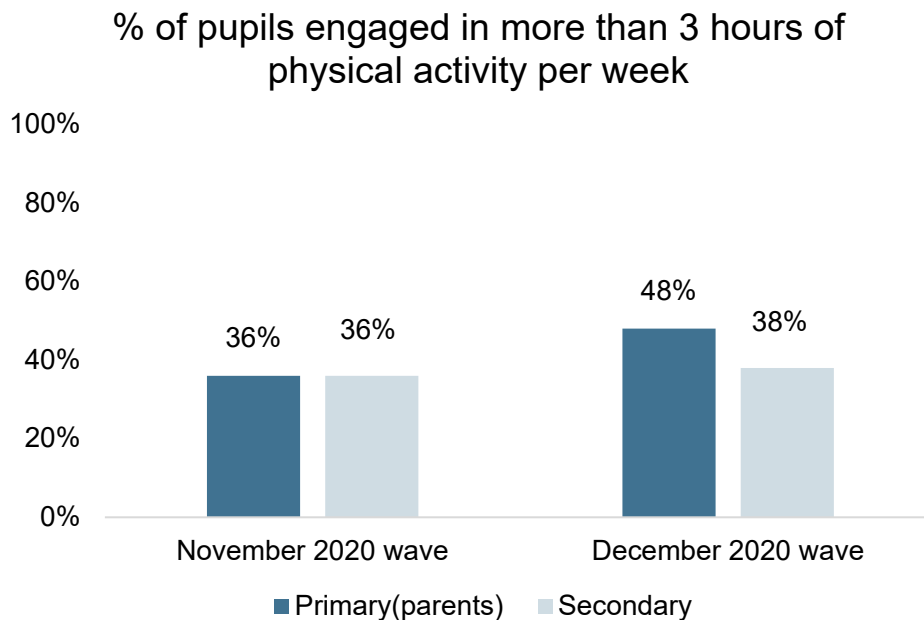
Coverage: England. Note: (Highest n = 2018/19; 113,728, Lowest n = 2020/21; 86,828), responses from those in year 1-2 was parent-report. Source: Sport England

DfE’s Pupil and Parent panel asked secondary aged children and young people, as well as parents of both primary and secondary aged children, about their or their children’s engagement in sport or physical activities in November and December 2020 (DfE, 2021c). Data on activity levels were collected by multiplying the number of days in the last 7 the child reported having engaged in sport or physical activity, and for how long on average they engaged in these activities.

The data presented in Figure 73 suggest that primary and secondary-aged children engaged in similar rates of activity per week on average (36% engaged in more than 3 hours per week) in November 2020. However, in December 2020 rates of activity were similar among secondary pupils (38% engaged in more than 3 hours per week) but appeared to have increased among primary-aged pupils (48% engaged in more than 3 hours per week), on average.

Importantly, the rates of activity reported in the PPP appear notably lower than those reported in Sport England’s Active Lives Children and Young People Survey. We suggest possible explanations for this difference, based on question design, in the discussion section of this chapter.

Figure 73. Percentage of children and young people aged 5 to 18 reporting/reported as having engaged in more than 3 hours of physical activity per week in 2021, by phase

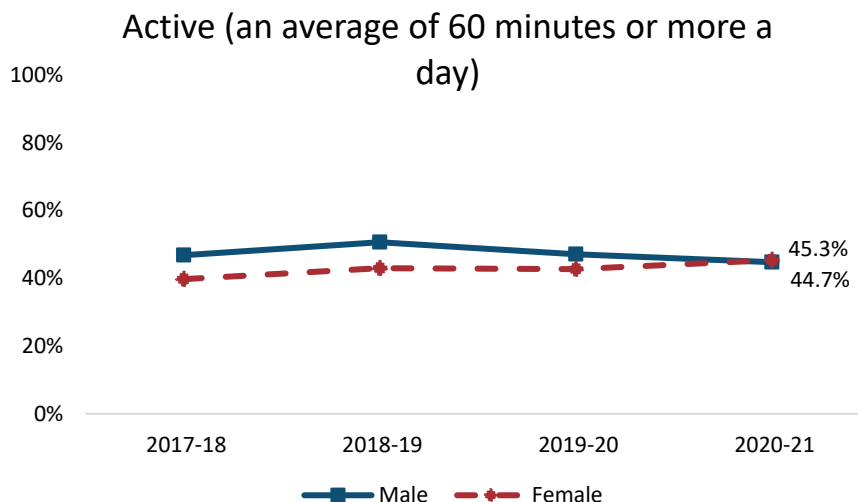


Coverage: England. Note: Primary (parents; November n = 1,551, December n = 1,697), Secondary pupils (November n = 1,388, December n = 1,612). Source: DfE

Activity levels by socio-demographic group

Figure 74 presents the annual trends in the percentage of children and young people aged 5-16 who engaged in 60 or more minutes of at least moderate activity per day in the last week, by gender. The data shows similar rates of activity among male and female respondents in 2020-21. Statistical testing suggested that the proportion of respondents indicating at least 60 minutes of activity per week was lower for males and higher for females in 2020-21 compared to 2017-18, which suggests a narrowing of gender differences in activity over this time.

Figure 74. Annual trends in the percentage of children and young people aged 5-16 who engaged in 60 or more minutes of at least moderate activity per day in the last week, by gender

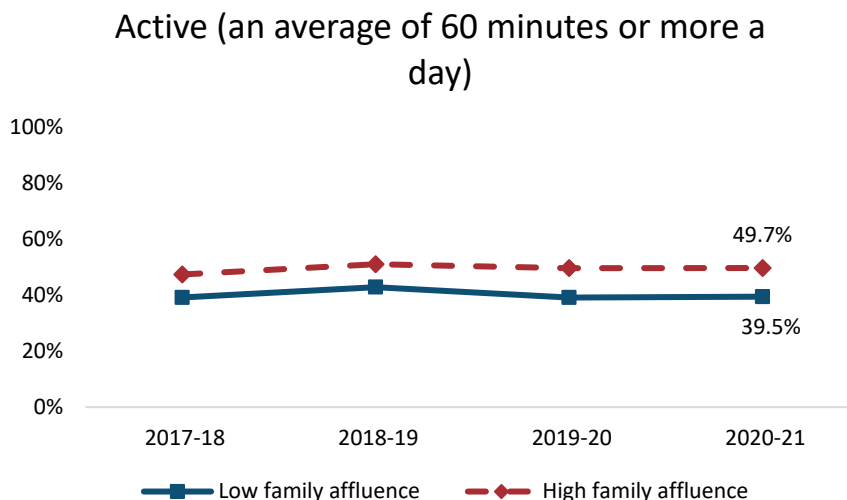


Coverage: England. Note: (Highest n = 2018/19; 113,728, Lowest n = 2020/21; 86,828), responses from those in year 1-2 was parent-report. Source: Sport England

Figure 75 presents the annual trends in the percentage of children and young people aged 5-16 who engaged in 60 or more minutes of at least moderate activity per day in the last week, by family affluence³⁸. The results indicate that in 2020-21, those from a family with a high affluence score were more likely to have participated in at least 60 minutes of activity per day (49.7%) than those with a low family affluence score (39.5%). While these differences appear to be consistent with previous years, statistical testing suggested that rates of activity had increased between 2017-18 and 2020-21 in those from a family with a high affluence score; this may indicate a widening of this difference in activity between children from families with high and low affluence scores.

³⁸ See technical note (p20) for more information on the Family Affluence Scale: <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2021-12/Active%20Lives%20CYP%20Survey%202020-21%20Year%204%20-%20technical%20note...pdf?VersionId=swQ6cpM15UjleBQe7P1aHy5KjWCWg4le>

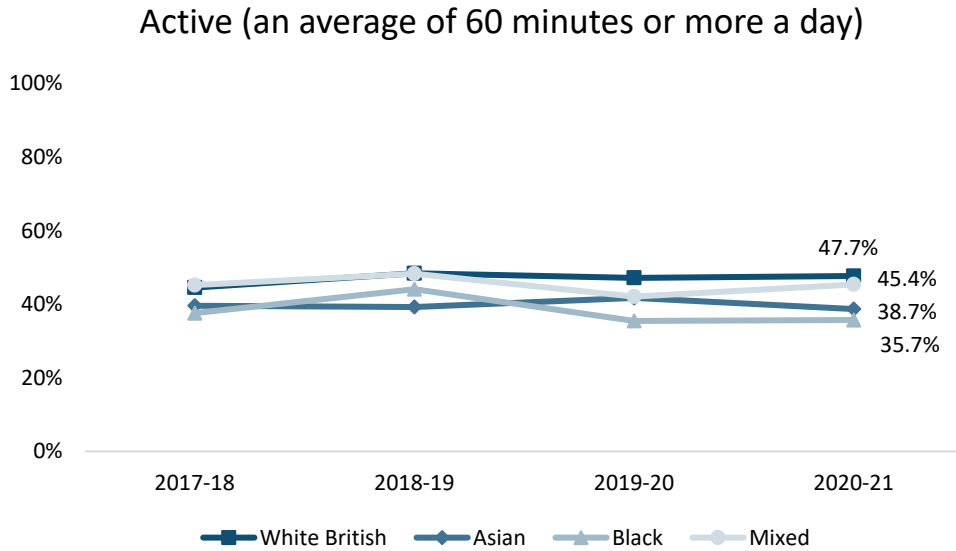
Figure 75. Annual trends in the percentage of children and young people aged 5-16 who engaged in 60 or more minutes of at least moderate activity per day in the last week, by family affluence



Coverage: England. Note: (Highest n = 2018/19; 113,728, Lowest n = 2020/21; 86,828), responses from those in year 1-2 was parent-report. Source: Sport England

Figure 76 presents the annual trends in the percentage of children and young people aged 5-16 who engaged in 60 or more minutes of at least moderate activity per day in the last week, by ethnicity. The results presented here suggest that white (47.7%) and mixed ethnicity (45.4%) children were more likely to have been engaging in 60 or more minutes of activity per day than those with black (35.7%) or Asian (38.7%) ethnicity in 2020-21. Comparing across years gives a mixed picture, with inconsistent differences among ethnic groups. Nonetheless, statistical testing indicated that rates of activity on this measure had increased among white respondents between 2017-18 and 2020-21, while there were no significant changes among other ethnic groups.

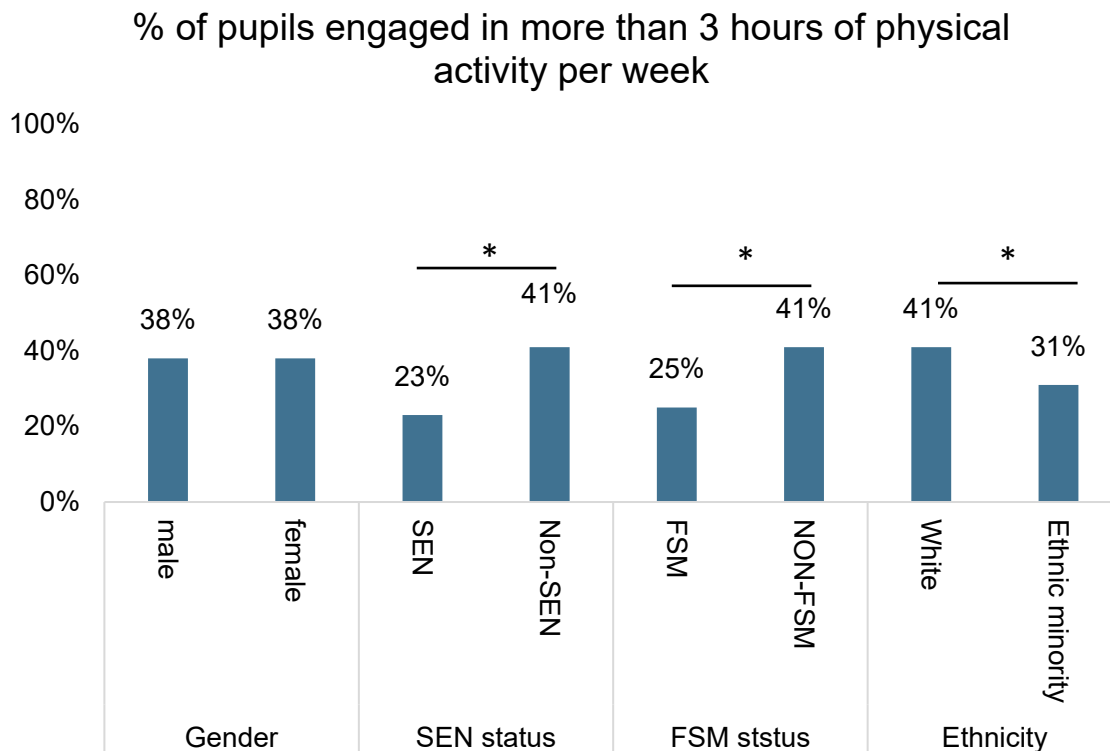
Figure 76. Annual trends in the percentage of children and young people aged 5-16 who engaged in 60 or more minutes of at least moderate activity per day in the last week, by ethnicity



Coverage: England. Note: (Highest n = 2018/19; 113,728, Lowest n = 2020/21; 86,828), responses from those in year 1-2 was parent-report. Source: Sport England

Figure 77 presents data from secondary pupils from the December 2020 wave of the PPP, about whether they were engaged in more than 3 hours of physical activity per week (DfE, 2021c). The results indicate significant differences in rates of physical activity among some subgroups. In particular, children without SEN (41%) were more likely than those with SEN (23%) to have engaged in more than 3 hours of physical activity per week. Similarly, children not eligible for FSM (41%) and white pupils (41%) were more likely to report engaging in more than 3 hours of physical activity per week than those eligible for FSM (25%) and those from an ethnic minority (31%), respectively.

Figure 77. Percentage of children and young people aged 11 to 18 reporting/reported as having engaged in more than 3 hours of physical activity per week in December 2021, by demographic group



Coverage: England. Note: Secondary (December n = 1,612), * represents a statistically significant difference between groups. Source: DfE

Participation in extracurricular activities

In May 2021, parents of primary and secondary pupils, and secondary pupils were asked in the DfE Pupil and Parent/Carer Panel survey about the types of extracurricular activities they had participated in that term (DfE, 2021b)³⁹. Around half (53%) of pupils were reported to have participated in at least one type of activity, and 20% reported participating in 2 or more types of activities.

³⁹ Activities were presented as 8 types of activity - Sports and physical activities (e.g. netball, gymnastics, swimming); Performing arts (e.g. theatre, dance, poetry slam); Clubs relating to an academic subject, not homework or revision sessions (e.g. French club, maths club); Hobby and interest clubs (e.g. games, debating, Young Enterprise); Creative arts (e.g. drawing, creative writing, sculpture); Volunteering (e.g. school council, mentoring, community projects); Uniform groups (e.g. cadets, guides, scouts); Community or diversity clubs (e.g. LGBT+, wellbeing, religious groups).

A similar question was asked in early 2018. That data indicates that 70% of secondary school pupils regularly attended at least one extracurricular activity, suggesting a substantial reduction in participation over the intervening years (DfE, 2018).

In 2021, Primary parents were more likely than secondary parents to say that their child had participated in at least one type (55% vs 50%) and 2 or more types (23% vs 20%).

A number of different groups were more likely to say they had not participated in any activities in summer term 2021:

- Older pupils (56% of year 11-13 vs. 42% of year 7-10).
- FSM-eligible pupils (53% vs. 46% of non-eligible FSM pupils).
- White pupils (49% vs. 41% of BAME pupils).
- Parents of pupils considered to have SEN (59% compared with 45% of parents of pupils not considered to have SEN). However, there was no significant difference among pupils considered to have SEN or not.
- Pupils that reported low life satisfaction (51% vs. 42% that reported high life satisfaction).

The activities most commonly participated in by secondary pupils were sport and physical activities (36%), followed by performing arts (11%) and clubs relating to an academic subject (9%). A similar pattern was seen in reports by primary parents with sport and physical activities being most common (43%) followed by performing arts (12%) and then creative arts (11%).

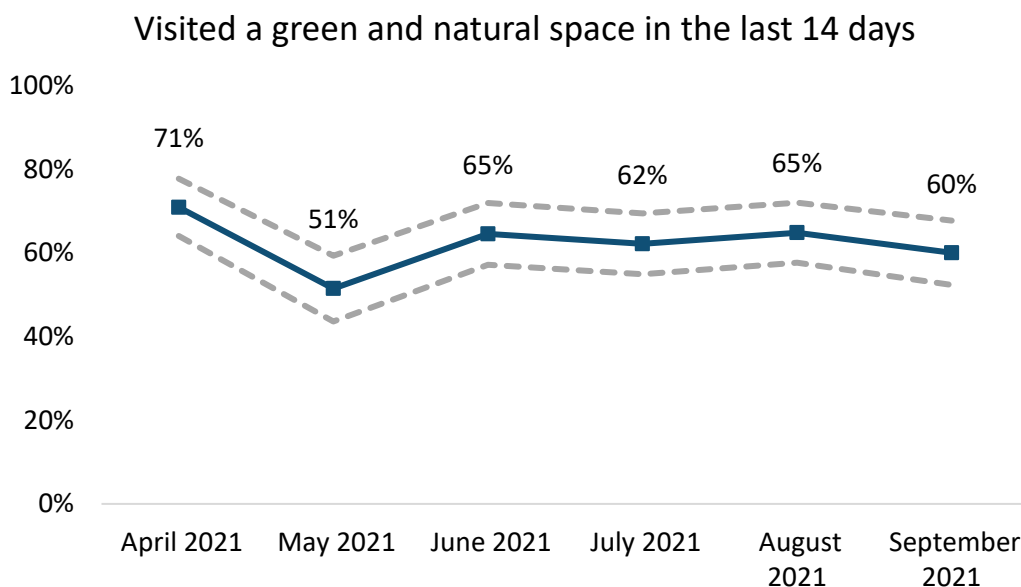
Time spent in nature

Natural England's People and Nature Survey for England has collected monthly survey data since April 2020 about people's enjoyment, access, understanding of and attitudes to the natural environment, as well as its contributions to wellbeing (Natural England, 2021b). As part of this regular survey, children and young people aged 16-24 were asked about their visits to green and natural environments in the last 14 days, though age breakdowns for this measure are only provided from April 2021. Further, parents were asked about how often their children had spent time outside in green spaces in the previous 12 months.

Figure 78 presents a time series of 6 monthly waves of data tracking the percentage of children and young people aged 16-24 who reported visiting a green and natural space in the last 14 days. The trends indicate that 60% of 16- to 24-year-olds reported having visited a green and natural space in the last 14 days in September 2021; these trends are in line with previous months, including June (65%), July (62%), and August (65%) of

the same year. While there is some indication rates of engagement with green and natural space could have been lower in May 2021 (51%) but higher in April 2021 (71%) compared to September 2021, as the confidence intervals overlap across all waves these differences are unlikely to be statistically significant and should therefore not be treated as true differences.

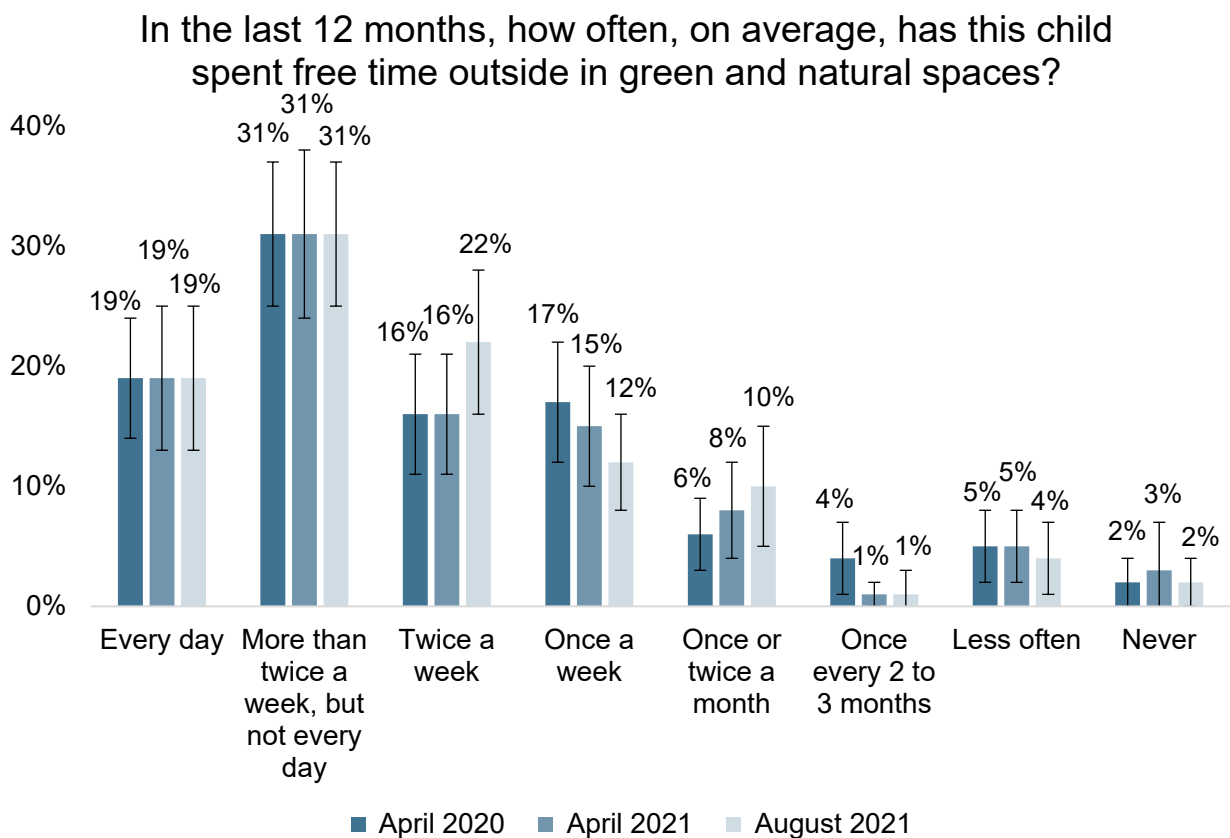
Figure 78. Percentage of young people aged 16-24 who reported visiting a green and natural space in the last 14 days



Coverage: England. Note: Highest n = June 2021; 232, Lowest n = September 2021; 197, dashed lined indicate 95% confidence intervals. Source: Natural England

Figure 79 presents parents' responses to the question of how regularly their children had spent time in a green and natural space in the last 12 months (Natural England, 2021b, 2021a). Data is presented at three time points: April 2020, April 2021, and August 2021. The responses in August 2021 suggest that 19% of children spent time in green and natural spaces every day, 31% more than twice a week but not every day, 22% twice a week and 12% once a week (84% at least once a week). A minority of children (17%) were reported to visit green and natural spaces less than once a week, including 2% who were reported to never visit green space. There was no evidence that frequency of engagement with green and natural spaces in the previous year differed significantly when the questions were asked in August 2021, April 2021, or April 2020. It was not possible from this data to explore which socio-demographic groups were more or less likely to engage in nature experiences.

Figure 79. Parent-reported frequency of children’s engagement with green and natural spaces in the last 12 months, in April 2020, April 2021, and August 2021



Coverage: England. Note: April 2020 n = 287, April 2021 n = 277, August 2021 n = 265.
Source: Natural England

Parents were also asked about their views about nature and children’s experience in green and natural spaces since the pandemic began. In August 2021, 41% of parents reported that their child seems happier when they have spent time outside. Further, a wish that their child could spend more time outside to support their mental and their physical health was reported by 30% and 28% of parents respectively, while 27% of parents believed that their child was spending too much time indoors.

Discussion of trends in ‘what we do’

The data presented in this chapter cover a range of measures of time use and engagement in activities, including a broad measure of happiness with time use, engagement in physical activity, and time spent in natural and green spaces. Taken together, there was some evidence of a small reduction in happiness with time use in 2020, which had recovered by 2021 (The Children’s Society, 2021), but that rates of

engagement in physical activity (Sport England, 2021) and nature experiences (Natural England, 2021a, 2021b) have remained relatively consistent in recent years.

Nonetheless, there was evidence for significant variation in physical activity and engagement in nature with 44.6% of 5- to 16-year-olds reporting engaging in 60 or more minutes of physical activity per day (Sport England, 2021), and 60% of 16- to 24-year-olds reporting having visited a green and natural space within the last 14 days (Natural England, 2021b). Some of this variation might be explained by differences among subgroups; the data presented here provides evidence for higher rates of physical activity in 2020/21 among infant children compared to those in years 3-6 or those in secondary years, as well as greater rates of activity among white and mixed ethnicity children compared to those with Black or Asian ethnicity. Further, the data indicated a convergence of male and female rates following a reduction in male activity rates from 2017-18. While these differences were observed in this data, it was not possible due to limitations in the available data, to fully investigate who is most at risk of lower engagement in physical activity and nature experiences, as well as the drivers of these differences. Future data collections should endeavour to allow for greater analysis of subgroup differences, as well as for a deeper understanding of barriers that children and young people face to engagement in these and other activities.

There was some indication that rates of participation in extracurricular activities in school have dropped substantially between early 2018 and summer term 2021 (DfE, 2018, 2021b). While the interval between data collections means we cannot conclude that this was solely due to the pandemic, specific social distancing and wider pandemic controls were highly likely to have affected school ability to deliver extracurricular activities. Other pandemic related burdens on schools at this time may also have contributed to these reductions in activities. A number of subgroups of pupils were less likely to have been participating in 2021, including those eligible for FSM, white pupils and, according to parent report, pupils with SEN.

Finally, we note that the rates of activity reported in the PPP appear notably lower than those reported in Sport England's Active Lives Children and Young People Survey. While it is not possible to know for sure why these differences have occurred, it is likely that the different question designs in each survey could have elicited different responses. In particular, while the PPP asked children and parents to reflect on general frequency and duration of engagement in activities, the Active Lives survey systematically documented engagement in a wide range of specific activities. The latter method is likely to cover a greater range of activity, as well as promote recall of events from memory. As such, the rates of activity as reported in the Active Lives survey are likely to be a more accurate representation of children's total activity levels than those in the PPP, while the PPP may reflect rates of general engagement in activities that were more easily brought to mind during the survey.

Domain 6: Self, society, and the future

Summary

Since the start of the pandemic, there has been a lot of interest in the impact on children and young people's mental health and wellbeing. This has ranged from looking at differences in wellbeing based on previous years, to considering how wellbeing has changed throughout the pandemic, for example, in response to changing restrictions, school closures, social isolation, and concerns around infection risks.

With the ongoing vaccine rollout, the relaxation of social restrictions, and in particular the return to face-to-face education for all pupils from Spring 2021, focus has shifted towards recovery, both in terms of education and wellbeing.

Further, while the focus to date has been on the more immediate impacts of the pandemic, the broader, longer-term concerns around transitions toward adulthood, and what kind of future children and young people are likely to inhabit, may start to come back into focus.

This chapter explores how children and young people feel about themselves and society, as well as their views for the future of both.

This chapter presents:

- Children and young people's happiness with the things they own, their appearance, sense of choice, and what may happen to them in their future.
- What children and young people think is important for their own future, as well as what aspects of their own future they worry about.
- What children and young people think is important for the future of society, as well as what they worry about for society's future.
- Whether children and young people think they will have a better life than their parents.

Key findings

- Children and young people's happiness with the things they own (7.5), their appearance (7.2), their sense of choice (7.1), and the future (6.9) were similar to previous years, on average, in 2021.
- While happiness with the things they own, their appearance, and future has remained stable in recent years, including during the pandemic, average

happiness with one's sense of choice in life had slightly reduced from 7.3 in 2019 to 6.8 in 2020. By 2021, the average score on this measure had recovered to 7.1.

- Thinking about themselves and their future, in 2021 a significant minority of children and young people were worried about having somewhere to live (25% very/quite worried), having enough money (33% very/quite worried), and finding a job (31% very/quite worried) in future.
- Those who coped less well during the pandemic, as well as those who experienced more pandemic impacts on their family were more likely to be worried about these things.
- Just over half (55%) of secondary-age children and young people were concerned about the impact of the pandemic on their job or career aspects.
- Worry about career appeared to increase with age from 32.8% of 9- to 11-year-olds, to 38% 12- to 15-year-olds and 43.9% of 16- to 17-year-olds worried about this.
- 52% of 9- to 17-year-olds said they thought it was likely they would have a better life than their parents compared to 9% that believed this was unlikely. Children and young people from ethnic minority groups thought more often (66.2%) that it was likely they would have a better life than their parents, than white children and young people (47.4%).
- Thinking about wider society and its future, in 2021 children and young people were most likely to be worried ('very' or 'quite') about the environment (40%) and the potential for new illnesses or pandemics (42%), while a relatively smaller proportion of the sample were worried about the refugee and migrant crisis (26%), homelessness (28%), online safety (29%), and unemployment (29%).
- Those who coped less well during the pandemic, as well as those who experienced more pandemic impacts on their family were more likely to be worried about these things.
- 22% of 9- to 17-year-olds thought that a healthy environment and planet is important for their future, while 20% felt everyone being treated fairly is important, and 5% said being part of a good local community is important.

Happiness with their things, appearance, choice, and future

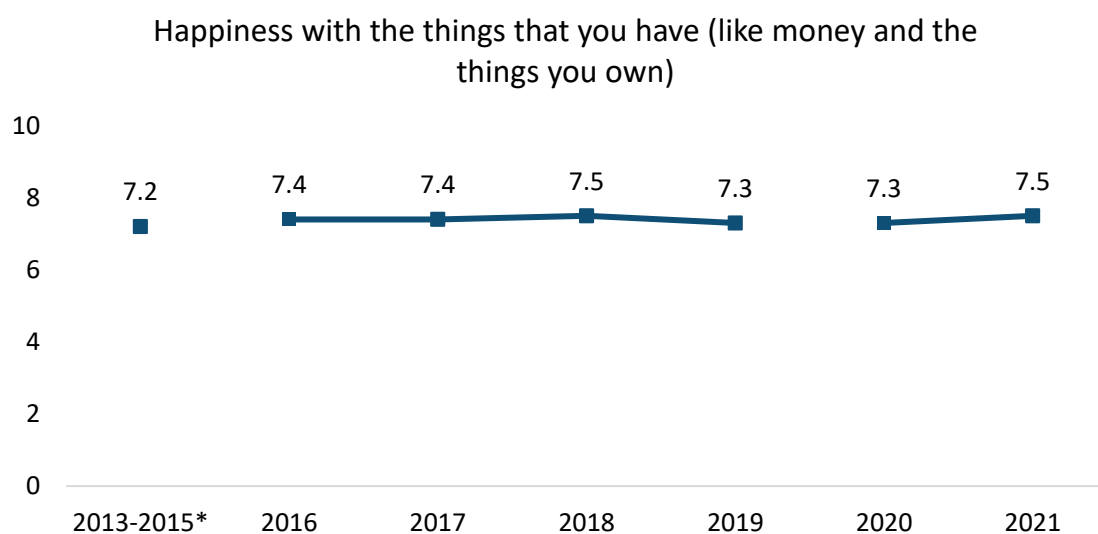
The Good Childhood Index has collected regular data on children and young people's happiness with the things they own, their appearance, their feelings of choice in life, and what may happen to them in their later life (future) (The Children's Society, 2015, 2016, 2017, 2018, 2019, 2020b, 2021). Figure 80 presents this data as a time series of average

annual scores (on a scale of 0-10) of children and young people aged 10 to 17, from 2013-2015 to 2021. Data from the 2016 survey onwards were collected between April-June each year

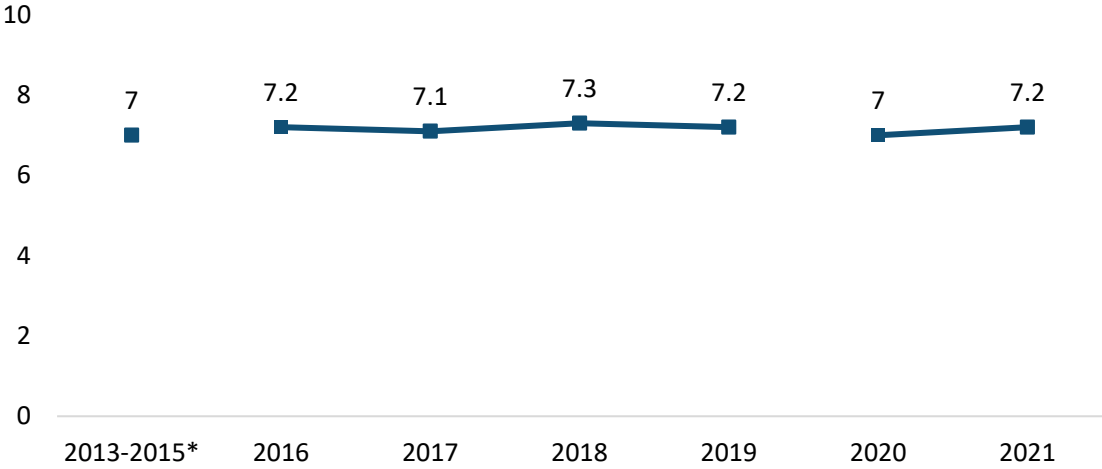
Taken together, average scores have remained relatively stable for children and young people's happiness with their things, appearance, and future. However, average happiness with the sense of choice in life reduced from a relatively stable 7.3 in 2019 to 6.8 in 2020. By 2021, the average score on this measure had recovered to 7.1.

Considering low scores on these measures in 2021, 11.8% of survey respondents indicated scores below 5 for their appearance, while 10.9% did so for choice, 10% for their future, and 8.8% for their things. In 2020, compared to 2021, a greater proportion of respondents appeared to indicate low scores in choice (15.2%) and appearance (14.1%), while a similar proportion of respondents indicated low scores about the future (11.5%) and things (11.1%). However, we were unable to establish whether these annual changes represent statistically significant differences.

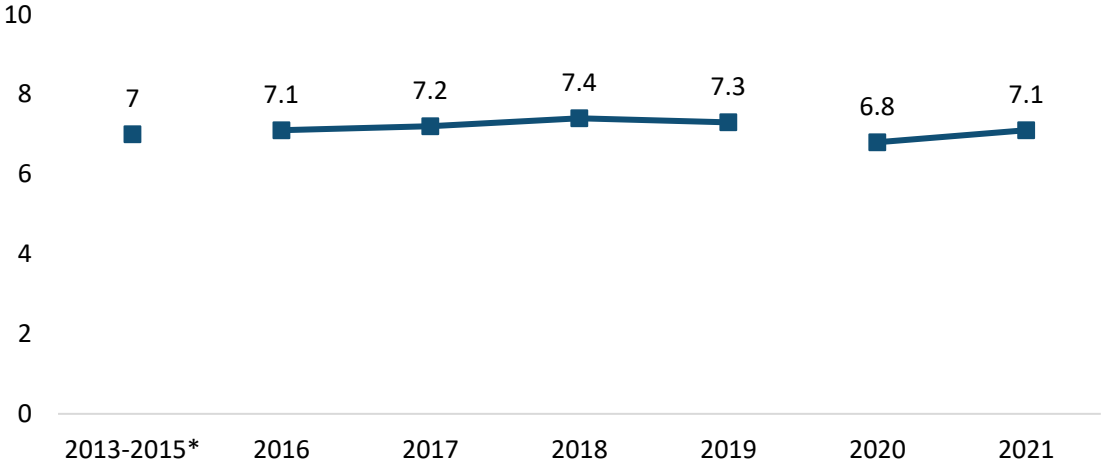
Figure 80. Average ratings of children and young people aged 10 to 17's happiness with their things, appearance, choice, and future



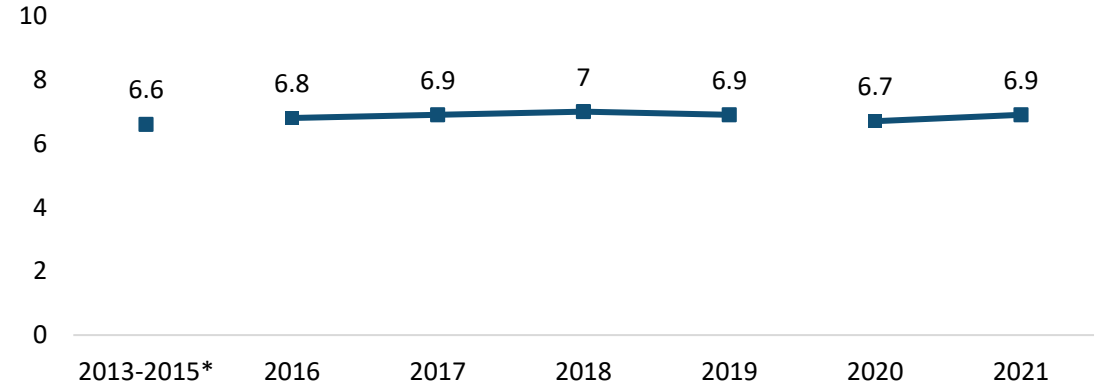
Happiness with appearance



Happiness with choice



Happiness with the future



Coverage: 2020-2021 UK, 2013-2019 Great Britain, Note: Discontinuity in time series, see 'Data sources and methods' annex for further information. *The reported response for '2013 to 2015' is a pooled average based on four half-annual surveys of children and young people reported in the 2015 Good Childhood Report. n = 2000. Source: Children's Society.

What is important for children and young people's future?

Self

In their 2019 and 2021 surveys of children's wellbeing, The Children's Society asked children and young people a series of questions about the importance of a range of different things for their own future, as well as their worries about these things for their future; among these things, survey participants were asked about their concerns around finding somewhere to live, having enough money, and finding a job (The Children's Society, 2019, 2021).

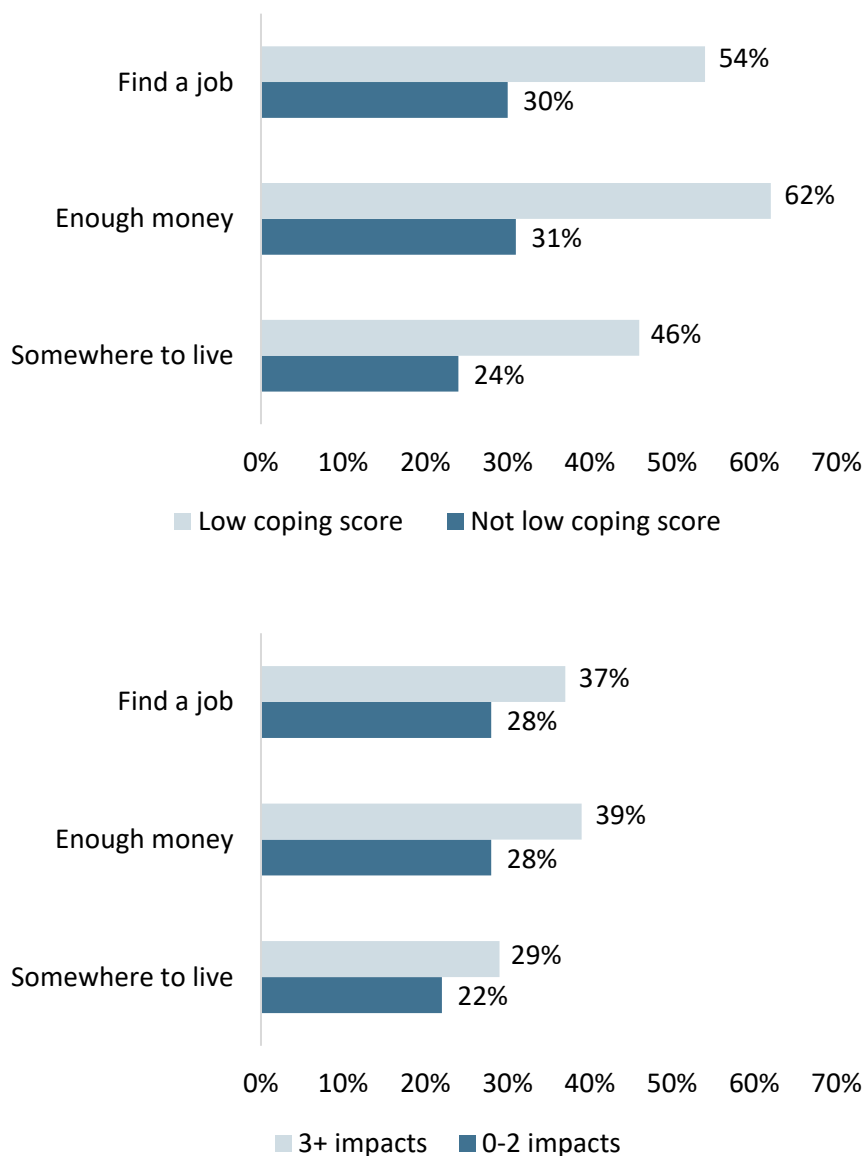
In 2021, a majority of survey respondents believed that finding somewhere to live (66%), having enough money (56%), and finding a job (60%) were very important for their future, while 93% felt that these things were quite or very important for their future. These trends were similar to those in 2019, where almost all survey respondents believed that finding somewhere to live (95%), having enough money (95%), and finding a job (95%) were quite or very important for their future.

Considering how worried respondents were in 2021 about these three things for their future, 10% were very worried and 15% quite worried (25% very/quite worried) about having somewhere to live, 12% were very worried and 21% quite worried (33% very/quite worried) about having enough money, and 12% were very worried and 20% quite worried (31% very/quite worried) about finding a job. Again, these trends were similar in 2019 when 8% were very worried and 16% quite worried (23% very/quite worried) about having somewhere to live, 11% were very worried and 22% quite worried (33% very/quite worried) about having enough money, and 9% were very worried and 20% quite worried (29% very/quite worried) about finding a job.

Figure 81 shows the proportion of respondents who were quite or very worried about having somewhere to live, having enough money, and finding a job for their future in 2021; data is presented by pandemic coping and parent-reported coronavirus impacts. As previously noted, the proportion of children who reported low coping scores comprised a relatively small group (8% of sample). It is therefore important to exercise caution when attempting to make inferences about wider effects from small subgroups.

The data shows that those with low coping scores were substantially more likely to indicate being quite or very worried about having somewhere to live, having enough money, and finding a job for their future, than those with non-low coping scores. Similarly, those whose parents had indicated three or more coronavirus impacts on the family were more likely to indicate being quite or very worried about having somewhere to live, having enough money, and finding a job for their future, than those whose parents had indicated between zero and two coronavirus impacts on the family.

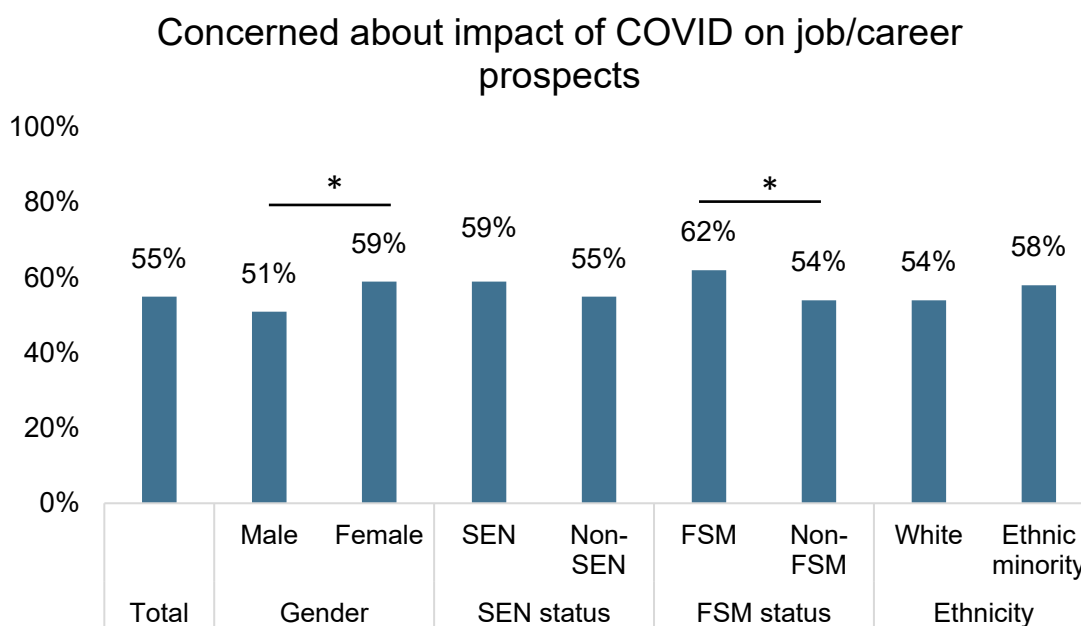
Figure 81. Percentage of children aged 10-17 in 2021 indicating feeling quite/very worried about finding a job, having enough money, and having somewhere to live, for their future, by subjective coping of coronavirus changes and parent-reported impacts on the family



Coverage: UK. Note: a low coping score is any score below the midpoint on a subjective 10-point scale of how children think they have coped with coronavirus changes overall; number of impacts was measured from a range of 0 to 9, all impacts reported by parents from a predetermined list, n = 2000. Source: Children’s Society

Children in years 11-13 were asked about their concerns on the impact of the COVID-19 pandemic on their lives in DfE’s Pupil and Parent Panel (DfE, 2021b). Figure 82 shows the proportion of children and young people aged 15-18 who indicated a concern about the impact of the COVID-19 pandemic on their job or career prospects. The results show that just over half (55%) of the total sample were either very or fairly concerned about the impact of the pandemic on their job or career aspects. Analysis of the responses from different subgroups indicate that female respondents were more likely to be concerned (59%), than were males (51%). Further, respondents who were eligible for Free School Meals were more likely to be concerned (62%) than those who were not (54%). There were no other significant differences among subgroups.

Figure 82. Proportion of children and young people aged 15-18 indicating concern about the impact of COVID-19 on job/career prospects in 2021, by subgroup.

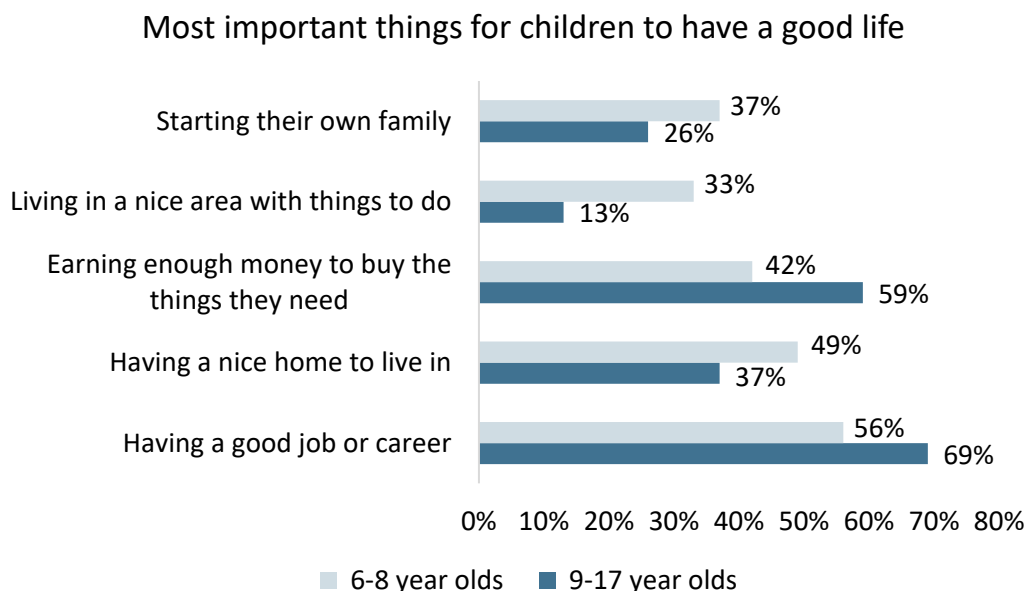


Coverage: England. Note: n = 788, data were combined to indicate those who were either very or fairly concerned, *indicates a significant difference between groups. Source: DfE

The Children’s Commissioner’s Big Ask survey in April and May 2021 also asked children and young people aged 6-17 about what they felt was most important for them to have a good life when they grow up from a list of aspects of their lives (Children’s Commissioner,

2021). These included various aspects of their future lives that could be considered part of a self-identity – career, home, money, area lived in, and having their own family. Presented in Figure 83, results showed that 56% of 6- to 8-year-olds and 69% of 9- to 17-year-olds said having a good job or career was one of their 5 most important things from the list. Further, 49% of 6- to 8-year-olds and 37% of 9- to 17-year-olds said that having a nice home to live in was important, 42% of 6- to 8-year-olds and 59% of 9- to 17-year-olds said that enough money to buy the things they need was important, 33% of 6- to 8-year-olds and 13% of 9- to 17-year-olds said that living in a nice area with things to do was important, and 37% of 6- to 8-year-olds and 26% of 9- to 17-year-olds said that starting their own family was important. There were only very small differences by age, gender, ethnicity, and SEN status for all these measures and for both age groups.

Figure 83. The most important things needed to have a good life, according to children aged 6-17 in 2021.



Coverage: England, Note: base n = 557,077, ‘Data sources and methods’ annex for further information. Source: Children’s Commissioner.

9- to 17-year-olds were also asked which of the list of aspects of their lives they were worried they wouldn’t have when they grow up. 37% said they were worried about not having a good career, 24% said they were worried they wouldn’t have a nice home to live in, 41% said they were worried they wouldn’t have money to buy the things they need, 17% said they were worried about they would not live in a nice area with things to do, and 18% said they were worried they would not start their own family.

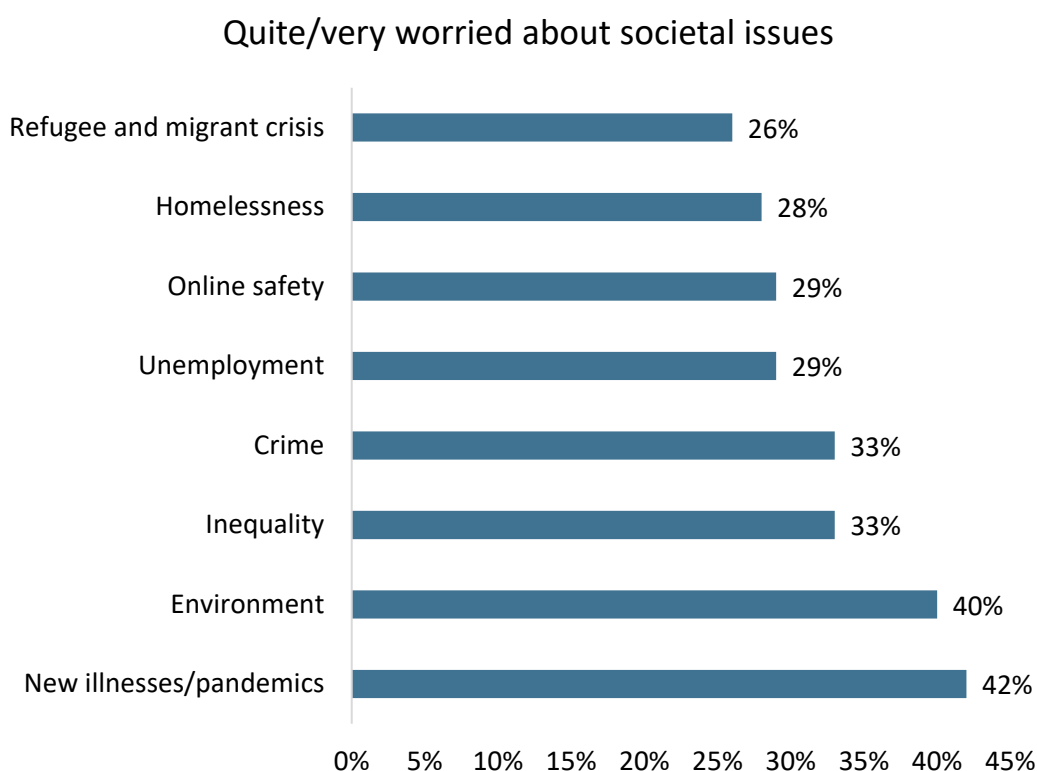
Worry about career appeared to increase with age from 32.8% of 9- to 11-year-olds, 37.7% 12- to 15-year-olds and 43.9% of 16- to 17-year-olds. There were only very small differences for the other measures and subgroups.

Society and the future

In their 2021 surveys of children’s wellbeing, The Children’s Society asked children and young people a series of questions on their worries about a range of societal issues (The Children’s Society, 2021).

The results presented in Figure 84 indicate that, in 2021, children and young people were most likely to be worried about the potential for new illnesses or pandemics (42%) and the environment (40%). While a relatively smaller proportion of the sample were worried about the refugee and migrant crisis (26%), homelessness (28%), online safety (29%) and unemployment (29%). At least around a quarter of respondents indicated being quite or very worried on all societal issues asked about.

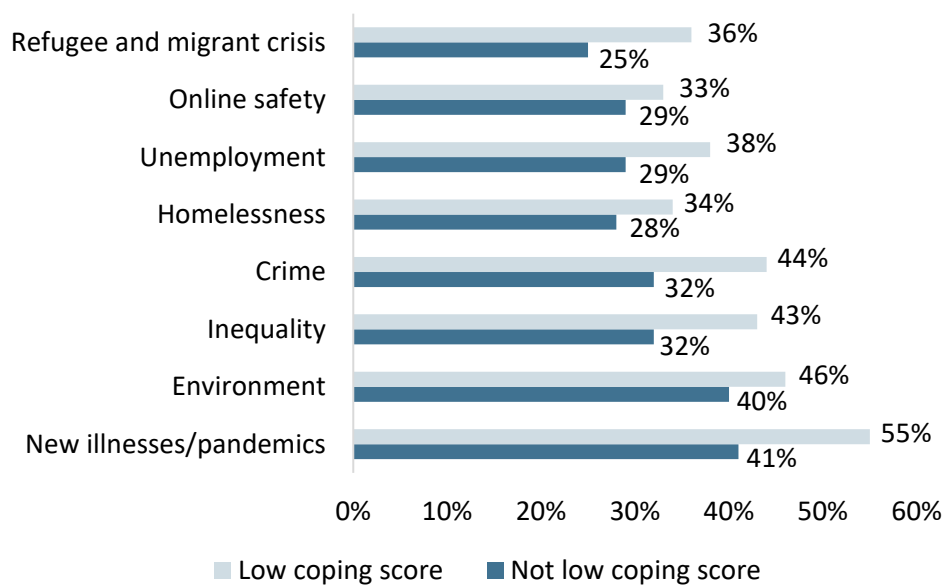
Figure 84. Percentage of children aged 10-17 in 2021 indicating feeling quite/very worried about wider societal issues

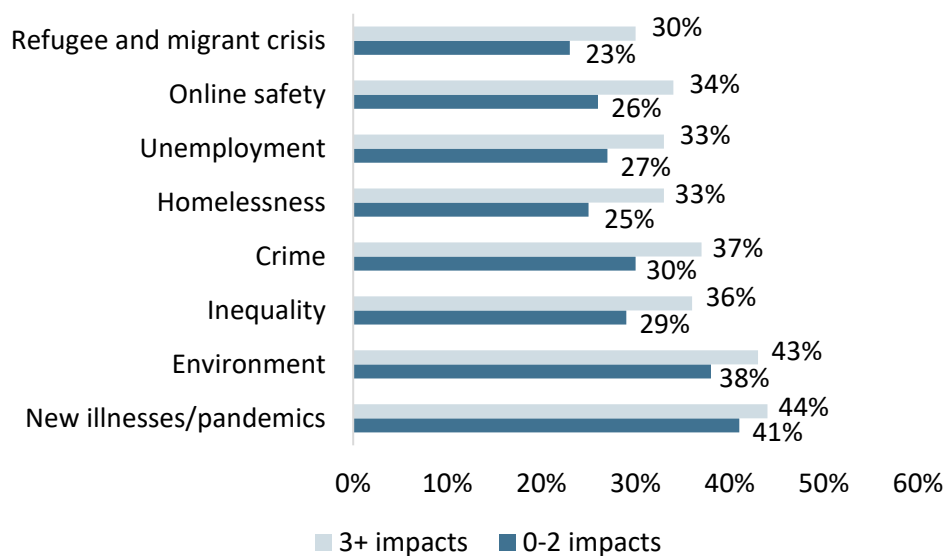


Coverage: UK, n = 2000. Source: Children’s Society

Analysis of worry about societal issues by pandemic coping and familial impacts, shown in Figure 85, indicates that those with low pandemic coping scores and those with 3 or more parent-reported pandemic impacts on the family were more likely to indicate being concerned with all the societal issues asked, than those without a low coping score and those with 0-2 pandemic impacts on the family. This difference appeared particularly large when considering new illnesses/pandemics where more than half (55%) of those with a low pandemic coping score reported being worried about this issue compared to 41% of those without a low coping score.

Figure 85. Percentage of children aged 10-17 in 2021 indicating feeling quite/very worried about wider societal issues, by subjective coping of coronavirus changes and parent-reported impacts on the family





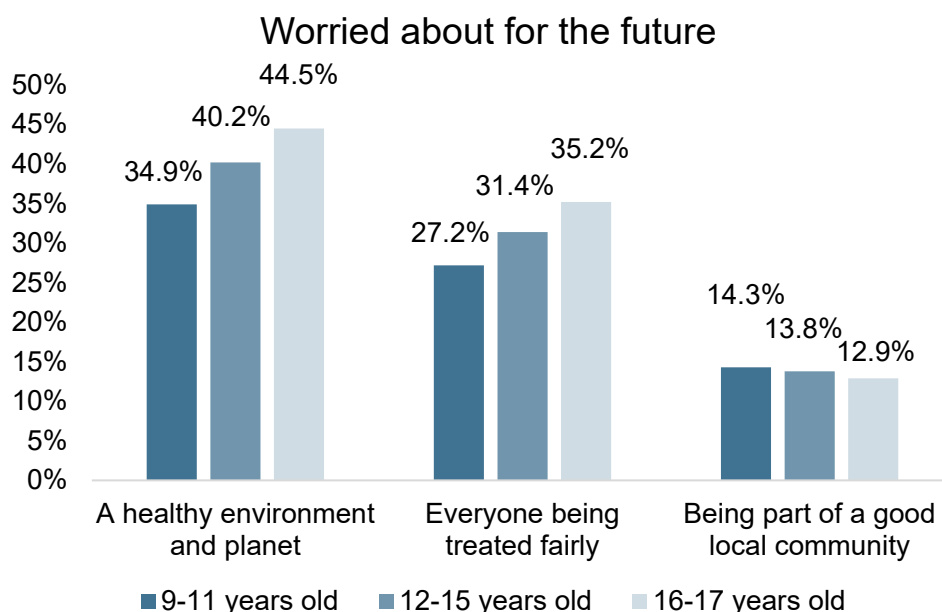
Coverage: UK. Note: a low coping score is any score below the midpoint on a subjective 10-point scale of how children think they have coped with coronavirus changes overall; number of impacts was measured from a range of 0 to 9, all impacts reported by parents from a predetermined list, n = 2000. Source: Children’s Society

The Big Ask survey asked children and young people about the importance of aspects of life and wider society for their future (Children’s Commissioner, 2021). The results from this survey suggested that 22% of 9- to 17-year-olds think that a healthy environment and planet is important, 20% felt everyone being treated fairly is important, and 5% said being part of a good local community is important.

Female participants were more likely than males (25% and 19% respectively) to think a healthy environment is important. The same pattern holds for importance of fairness with 25% of females and 15% of males thinking this is important for their future. There were only very small differences for other measures and for age, SEN status and ethnicity.

Figure 86 presents data from 9- to 17-year-olds about the aspects of their lives they were worried they wouldn’t have when they grow up. Overall, 39% said they were worried they wouldn’t have a healthy environment and planet, 31% were worried that everyone would not be treated fairly, and 14% were worried they would not be part of a good local community. Worry about a healthy environment and planet appears to increase with age, with 34.9% of 9- to 11-year-olds, 40.2% of 12- to 15-year-olds and 44.5% of 16- to 17-year-olds worrying about this. This pattern is also seen for worry about fair treatment, with 27.2% of 9- to 11-year-olds, 31.4% of 12- to 15-year-olds and 35.2% of 16- to 17-year-olds worrying about this. There were only very small differences for other subgroups and measures.

Figure 86. The things in society children aged 9-17 are worried about not having when they grow up, (2021).



Coverage: England, Note: base n = 557,077, See ‘Data sources and methods’ annex for further information. Source: Children’s Commissioner.

Positivity about the future

The Children’s Commissioner’s Big Ask Survey in April and May 2021 asked 9- to 17-year-olds how likely they thought it was they would have a better life than their parents (Children’s Commissioner, 2021)⁴⁰. 52% said they thought it was likely, 9% that it was unlikely they would have a better life than their parents. Children and young people from ethnic minority groups were more likely (66.2%) to think it was likely they would have a better life than their parents than white children and young people (47.4%). There were only small differences by age, gender, and SEN status.

Discussion of trends in self, society, and the future

Overall, children and young people’s happiness with the things they own, their appearance, their sense of choice, and future were similar on average in 2021 to previous years, ranging from 6.7 to 7.5 out of 10. However, while happiness with the things they own, their appearance, and future remained stable during the pandemic, average happiness with one’s sense of choice in life slightly reduced between 2019 and

⁴⁰ responses were on a 5 point scale: Very likely, Fairly likely, Neither likely nor unlikely, Fairly unlikely, Very unlikely

2020 before recovering in 2021 (The Children's Society, 2019, 2020b, 2021). This reduction in sense of choice is unsurprising in the context of the pandemic where lack of choice, particularly in social behaviour, was particularly evident when this data was collected (April 2020). Nonetheless, it is perhaps surprising that even in 2020, during the height of the lockdown, the average score on this measure was still nearly 7 out of 10.

Considering concerns about their future self, a significant minority of children and young people (aged 10-17) were worried about having somewhere to live (25% very/quite worried), having enough money (33% very/quite worried), and finding a job (31% very/quite worried) in future (The Children's Society, 2021), while the PPP suggested that just over half (55%) of secondary-age children and young people were concerned about the impact of the pandemic on their job or career aspects (DfE, 2021b). Those who coped less well during the pandemic, as well as those who experienced more pandemic impacts on their family were more likely to be worried about these things (The Children's Society, 2021). These trends suggest that those who report being most affected by the pandemic could be those with a poorer perception about their future and, as such, may require more support in this domain.

Considering concerns about society and the future, Children and young people were most likely to be worried about the environment (40%) and the potential for new illnesses or pandemics (42%). A relatively smaller proportion of the sample were worried about the refugee and migrant crisis (26%), homelessness (28%), online safety (29%), and unemployment (29%). Those who coped less well during the pandemic, as well as those who experienced more pandemic impacts on their family were more likely to be worried about these things. The reason for an association between pandemic impact and concerns for wider societal issues is unclear. Further research into the effects of pandemic impacts and coping is needed to understand how differences in these relate to broader concerns beyond the individual's pandemic experiences such as those affecting society.

Further, those with a low pandemic coping score reported being more worried about new illnesses/pandemics (The Children's Society, 2021). While this may not be particularly surprising given the likely concerns about future pandemics by those who were most struggling in the current one, it could also be an important finding in the context of pandemic recovery and understanding those who could continue to experience pandemic anxieties in future.

Considering trends by age, worry about career appeared to increase with age from 33% of 9- to 11-year-olds, 38% 12- to 15-year-olds and 44% of 16- to 17-year-olds (Children's Commissioner, 2021). Worry about a healthy environment and planet appears to increase with age, with 35% of 9- to 11-year-olds, 40% of 12- to 15-year-olds and 44% of 16- to 17-year-olds worrying about this. This pattern is also seen for worry about fair

treatment, with 27% of 9- to 11-year-olds, 31% of 12- to 15-year-olds and 35% of 16- to 17-year-olds worrying about this.

Looking at subgroups, female respondents and those eligible for FSM were more likely to be concerned about the impact of the pandemic on their job or career aspects than were males and those who were not eligible for FSM (Children's Commissioner, 2021). Female participants were also more likely than males (25.4% and 19% respectively) to think a healthy environment is important. The same pattern holds for importance of fairness with 24.7% of females and 15.4% of males thinking this is important for their future.

Discussion

The state of the nation of children and young people's wellbeing

In bringing together a wide range of published data on children's wellbeing from a variety of sources, this report aims to provide a broad overview of the state of the nation of children and young people's wellbeing in the academic year 2020/21. To meet this aim, this report compiled this evidence under six domain headings: personal wellbeing; mental and physical health; education and skills; relationships; what we do' – activities and time use; and, self, society, and the future. Where possible, data was presented separately for age, gender, FSM-status, SEN-status, and ethnicity, with summaries for each group. In this section, we aim to discuss central findings across these domains, drawing comparisons across measures and subgroups where relevant.

Wellbeing and mental health - Signs of recovery?

The data presented in this report suggests that children and young people's average subjective wellbeing shows signs of recovery following small average reductions in 2020. Data from the Children's Society showed evidence for a small reduction in average wellbeing in 2020 for life satisfaction, happiness, and life being worthwhile, following a period of stability (The Children's Society, 2019, 2020b, 2021). However, these scores appear to have recovered to pre-2020 levels by 2021. Similar trends of reduction in 2020 and rebound in 2021 were also shown for happiness with certain aspects of life, including for happiness with friends, time use, and choice, areas of life that appear most likely to have been affected by pandemic restrictions on personal and social behaviour.

While there are signs of recovery in personal wellbeing in 2021, this is less clear for measures of mental ill health. Data from the MHCYP (NHS Digital, 2021a) and LSYPE2 chapter (this report) suggested that rates of probable mental health disorders among children and young people remain higher in 2021 than they were before the pandemic. Further, rates of probable eating problems have increased in 2021 compared to 2017 (NHS Digital, 2021a). However, as the fieldwork for this survey was conducted during and shortly after a period of acute pandemic restrictions in 2021 (15 February to 28 March), these findings may reflect the specific pandemic context in which the survey was administered. Nonetheless, these findings do provide promising evidence that mental health may not have worsened between 2020 and 2021. Furthermore, findings from Co-Space (2021) do indicate some recovery of proportions of children and young people with possible/probable mental disorders in the later spring and summer months of 2021 and, as such, the MHCYP data may be influenced by both pre pandemic increasing trends

and the timing of data collection during and shortly after the periods of lockdown restrictions in early 2021.

Analysis of data across 2020 and 2021 support the idea that children and young people's wellbeing and mental health might change rapidly in response to external events; in particular, pandemic restrictions. Evidence from the PPP (DfE, 2021c) suggested that reductions in wellbeing and increases in loneliness occurred most clearly for both primary and secondary pupils in February 2021 when schools were closed to the majority of pupils. Further, rates of possible/probable disorder appeared to peak during periods of lockdown before reducing as restrictions were lifted (Co-Space, 2021). Finally, children and young people's subjective assessment of their coping during the pandemic, as well as parent-report measures of disruptions to family life, were associated with greater worry about their mental health for the future (The Children's Society, 2021) suggesting that poorer mental health outcomes could be related to pandemic experience.

Taken together, the data presented here support the view that children and young people's wellbeing had reduced during the pandemic on average, particularly during periods of school closures, though there was evidence of substantial variation in wellbeing and mental health during this time. Wellbeing also appears responsive to external events, such as restrictions on social behaviour, suggesting that downward trends in wellbeing can be reversed following relaxation of restrictions. However, with ongoing pandemic uncertainties, it remains important to monitor children and young people's mental health and wellbeing, ideally with enough granularity to understand if there are certain groups at risk of ongoing poorer outcomes, to continue to understand whether there is consistent recovery seen.

Wider experiences and their implications for wellbeing

In addition to measures related to children and young people's wellbeing and mental health, we also reported on a broad range of measures which are relevant to these outcomes, including children and young people's self-reports about their social relationships, physical health, rates of activity, educational experiences, and worries about the future.

Considering children and young people's relationships over time, respondents indicated consistently high happiness with their family relationships in recent years (The Children's Society, 2021). By contrast, there was evidence for a small reduction in average happiness with friends between 2019 and 2020 before scores recovered in 2021. One interpretation of these differing trends is that disruptions to social behaviour because of pandemic restrictions were more likely to affect peer, rather than family, relationships; in the height of lockdown, children and young people had reduced opportunities to see friends in person. Supporting this interpretation, rates of loneliness among secondary

pupils were highest in February 2021, when schools were closed to the majority of pupils (DfE, 2021b), and average happiness with one's sense of choice in life reduced slightly between 2019 and 2020 before recovering in 2021 (The Children's Society, 2019, 2020b, 2021), coinciding with lockdown restrictions that occurred during data collection in April 2020.

Correlational evidence also suggested a link between poorer social relationships, in particular loneliness, poorer family connectedness, and problems with family functioning, and mental health problems in children and young people (NHS Digital, 2021a). While it is not possible to establish from these data whether and how poorer social relationships might lead to mental health problems, existing research from longitudinal data sets suggests that periods of loneliness can lead to increases in anxiety and depression (Hards et al., 2021; Loades et al., 2020), and even physical health problems (Eccles et al., 2020) in children and young people.

When considering children and young people's physical health and activity rates in 2021, there was evidence that physical health among children and young people had declined in recent years. Obesity rates increased substantially between 2019/20 and 2020/21 among reception and Y6 age children, accelerating a trend which has continued for at least the previous 15 years (NHS Digital, 2021b). Further, there was some indication that rates of participation in extracurricular activities in school have dropped substantially between early 2018 and summer term 2021 (DfE, 2018, 2021c, 2021b), which may be indicative of pandemic disruptions to school extracurricular offers. While rates of engagement in physical activity and nature experiences have remained relatively consistent in recent years (Sport England, 2021), there was evidence for some reduction over the two academic years affected by the pandemic as well as ongoing significant variation in physical activity levels. 44.6% of 5- to 16-year-olds reported engaging in 60 or more minutes of physical activity per day, indicating over half do less than the recommended amount (≥ 60 minutes per day). Together, these results suggest a potentially growing problem with physical health among a minority of children and young people, with significant increases in rates of obesity and substantial variation in rates of physical activity.

Education is another aspect of life that has continued to be disrupted by the pandemic through the 2020/21 academic year. The data presented in this report indicates that, on average, children and young people report feeling content with their school experience, reporting both generally feeling happy with their life at school and positive school connections (The Children's Society, 2021). However, there was also evidence for substantial variation on these measures, as well as evidence for a link between attendance, school connection, and wellbeing. A persistent minority of children and young people reported below-midpoint scores in happiness with school, which was the highest proportion of low scores among a list of things children were asked about.

Analysis of PPP data suggested that those who regularly attended school, and those with higher school connection scores, were significantly more likely to report higher wellbeing (DfE, 2021b). As with the link between loneliness and mental health outcomes, it is not possible to establish from these data whether and how attendance and school connection might be causally related to wellbeing. However, there is growing wider literature exploring school connectedness, belonging, and engagement as key factors in children and young people's wellbeing (e.g. OECD, 2017; ONS, 2020; Patalay & Fitzsimons, 2016).

The data presented in this report highlight how the significant disruption to the personal and social lives of children and young people brought about by the COVID-19 pandemic may have implications for their experiences and attitudes to different aspects of their lives, as well as for their wellbeing. In particular, these experiences appear relevant for understanding changes in children and young people's wellbeing and mental and physical health and may also have implications on their concerns about the future. Data presented in this report suggests that those who reported coping less well during the pandemic, as well as those who reported experiencing more pandemic impacts on their family, were more likely to report worries about things related to the future for themselves as well as for society, including the environment, homelessness, and crime. It is unclear due to the correlational nature of these data what causal relationships underly these trends. Further investigation and research could explore whether pandemic effects on mental health and wellbeing influence children and young people's broader perceptions of their future and societal issues, as well as whether these sorts of worries may add to negative impacts on wellbeing.

Wellbeing trajectories vary for different subgroups

A central focus of this report was to explore potential differences in wellbeing outcomes among subgroups. Where possible, we presented data separately by age, gender, SEN-status, FSM-status, and ethnicity. In this section of the discussion, we collate trends where there was evidence of differences within each subgroup and briefly discuss potential implications for each group in terms of their wellbeing.

Age

Analysis of data by age suggests a range of areas where poorer outcomes were observed for older children and young people.

Firstly, older young people (17- to 22- versus 11- to 16- year-olds) were more likely to indicate feeling lonely often, both in 2020 and 2021 (The Children's Society, 2021), and 9- to 17- year-olds were more likely than 6- to 8-year-olds to indicate that they were

unhappy with their relationships with their family and friends (Children's Commissioner, 2021).

Secondly, considering measures related to health and engagement in physical activity, those in Year 6 were more likely to be obese than those at reception age (NHS Digital, 2021b), and secondary-age children and those in years 3-6 were reported as having engaged in lower rates of physical activity in 2020/21 than infant children (Sport England, 2021). Further, rates of probable eating problems increased in 2020 compared to 2017, with a particular increase among older children and young people (17- to 19- versus 11- to 16-year-olds).

Finally, older respondents were also more likely to report unhappiness with, or worry about, a range of factors including: being more unhappy with their education (9- to 17- versus 6- to 8-year-olds), worrying about a career and healthy environment and planet (16- to 17-year-olds versus 12- to 15- and 9- to 11-year-olds), and worrying about fair treatment (Children's Commissioner, 2021).

While these suggest problems were higher among older respondents, rates of mental health problems appeared to fluctuate to a larger degree over 2020 and 2021 for primary-aged children than secondary-aged children, with rates of possible/probable disorder remaining relatively stable throughout 2020/21 in the latter group (Co-Space, 2021).

Gender

Analysis of data by gender suggests that girls indicated poorer outcomes across a range of measures.

Secondary-age girls reported consistently lower wellbeing than boys across all four measures and there was evidence of a widening of the gender gap in wellbeing over the course of the year. These trends reflect a continuation of persistent gender differences in wellbeing which, while varying in size, have been observed in this age group before the pandemic (e.g. Bradshaw & Keung, 2011; What Works Centre for Wellbeing, 2017).

Comparing the rates of probable disorders between genders in 2021, rates of probable disorder were higher for girls and young women in older age groups (17-22). By contrast, rates of probable disorders appear higher in boys among 6- to 10-year-olds (NHS Digital, 2021a).

Rates of probable eating problems also increased in 2020 compared to 2017, particularly among older and female children and young people. While around half of all children and young people reported that they were concerned about the effects that the pandemic had had on their mental health, this figure was higher for girls than boys.

Considering measures related to social relationships, girls were more likely to report often feeling lonely in two waves of the MHCYP in 2020 and 2021 (NHS Digital, 2021a) as well as across the 2020/21 academic year in the PPP (DfE, 2021b). Further, there was some indication that gender differences in loneliness may have widened between August 2020 and February 2021, when schools were closed to the majority of pupils, before narrowing again towards the end of the academic year.

Considering measures related to education, female respondents had lower school connection scores on average than boys (PPP, 2021). Females were also more likely to be concerned about the impact of the pandemic on their job or career aspects than were males.

Finally, while rates of obesity in 2021 were similar for boys and girls at reception age, at Year 6 boys more likely than girls to be considered obese. Further, a convergence of male and female activity rates between 2017/18 and 2020/21 appear to be explained more by a reduction in male activity levels over this time, than an increase in female activity rates.

SEN

Analysis of data by SEN status suggests that outcomes on most measures were similar for SEN and non-SEN children and young people. However, there were some wellbeing, mental health, and social relationship areas where SEN pupils had poorer outcomes.

Firstly, at many time points through the 2020/21 academic year, secondary-age pupils with SEN indicated greater average anxiousness than those without SEN. However, average scores on this measure converged towards the end of the year and there were few differences for other subjective wellbeing measures. Secondly, SEN pupils were consistently more likely to be rated as having poorer mental health than those without SEN – a pattern seen in pre-pandemic data (e.g. NHS Digital, 2018). Finally, bullying was more likely to be reported as being experienced by SEN versus non-SEN pupils (at both primary and secondary age).

One reason for a lack of clear or consistent trends by SEN could be due to the diversity and variation in the severity of conditions which would qualify a child or young person for SEN-status. More specific and granular analysis of wellbeing could help to identify whether there are particular subgroups of children with SEN who are particularly at risk of poorer mental health and wellbeing outcomes.

Economic disadvantage

Analysis of data by different measures of economic disadvantage provides some evidence that more economically disadvantaged pupils had poorer outcomes on some measures than those with less disadvantage.

While there was little evidence that pupils eligible for FSM differed from non-FSM pupils across any measure of wellbeing during the 2020/21 academic year (PPP, 2021), children and young people from families with low incomes were consistently more likely to be a possible/probable case for mental health problems throughout 2020 and 2021 (NHS Digital, 2021).

Further, those eligible for FSM were more likely to report having been bullied in 2021 (at primary age but not secondary age) and were also more likely to be concerned about the impact of the pandemic on their job or career prospects than were those who were not eligible for FSM (DfE, 2021b). Finally, the most economically disadvantaged children were more likely to be obese than the least economically disadvantaged in 2021 (NHS Digital, 2021)

Ethnicity

Analysis of the different data sources provides inconsistent evidence for differences in outcomes by ethnicity.

Wellbeing data provided some evidence that minority ethnic pupils reported lower life satisfaction than white pupils during much of the year, as well as some evidence that minority ethnic pupils indicated less happiness during Autumn term, though this was not evident for other measures. Further, bullying was more likely to be reported as being experienced white pupils than those of an ethnic minority (at secondary age but not primary age).

There was perhaps more consistent evidence for differences by ethnicity when considering physical activity and obesity. Black and Asian children were groups of concern for obesity in 2021 among primary-aged children (NHS Digital, 2021), and were reported as having engaged in lower rates of physical activity than white and mixed ethnicity children (Sport England, 2021).

Limitations of this report

This report presented a collection of indicators of children and young people's wellbeing from the academic year 2020/21 following the structure of the Office for National Statistics' domains of wellbeing for children and young people. Methodological limitations with specific data sources within this report have been explained and discussed in

relevant areas throughout the report (also see ‘Annex A- Data Sources and Methods’ for methodological summaries of key data sources). However, some broader limitations and suggestions for future analysis that cut across chapters are worth discussing here.

As with previous State of the Nation reports, this is not an exhaustive review of all available information about children and young people’s wellbeing during this period; findings are based only on the domains and indicators selected to represent the most important areas of children and young people’s lives. As such, while we have endeavoured to cover a wide range of indicators across six domains, it does not aim to cover all possible measures. Further, it remains important to review, with consultation of children and young people themselves, what we choose to focus on when seeking to understand their wellbeing and the things that matter to them⁴¹.

We note that much of the available data that we include here reports on measures based on sample averages and the sample as a whole. While this allows for a good understanding of broad trends over time, it may overlook the experiences of subgroups and those outside the average. Additional analysis of these data could provide important insights into how we can better build the recovery of children’s mental health from the pandemic, for example, by analysing the trajectories of children and young people with particularly poor wellbeing and understanding the drivers of any changes (e.g. Raw et al., 2021). Future analysis could also seek to understand more about the children and young people who experienced large reductions in their wellbeing, and whether pre-existing ‘gaps’ in wellbeing for different groups have widened as a result of the pandemic.

Considering the methodologies employed by the various data sources contained within this report, there are a few limitations which should be considered when inferring the robustness and representativeness of the findings presented. First, while we prioritised for inclusion data from random probability samples, this was not possible in all cases, such as the inclusion of opportunity samples in the Co-Space study. As such, caution should be used when seeking any generalisations of findings to the wider population using these data.

Second, where data was collected on the same participants multiple times – such as in the PPP and Co-Space study – non-response and dropout from the study could introduce potential biases into the data and, therefore, reduce the generalisability of findings to the wider population. However, it is important to note that, in the case of the PPP, survey weighting has been employed to mitigate these effects.

⁴¹ ONS are currently updating their children’s well-being indicators to better represent children’s lives today. For more information see: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/childrenswellbeingindicatorreviewuk2020/2020-09-02>

Third, significance testing across the different data sources was inconsistently applied. As noted in the introduction, where significance testing was not applied, readers are encouraged to exercise caution when assessing whether reported differences represent meaningful differences in the wider population.

Fourth, the analysis and reporting of subgroup differences was inconsistent across data sources and over time, including by gender, age, disadvantage, disability, and ethnicity. This limits our ability to fully understand the variation in mental health and wellbeing outcomes across these measures. We strongly encourage researchers to provide a broad and consistent range of subgroup breakdowns in future data releases. Where possible, analysis of the interactions and intersections of demographic variables and wellbeing, such as by both gender and age, should be pursued. These considerations will ensure that groups of concern can be identified early, and that inequalities in wellbeing and mental health can be effectively monitored, and addressed, over time.

Finally, unequal sample sizes in some subgroups may lead to reduced representativeness of the data, particularly in those groups with small numbers of respondents.

While these limitations are important to consider, particularly when seeking to make generalisations to the wider population of children and young people, they are inherent to any research of this kind and should, therefore, be seen in this light. The data presented here covers a range of different sources, indicators, and specific measures aimed for an increasingly broad and deep picture of children and young people's wellbeing through 2020/21. We hope that this report will act as a shared evidence base for all of us – in government, services, schools & colleges, parents & families, communities, and employers – to reflect and build upon to deliver better mental health and wellbeing outcomes for our children and young people.

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Annex A- Data sources and methods

Children's Society: Annual survey of children and young people's wellbeing

The Children's Society has conducted a regular survey of children and young people's wellbeing since 2010. Among a range of other questions, this survey has tracked two specific sets of questions which are drawn on in this report, the ONS Children and Young People's Wellbeing questions (life satisfaction, happiness yesterday, whether life is worthwhile) and their own Good Childhood Index (questions about happiness with a range of different aspects of life). This year, as in 2020, the Children's Society also asked children and young people about how well they felt they were coping with a range of specific experiences during the coronavirus (COVID-19) pandemic.

The 2021 Children's Society Household survey reached just over 2,000 children and young people, aged 10 to 17 years old. The survey took place in April to June 2021.

Although findings from the survey are weighted, sampling for the survey was not random and therefore there are no confidence intervals or other significance testing to define the accuracy of the findings. There is a greater level of uncertainty in how well these findings represent the whole population than there would be for a randomly sampled survey.

Although the survey is regular and longstanding, there have been some methodological changes and differences in the presentation of the data over the years. Two of these changes have been noted by a discontinuity in the charts used to show the data in this report about children and young people's personal wellbeing and happiness in different areas of their life.

- 1) While previous surveys (up to and including 2019) have been of children and young people in Great Britain only, this year's survey covered children and young people across the whole of the UK. As part of the changes to this year's survey, a more comprehensive weighting strategy has been implemented to match the sample with the wider UK population on key demographic characteristics.
- 2) The reported responses for '2013 to 2015' are based on four half-annual surveys of children and young people, as reported in the 2015 Good Childhood Report. The results have been pooled, but the sample is unweighted and may be less comparable than the other years shown.

Comparisons with previous years are cautious to take account of these methodological changes, but nevertheless offer a helpful context to the results of this year's survey.

Department for Education: Parent and pupil panel

The COVID-19 Parent and Pupil Panel (PPP) was set up to collect robust and quick turnaround research in response to the COVID-19 pandemic. The PPP aimed to help DfE make evidence-based policy decisions, monitor the impact of the COVID-19 / post-COVID-19 situation, and see how views and experiences of parents and pupils changed over time.

The panel comprised of primary-age parents, secondary-age parents, and secondary school pupils from year 7 to 13. The sample was drawn to ensure those invited to the panel would be representative of the population of school pupils in England while at the same time facilitating sub-group analysis for particular groups of interest i.e. SEND pupils and those eligible for FSM. Results from all waves have been weighted to be representative of the pupil population. Pupils (and parents of pupils) in state-funded secondary schools in England (including middle-deemed secondary schools, local authority maintained schools, academies, grammar schools, City Technology Colleges) were included in the sample. Parents of pupils in state-funded primary schools in England were sampled (including local authority maintained schools, academies). Pupils and parents of pupils who are home educated, attending independent schools, special schools or attending further education colleges (not covered by the sampling frame, the NPD) were not included.

The overall response rate from contacting 23,360 Pupils and 29,347 Parents (total 52,707) was 24%. Families eligible for FSM were over-sampled as they have historically been shown to have lower response rates.

The recruitment wave (August 2020) invited pupils in years 6-12 and parents of pupils in reception to year 10 in the 2019/20 academic year to take part in a 15-minute online survey and join the PPP. The 10 subsequent waves involved emailing panel members and inviting them to take part in regular short surveys. For each wave, the DfE gathered provisional questions from policy teams across the Department, to be checked and cognitively tested by the contractor. Questions covered not only mental health and wellbeing, but other topics such as childcare, the impact of COVID-19, Relationships, Sex and Health Education (RSHE), COVID testing, COVID guidelines in school, pupil attendance and behaviour, remote education, pupils' future plans, out of school activities, post-16 qualifications and university, and more.

For more information on the methodology of the PPP, please see our [COVID-19 Parent and Pupil Panel Technical Report](#). For the results of each wave of fieldwork, see the [Parent and pupil panel: omnibus surveys page](#). For any questions, please contact the Omnibus Surveys Team at omnibus.surveys@education.gov.uk.

NHS Digital: Mental health of children and young people (MHCYP) - Wave 2 follow up to the 2017 survey

The Mental Health of Children and Young People (MHCYP) survey provides England's Official Statistics on trends in child mental health. The most recent face to face survey in the series took place in 2017 and involved data collection from a large sample of children and young people (aged 2 to 19 years) selected to be representative of the population of children and young people living in England.

In 2020, participants (then aged 5 to 22 years) who agreed to be re-contacted for future research during their interview in the 2017 study were re-contacted for the MHCYP 2020 follow-up survey. In February/March 2021, all 2017 participants (now aged 6 to 23 years) who agreed to be re-contacted for future research during their interview in the 2017 study, were invited to take part in a second follow up study.

The report sampled 3,667 children and young people aged 6 to 23 from the 9,117 who participated in the 2017 survey of mental health of children and young people in England, and the 3,570 who participated in the 2020 Wave 1 follow-up survey of mental health of children and young people in England.

The survey took place over six weeks (15 February to 28 March 2021), which covers a period in which schools were closed to the majority of pupils, as well as a period in which schools had reopened from the 8th March 2021.

The 2021 and 2020 waves of the survey did not collect detail on diagnosable mental health issues. Therefore the 2017 figures continue to be the official source for estimates of prevalence of mental health issues. The comparisons between mental health in 2017 and 2021 are instead based on parent, child and young person responses to the Strengths and Difficulties Questionnaire.

Further information on methods can be found in the reporting for the [2017 main survey](#) and [2020](#) and [2021](#) waves.

Office for National Statistics: Annual population survey

The Office for National Statistics (ONS) is the UK's largest independent producer of official statistics and is a recognised national statistical institute. They are responsible for collecting and publishing statistics related to the economy, population and society at national, regional and local levels.

The Annual Population Survey (APS) is a continuous household survey, covering the UK, with the aim of providing estimates between censuses of main social and labour market

variables at a local area level. The APS is not a stand-alone survey, but uses data combined from two waves of the main Labour Force Survey (LFS) with data collected on a local sample boost. Apart from employment and unemployment, the topics covered in the survey include housing, ethnicity, religion, health and education. The datasets comprise 12 months of survey data and are disseminated quarterly. The achieved sample size is approximately 320,000 respondents. For more information about the APS, please see the [Quality and Methodology Information](#).

The data included in analysis for this report can be found [here](#).

The Children’s Commissioner for England: The Big Ask/Big Answer

The Big Ask online survey launched on the Office of the Children’s Commissioner’s website and social media channels in April 2021; it was open to any child in England aged 4-17. The survey link was sent to every single school and local authority in England. To reach the most vulnerable children, the survey was also sent to mental health hospitals, youth custody settings, children’s homes, fostering organisations, children in care councils, young carer projects, groups working with disabled children, and other charities and community groups.

An ‘easy read’ accessible version of the survey was also produced for children with additional reading needs.

The survey asked children five key questions:

1. How happy they are with various aspects of their lives at the moment
2. What is most important for them, in order for them to have a good life in future
3. Which of these factors they are most worried about not having in future
4. Whether they think will have a better life than their parents when they grow up
5. What they think stops children from achieving what they want when they grow up (or what they would change to make their lives better in future)

All of these questions were tested with children before the survey was launched. Older children (those aged 9 or above) were asked the full suite of questions; younger children completed a simpler version with fewer and shorter questions.

The surveys gathered a range of other information about children, enabling a break down the results by age, gender, ethnicity, school type and local area characteristics (such as

local deprivation). Children were also asked about their living and support arrangements to allow for presentation of results for specific vulnerable groups, including children in care, children in need, young carers, and children with mental health needs.

The survey ran for 6 weeks until the end of May. By the time it closed, 557,077 responses had been received – equivalent to just under 6% of England's population of 4-17 year olds.

More information is available in the survey [methodology information report](#).

The Co-SPACE study

The Co-SPACE (COVID-19 Supporting Parents, Adolescents, and Children in Epidemics) study, led researchers at the University of Oxford, were set up to help us understand how families have coped throughout the COVID-19 (coronavirus) pandemic, and what parents can do to support their children's mental health.

An online survey has been sent out and completed on a monthly basis by parents/carers and young people (if aged 11 to 16 years) throughout the pandemic. The study sample has been recruited through a variety of means, including social media, distribution through partner organisations, networks and charities, the media and targeted online advertising.

The study sample has been recruited through a variety of means, including social media, distribution through partner organisations, networks and charities, the media and targeted online advertising. The self-selecting nature of recruitment means that the sample is not a nationally representative sample. It is also important to note that the study does not have comparative data from pre-COVID-19 so findings should be considered descriptive based on this particular, non-representative, sample and no conclusions can be drawn about how the findings might differ from any other year outside of the COVID-19 context.

Over 12,500 parents/carers and 1,300 adolescents have taken part in the Co-SPACE survey at some point, with a large number of respondents also replying to follow up questionnaires. Findings cited within this report have been published by the Co-SPACE study in several reports released through their website, each with its own specific information about the sample used.

Strengths and Difficulties findings are based on analysis of responses from 9,161 parents/carers who took part in both the baseline questionnaire and at least one follow up questionnaire.

This research is supported by the NIHR Oxford Health Biomedical Research Centre, the Oxford and Thames Valley NIHR Applied Research Consortium and the UKRI Emerging Minds Network Plus.

Reports from the Co-SPACE study are available on the [Co-SPACE study website](#).

Annex B. LSYPE2 methodology

Appendix A: key measures

Psychological health/GHQ-12

Psychological health referred to in this report is measured by the 12-item General Health Questionnaire (GHQ-12) instrument, a self-reported assessment of psychological morbidity delivered in the main LSYPE2 questionnaire.

There are several ways of scoring the GHQ-12 instrument and two have been used in this report. The GHQ-12 can be used to create a continuous measure of psychological health on a 0-36-point scale (based on 12 items score 0-3), capturing the full distribution of psychological health across a population. Higher scores indicate poorer psychological health. Some analyses in this report look at 'change in psychological health', which has been derived by subtracting a respondents' score in 2019 from their score in 2020, and replicating this method for 2020 and 2021.

The GHQ-12 has also been used to create a binary variable, in which scoring over a set threshold indicates a potentially clinically significant disorder in the respondent.

Main activity pattern

The main activity pattern of each respondent describes the main activity that a respondent was doing across two waves (2019 and 2020), whether that has changed or remained the same.

The cohort were undertaking a wide range of activities, and so a simplified categorisation was used to aid analysis and interpretation. The main activities of interest were determined by their prevalence in the population and interest as a group. The 'other' category is comprised of several activities that had very small sample sizes or were not of primary interest for this analysis, including people: waiting for a job or course to start; looking for a training course; looking after the family or home; taking a break from work or study; ill or disabled and unable to work; and 'other'.

The 'activity pattern' was determined by taking the respondents' main activity when interviewed in 2019 and 2020. They are described in Table S1.

Table S1: Main activity patterns, samples sizes and proportions

Activity pattern	Unweighted sample size	Weighted percentage of cohort
Paid work- Paid work	1,116	27.8
University- University (not final year)	1,115	19.1
University- University (final year)	807	13.6
Not 'other'- 'Other'	339	7.2
'Other'- 'Other'	301	6.0
Not paid work (or university)- Paid work	251	5.3
Became unemployed	239	5.1
College/apprenticeship- College/apprenticeship	220	4.9
Started at university	199	3.5
Unemployed- Unemployed	87	2.7
Uni- Work	170	2.8
Remaining infrequent transitions	89	2.0

Appendix B: Estimates of change in GHQ-12 score by main activity pattern

Table S2: Estimates of change in GHQ-12 score by main activity pattern

Activity pattern	Estimated change in GHQ-12 score*	p values from statistical tests of change in GHQ-12 score between 2019 and 2020**
Paid work- Paid work	0.52	0.058
University- University (not final year)	0.61	0.040
University- University (final year)	1.95	0.000
Not 'other'- 'Other'	0.69	0.638
'Other'- 'Other'	-0.50	0.187
Not paid work (or university)- Paid work	-0.28	0.462
Became unemployed	2.77	<0.0005
College/apprenticeship- College/apprenticeship	0.71	0.009
Started at university	0.10	0.885
Unemployed- Unemployed	0.40	0.741
Uni- Work	0.04	0.420
Remaining infrequent transitions	0.28	0.809

*Estimates are based on a regression of the GHQ-12 change score on the activity pattern, controlling for changes in survey mode. Estimated change in psychological health is the sum of the regression coefficient for reference category (i.e. the constant) and the coefficient for the given activity pattern.

**p values of 0.05 or below indicate the estimate is statistically significantly different to zero at the 95% confidence level.

Unweighted based sample = 4,933.

Annex C. PPP pupil attendance methods and regression model results

Methods- Pupil attendance and wellbeing section

For this section of the analysis, pupils not attending school for reasons beyond their control which were related to COVID-19 such as schools being closed, or because pupils were self-isolating, were removed from the analysis. Pupils who said they were not attending because they were not required to attend every day or because they had finished school/college were also excluded. This is so that we could look at factors related to non-attendance which were not directly COVID-related, and which were not because pupils did not need to be in school (e.g. because their school was not open every day). Pupils who said they were now permanently home schooled were also not included.

Whilst still COVID-related, pupils not attending because they or someone else in their household were considered high risk or because their parents did not feel it was safe were still included in the analysis as for most of the 2020/21 academic year, these pupils were still required to be in school whilst schools were open to all pupils. In the July and May 2021 waves pupils who said they were not attending as they had received medical advice not to go to school were removed (this response was not available at earlier waves).

To investigate the link between attendance and wellbeing, we chose to focus on the October 2020, December 2020, May 2021 and July 2021 waves. These waves were chosen as they are time periods when schools were open to all pupils and provide a snapshot of attendance across the whole 2020/21 academic year. At each wave we used logistic regression to examine how pupils' happiness scores and other demographic factors were related to how often they attended school.

As the numbers of pupils not attending at all at each wave was small, pupils not attending at all and those who had only attended on some days were combined and compared to pupils who had attended all or most of the time. When removing pupils not attending school for reasons beyond their control from the analysis, this also removed some pupils who had attended school on most days. This is because any pupil not attending school all of the time were asked why they had not attended every day and so if pupils attending on most days selected one of the options which were selected for removal, they were removed from the analysis.

Table S1: Results from logistic regression for attendance in October 2020

	Odds ratio	95% confidence interval: lower	95% confidence interval: higher
Pupils with SEND (ref = pupils without SEND)	0.25	0.09	0.71
Pupils in urban locations (ref = pupils in rural location)	0.26	0.10	0.69
Female pupils (ref = male pupils)	4.11	1.82	9.29
Pupils eligible for FSM (ref = pupils not eligible)	0.39	0.15	1.05
BAME pupils (ref = white pupils)	2.28	0.41	12.55
Pupil year group	1.17	0.91	1.51
Pupils happiness rating (higher score = happier)	1.35	1.14	1.60

Table S2: Results from logistic regression for attendance in December 2020

	Odds ratio	95% confidence interval: lower	95% confidence interval: higher
Pupils with SEND (ref = pupils without SEND)	1.29	0.51	3.29
Pupils in urban locations (ref = pupils in rural location)	1.30	0.60	2.80

	Odds ratio	95% confidence interval: lower	95% confidence interval: higher
Female pupils (ref = male pupils)	0.79	0.40	1.56
Pupils eligible for FSM (ref = pupils not eligible)	0.27	0.12	0.60
BAME pupils (ref = white pupils)	2.32	0.93	5.77
Pupil year group	0.95	0.80	1.12
Pupils happiness rating (higher score = happier)	1.28	1.12	1.46

Table S3: Results from logistic regression for attendance in May 2021

	Odds ratio	95% confidence interval: lower	95% confidence interval: higher
Pupils with SEND (ref = pupils without SEND)	0.44	0.18	1.05
Pupils in urban locations (ref = pupils in rural location)	1.68	0.73	3.86
Female pupils (ref = male pupils)	0.52	0.24	1.10
Pupils eligible for FSM (ref = pupils not eligible)	0.19	0.08	0.48
BAME pupils (ref = white pupils)	4.15	1.34	12.88

	Odds ratio	95% confidence interval: lower	95% confidence interval: higher
Pupil year group	0.90	0.74	1.09
Pupils happiness rating (higher score = happier)	1.24	1.07	1.44

Table S4: Results from logistic regression for attendance in July 2021

	Odds ratio	95% confidence interval: lower	95% confidence interval: higher
Pupils with SEND (ref = pupils without SEND)	0.33	0.14	0.75
Pupils in urban locations (ref = pupils in rural location)	1.57	0.69	3.57
Female pupils (ref = male pupils)	0.31	0.13	0.74
Pupils eligible for FSM (ref = pupils not eligible)	0.17	0.07	0.39
BAME pupils (ref = white pupils)	3.19	1.02	9.96
Pupil year group	0.78	0.65	0.95
Pupil happiness rating (higher score = happier)	1.30	1.13	1.50

Table S5: Results from linear regression for pupil happiness in October 2020

Variable	Coefficient	SE	95% confidence interval: lower	95% confidence interval: higher	p value
(Intercept)	11.95	0.53	10.91	12.98	0.000
Pupils attending school every/most days (ref = pupils attending some days/not at all)	0.90	0.31	0.30	1.50	0.003
Pupils with SEND (ref = pupils without SEND)	-0.34	0.22	-0.77	0.10	0.131
Pupils in urban locations (ref = pupils in rural location)	-0.12	0.15	-0.41	0.17	0.423
Female pupils (ref = male pupils)	-0.73	0.13	-0.98	-0.49	0.000
Pupils eligible for FSM (ref = pupils not eligible)	-0.03	0.20	-0.42	0.37	0.896
BAME pupils (ref = white pupils)	-0.09	0.17	-0.41	0.24	0.600
Pupil year group	-0.39	0.04	-0.46	-0.32	0.000
Pupils reporting some/lots of disruptive behaviour (ref = pupils reporting	-0.99	0.13	-1.23	-0.74	0.000

Variable	Coefficient	SE	95% confidence interval: lower	95% confidence interval: higher	p value
no disruptive behaviour)					

Table S6: Results from linear regression for pupil anxiousness in October 2020

Variable	Coefficient	SE	95% confidence interval: lower	95% confidence interval: higher	p value
(Intercept)	-0.14	0.66	-1.44	1.15	0.830
Pupils attending school every/most days (ref = pupils attending some days/not at all)	-0.62	0.36	-1.33	0.08	0.085
Pupils with SEND (ref = pupils without SEND)	0.98	0.30	0.38	1.57	0.001
Pupils in urban locations (ref = pupils in rural location)	0.59	0.23	0.15	1.03	0.009
Female pupils (ref = male pupils)	1.07	0.17	0.75	1.40	0.000
Pupils eligible for FSM (ref = pupils not eligible)	-0.17	0.23	-0.62	0.28	0.464
BAME pupils (ref = white pupils)	0.32	0.22	-0.12	0.76	0.156
Pupil year group	0.39	0.05	0.30	0.49	0.000
Pupils reporting some/lots of disruptive behaviour (ref = pupils reporting	0.62	0.19	0.25	0.98	0.001

Variable	Coefficient	SE	95% confidence interval: lower	95% confidence interval: higher	p value
no disruptive behaviour)					

Table S7: Results from linear regression for pupil happiness in May 2021

Variable	Coefficient	SE	95% confidence interval: lower	95% confidence interval: higher	p value
(Intercept)	11.10	0.47	-1.10	1.68	0.000
Pupils attending school every/most days (ref = pupils attending some days/not at all)	0.81	0.27	-1.71	-0.29	0.002
Pupils with SEND (ref = pupils without SEND)	-0.46	0.17	-0.63	0.42	0.009
Pupils in urban locations (ref = pupils in rural location)	-0.30	0.16	-0.56	0.22	0.058
Female pupils (ref = male pupils)	-1.00	0.12	0.97	1.63	0.000
Pupils eligible for FSM (ref = pupils not eligible)	-0.11	0.17	-0.83	0.11	0.522

Variable	Coefficient	SE	95% confidence interval: lower	95% confidence interval: higher	p value
BAME pupils (ref = white pupils)	0.00	0.14	-0.48	0.27	0.997
Pupil year group	-0.32	0.03	0.38	0.56	0.000
Pupils reporting some/lots of disruptive behaviour (ref = pupils reporting no disruptive behaviour)	-0.69	0.14	0.47	1.21	0.000

Table S8: Results from linear regression for pupil anxiety in May 2021

Variable	Coefficient	SE	95% confidence interval: lower	95% confidence interval: lower	p value
(Intercept)	0.29	0.59	-1.10	1.68	0.620
Pupils attending school every/most days (ref = pupils attending some days/not at all)	-1.00	0.33	-1.71	-0.29	0.002
Pupils with SEND (ref = pupils without SEND)	-0.11	0.21	-0.63	0.42	0.618
Pupils in urban locations (ref =	-0.17	0.19	-0.56	0.22	0.378

Variable	Coefficient	SE	95% confidence interval: lower	95% confidence interval: lower	p value
pupils in rural location)					
Female pupils (ref = male pupils)	1.30	0.15	0.97	1.63	0.000
Pupils eligible for FSM (ref = pupils not eligible)	-0.36	0.20	-0.83	0.11	0.076
BAME pupils (ref = white pupils)	-0.10	0.17	-0.48	0.27	0.542
Pupil year group	0.47	0.04	0.38	0.56	0.000
Pupils reporting some/lots of disruptive behaviour (ref = pupils reporting no disruptive behaviour)	0.84	0.16	0.47	1.21	0.000

Table S9: Results from linear regression for pupil happiness in July 2021

Variable	Coefficient	SE	95% confidence interval: lower	95% confidence interval: higher	p value
(Intercept)	11.41	0.58	10.26	12.55	0.000
Pupils attending school every/most days	0.80	0.24	0.33	1.26	0.001

Variable	Coefficient	SE	95% confidence interval: lower	95% confidence interval: higher	p value
(ref = pupils attending some days/not at all)					
Pupils with SEND (ref = pupils without SEND)	-0.38	0.26	-0.89	0.12	0.134
Pupils in urban locations (ref = pupils in rural location)	0.33	0.20	-0.06	0.73	0.101
Female pupils (ref = male pupils)	-0.93	0.16	-1.25	-0.62	0.000
Pupils eligible for FSM (ref = pupils not eligible)	0.33	0.21	-0.09	0.75	0.119
BAME pupils (ref = white pupils)	-0.25	0.21	-0.65	0.15	0.222
Pupil year group	-0.36	0.05	-0.45	-0.27	0.000
Pupils reporting some/lots of disruptive behaviour (ref = pupils reporting no disruptive behaviour)	-0.90	0.19	-1.27	-0.53	0.000

Table S10: Results from linear regression for pupil anxiousness in July 2021

Variable	Coefficient	SE	95% confidence interval: lower	95% confidence interval: higher	p value
(Intercept)	0.88	0.81	-0.71	2.47	0.281
Pupils attending school every/most days (ref = pupils attending some days/not at all)	-0.57	0.32	-1.19	0.06	0.281
Pupils with SEND (ref = pupils without SEND)	-0.55	0.31	-1.16	0.06	0.076
Pupils in urban locations (ref = pupils in rural location)	0.47	0.25	-0.02	0.95	0.076
Female pupils (ref = male pupils)	1.50	0.19	1.12	1.87	0.058
Pupils eligible for FSM (ref = pupils not eligible)	0.12	0.27	-0.41	0.64	0.000
BAME pupils (ref = white pupils)	0.26	0.24	-0.20	0.73	0.665
Pupil year group	0.32	0.06	0.20	0.44	0.266
Pupils reporting some/lots of disruptive behaviour (ref = pupils reporting	0.67	0.22	0.24	1.10	0.000

no disruptive behaviour)					
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Table S11: Results from logistic regression for pupil's concern about catching up in October 2020

	Odds ratio	95% confidence interval: lower	95% confidence interval: higher
Pupils with SEND (ref = pupils without SEND)	1.47	0.96	2.24
Pupil year group	1.26	1.17	1.36
Pupils in urban locations (ref = pupils in rural locations)	0.94	0.69	1.28
Pupils eligible FSM (ref = pupils not eligible)	1.63	1.10	2.43
Female pupils (ref = male pupils)	1.32	1.02	1.72
BAME pupils (ref = white pupils)	1.38	0.99	1.93
Pupil happiness rating (higher score = happier)	0.91	0.85	0.97
Pupil anxiety rating (higher score = more anxious)	1.15	1.09	1.20

Table S12: Results from logistic regression for pupil concentration in October 2020

	Odds ratio	95% confidence interval: lower	95% confidence interval: higher
Pupils with SEND (ref = pupils without SEND)	1.80	1.12	2.90
Pupil year group	0.95	0.86	1.05
Pupils in urban locations (ref = pupils in rural locations)	1.14	0.75	1.73
Pupils eligible FSM (ref = pupils not eligible)	1.05	0.65	1.70
Female pupils (ref = male pupils)	1.15	0.80	1.65
BAME pupils (ref = white pupils)	0.88	0.56	1.37
Pupil happiness rating (higher score = happier)	0.73	0.68	0.79
Pupil anxiety rating (higher score = more anxious)	1.13	1.07	1.20

Table S13: Results from logistic regression for pupil's happiness about returning to school in October 2020

	Odds ratio	95% confidence interval: lower	95% confidence interval: lower
Pupils with SEND (ref = pupils without SEND)	1.03	0.60	1.78
Pupil year group	1.05	0.96	1.15
Pupils in urban locations (ref = pupils in rural locations)	0.81	0.53	1.24
Pupils eligible FSM (ref = pupils not eligible)	1.24	0.72	2.12
Female pupils (ref = male pupils)	0.91	0.63	1.31
BAME pupils (ref = white pupils)	0.89	0.58	1.37
Pupil happiness rating (higher score = happier)	1.65	1.51	1.80
Pupil anxiety rating (higher score = more anxious)	0.91	0.85	0.97



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